

Comfort Call Limited

Comfort Call - Kilbourn House

Inspection report

Kilbourn House
Newlyn Road
Newcastle Upon Tyne
NE3 3JX

Tel: 01912846715

Date of inspection visit:

17 May 2021

19 May 2021

26 May 2021

27 May 2021

14 June 2021

15 June 2021

18 June 2021

Date of publication:

08 July 2021

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service caring?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Comfort Call Kilbourn House and Dewley House provide personal care in two extra care housing schemes to people who live in their own flats. People are under and over the age of 65 years. At the time of inspection 77 people were using the service. The service can support up to 85 people.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

People said they felt safe with the service provided. Staff knew about safeguarding procedures. Safe recruitment processes were in place. Staff worked well with other agencies to ensure people received care and support.

All people and relatives were complimentary about the care provided by care staff. They trusted the care workers who supported them. They said staff were kind, caring and supportive of people and their families. One person commented, "Staff are very caring. They spend time talking to me, they are lovely."

People received person-centred care from the care workers. Records were detailed and provided guidance to ensure people received person-centred care and support from all staff members.

People and staff said communication was effective. There were opportunities for people, relatives and staff to give their views about the service.

We were assured that the provider was monitoring the use of PPE for effectiveness and people's safety.

Systems were in place to manage medicines safely where support was required.

A quality assurance system was in place to assess the standards of care in the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 28 November 2019).

Why we inspected

We received concerns in relation to people's care and staffing. As a result, we undertook a focused inspection to review the key questions of safe, caring and well-led only.

We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the safe, caring and well-led sections of this report.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection. The overall rating for the service has remained the same. This is based on the findings at this inspection

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Comfort Call Kilbourn House on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Comfort Call - Kilbourn House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection site visit was carried out by one inspector. An inspector and two Experts-by-Experience supported the inspection remotely. An Expert-by-Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in Extra Care Housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced.

We gave the service 48 hours' notice of the inspection. This was because it was a large service operating during the pandemic and we needed to be sure that the provider or registered manager would be in the

office to support the inspection.

Inspection activity started on 12 May 2021 and ended on 18 June 2021. A site visit to the office took place on 18 June 2021.

Inspection activity took place off site between 12 May 2021 and 17 June 2021. A site visit to Dewley House took place on 18 June 2021. We made telephone calls to people, relatives and staff on 19, 20, 26, 27 May and 14 and 15 June 2021.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authorities who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We communicated with 15 people who used the service and 16 relatives about their experience of the care provided. Not everyone who used the service communicated verbally or wished to speak on the telephone, therefore they gave us permission to speak with their relative. We spoke with nine members of staff including the registered manager, two team leaders and six support workers. We reviewed a range of records. This included five people's care records and multiple medicine records. We looked at six staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Staff were trained in safeguarding and had access to guidance about what to do to report any concerns about abuse.
- People and relatives said people were kept safe and they trusted staff. One person told us, "I feel safe, I don't think I would want to be anywhere else."

Assessing risk, safety monitoring and management

- Risks to people's health, safety and well-being were identified and managed. Measures were put in place to remove or reduce the risks. A relative said, "It's a wonderful place, [Name] falls sometimes and staff are always there to help."
- Risk assessments included environmental risks and any risks due to the health and support needs of the person. People's individual circumstances were recorded in each risk assessment and staff were given guidance on how to protect them from harm.
- Systems were in place to help ensure people received support in the event of an emergency. A person commented, "If I need staff I press my buzzer and they would come. The call system works well as I feel safer knowing staff are there."

Using medicines safely

- Systems were in place to manage medicines safely, where support was required. One person told us, "Staff give me my tablets with a glass of water and stand there until I take them."
- Staff received regular competency checks to ensure they were safe to administer medicines.

Preventing and controlling infection

- Systems were in place to reduce the spread of infection.
- Staff had access to regular supplies of PPE and checks were carried out to observe staff practice and use of PPE. One person commented, "They [staff] always wear their masks, pinnies and gloves."
- Staff were trained and regularly updated with best practice infection control and prevention procedures. All staff had increased their knowledge in relation to the coronavirus pandemic.

Staffing and recruitment

- There were sufficient staff to support people. There had been concerns raised about low staffing levels at Dewley House but additional staff were being recruited. People, relatives and staff confirmed there were enough staff to support people safely and to ensure people's needs could be met consistently. A relative told us, "They always arrange for a carer she likes especially at shower time. ... They're a lovely bunch."

- Relatives and people said staff were reliable, arrived as arranged and stayed for the allocated time. If any calls were late people were kept informed. One person commented, "If staff are going to be late they always let me know."

- Safe and effective recruitment practices were followed to help ensure only suitable staff were employed. Application forms were completed, references and proof of identification were checked.

Learning lessons when things go wrong

- Learning from accidents and incidents was shared with the staff to raise awareness and promote safer working practices.

- Any accidents or incidents were recorded and monitored. Reports were analysed, to look for trends, enabling any safety concerns to be acted upon.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were well-treated and supported. One person told us, "The staff are very kind and respectful. They always ask if there's anything else they can do for me" and, "The girls [staff] have a gift, it's a lovely gift knowing how to care for people."
- Staff interacted calmly, attentively and warmly with people. People and relatives told us, they were treated with kindness and compassion. A person said, "They're very kind carers. I can't fault them at all" and, "I feel very comfortable with the staff. They're very understanding."
- Staff received training in equality and diversity and person-centred approaches to help them recognise the importance of treating people as unique individuals with different and diverse needs. A person told us, "I know that I am well-cared for and looked after. I want to die in here, I feel so happy and I am comfortable. I feel more comfortable in here than my own home."

Supporting people to express their views and be involved in making decisions about their care

- People were supported to express their views. Staff understood people's wishes, preferences and choices, including where people may not communicate verbally. One relative told us, "Staff do take their time with [Name] and give them time to speak."
- Care plans were detailed and provided staff with a guide to understanding each person, including people who may not communicate verbally. This enabled staff to provide person-centred care if people could no longer tell staff how they wished their care to be provided.
- Regular meetings took place with people and their representative to discuss their care and support needs. One relative commented, "We had a couple of meetings where a staff member tried to arrange some outings by taxi."

Respecting and promoting people's privacy, dignity and independence

- People were treated with sensitivity, dignity and respect. One person told us, "If the staff came to the end of shift and I needed something they would help me and not just leave."
- Personalised care records documented how people's independence and autonomy were to be promoted. One person told us, "I try and do as much as I can myself. Sometimes I just need encouragement. The carers give me reassurance."
- Staff understood the importance of people maintaining their independence and the benefits it had for their well-being.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Arrangements were in place to ensure people were central to the processes of care planning, assessment and safe delivery of care. Care plans were person-centred to ensure people received individualised care and support.
- People and relatives were positive about the service provision. Where issues were raised the registered manager responded swiftly to address them. One relative told us, "I bring up odd things with the manager and they're dealt with immediately."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The quality assurance system was robust and regular audits were completed to monitor service provision and to ensure the safety of people who used the service.
- Regular spot checks took place to gather people's views and to observe staff supporting people. One person commented, "The manager in the office does ring up and ask if you're happy with everything. Overall the care is really good" and, "The managers come round asking me questions about the service I get."
- The registered manager and management team worked well to ensure the effective day-to-day running of the service. One person told us, "We've all become like a family which made me feel better through last year. The managers were in all the time over lockdown. I can't praise them enough."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives told us communication was effective and they were involved in decisions about their care. One relative commented, "We are always in contact. We all have each other's' mobile numbers. Staff ring me to let me know even if [Name] has refused a meal."
- Staff said they were supported. They were positive about the registered manager and management team and most staff said they were approachable.
- People had been engaged with throughout the pandemic to check their well-being and ensure their needs continued to be met. One person told us, "They, [the service] were very good throughout lockdown, checking everyone was OK all the time."

Continuous learning and improving care; Working in partnership with others

- The management team and staff were committed to improving the service for the benefit of people using

it.

- There was a programme of ongoing staff training to ensure staff were skilled and competent.
- Staff communicated with a range of professionals to ensure that people's needs were considered and understood so that they could access the support they needed. One relative commented, "[Name] was unwell and staff phoned the ambulance as well as letting me know. "
- The registered manager took on board people's opinions and views to make improvements.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood the duty of candour responsibility, which are a set of expectations about being open and transparent when things go wrong.
- The management team understood their role and responsibilities to ensure incidents which required notifying were reported to the appropriate authorities.