

Comfort Call Limited

Comfort Call-North

Tyneside

### Inspection report

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### Ratings

|                                 |               |
|---------------------------------|---------------|
| Overall rating for this service | Good ●        |
| Is the service safe?            | Good ●        |
| Is the service effective?       | Good ●        |
| Is the service caring?          | Good ●        |
| Is the service responsive?      | Good ●        |
| Is the service well-led?        | Outstanding ☆ |

# Summary of findings

## Overall summary

**About the service:** The service is a domiciliary care agency which provides personal care to people living in their own homes throughout North Tyneside. At the time of this inspection there were 60 people using the service.

**People's experience of using this service:** People received high quality, individualised care from an exceptionally well-led service. The registered manager passionately fostered a culture of high-quality, person-centred care.

The quality and safety of the support people received was robustly monitored through routine checks and audits. The registered manager strived to achieve consistently high standards through continuous development and improvements.

Person-centred care planning was fully embedded into the service. People received personalised support which met their varying needs and wishes in a timely manner.

The service was safe. Measures were in place to minimise the likelihood of people coming to harm. Staff recognised the signs of abuse and reported their concerns to the registered manager. Safeguarding policies and procedures were in place. Medicines were well managed, and staff had regard for infection control.

There were enough staff employed to manage the service safely and effectively. Recruitment processes were robust. Staff had received beneficial training and were competent in their roles which helped them to provide high quality care to people.

People had achieved positive outcomes through good support from staff. People had access to external healthcare professionals as needed.

People were supported to have maximum choice and control of their lives and were supported in the least restrictive way possible. Staff assisted people to regain or maintain their independence wherever their ability allowed.

Staff demonstrated caring values. People told us staff treated them with kindness, patience, dignity and respect. Most people said they were cared for by regular and reliable staff who knew them well.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

**Rating at last inspection:** This was our first inspection of this service since it's registration in May 2018.

**Why we inspected:** This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Follow up: We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned for future dates in line with our inspection programme.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

### Is the service well-led?

The service was exceptionally well-led.

Details are in our Well-led findings below.

Outstanding ☆

# Comfort Call-North Tyneside

## **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. This inspection was planned to check 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 was conducted by one inspector and one Expert by Experience. 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:** Comfort Call – North Tyneside is a domiciliary care agency. It provides personal care to people living in their own homes up to 24 hours per day. It predominantly provides support to older people. Not everyone using the service receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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 provider 24 hours' notice of the inspection to ensure that staff were available in the office to assist us to access records.

**What we did:** Prior to the inspection, we reviewed the evidence we already held about the service. We asked for feedback from the local authority commissioning team and safeguarding team. We also checked records held by Companies House.

We asked the provider for a Provider Information Return (PIR). This is information we require providers to

send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We received this in March 2019.

We visited Comfort Call – North Tyneside on 24 April 2019 to review records, policies and procedures. We spoke with the registered manager. We reviewed six people's care records, six staff personnel files and records related to the safety and quality of the service. On 29 April the Expert by Experience spoke with nine people and one relative. After our site visit, we sent an email to all staff asking for their views of the service and their employer. We received ten responses.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Staff demonstrated a good knowledge of safeguarding procedures and followed them appropriately. They recognised the signs of abuse and acted to protect people.
- The registered manager investigated, reported, recorded and monitored incidents. The relevant authorities were informed of incidents as necessary.
- Preventative measures were in place to reduce the risks people faced such as with moving and handling, continence and medicines. Written guidance available to staff helped them to keep people safe.
- The registered manager monitored any accidents and near misses. Records were evaluated to find any emerging themes. Proactive action was taken to avoid further events.
- The registered manager shared any lessons learned or trends with staff to reduce risks further and improve the safety of the service.
- Following any national serious case reviews, the provider ensured important information was shared across the organisation to protect people from harm.

Using medicines safely; Preventing and controlling infection

- People told us they received their medicines safely and as prescribed.
- Dedicated medication officers ensured medicines were correctly recorded and full guidance was available to staff which included any special instructions and allergy information. Medicine administration records were well maintained.
- Staff had completed a safe handling of medicines training course and had their competency assessed to ensure they provided medicines safely.
- Action was taken to protect people from the risks of infection and cross contamination. Staff used personal protective equipment such as disposable gloves and aprons when undertaking personal care tasks.

Staffing and recruitment

- The registered manager made sure staff were suitable to work with people who needed social care by following a safe recruitment process.
- There were enough staff employed to operate the service safely.

## Is the service effective?

### Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

People's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We checked whether the service was working within the principles of the MCA.

- Staff had regard for people's capacity to make specific decisions. People's capacity was assessed regularly. Any concerns were reported to external professionals for formal assessment and any necessary lawful decisions.
- The registered manager ensured that relatives who made decisions for people had the legal right to do so. Copies of Last Power of Attorney documentation were sought.
- People told us that staff always asked for consent before carrying out any tasks for them.
- Staff involved people who lacked capacity as much as possible in their care. They encouraged people to make daily choices about food, clothing and community access for example.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs, wishes and choices were assessed before a service was agreed.
- Staff were proactive in reporting changes in people's needs or concerns to the registered manager or external professionals. This ensured the support people received was reflective of their current needs.
- Staff delivered care in line with national best practice guidance and the law.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Staff supported people to eat and drink well to maintain or improve their well-being.
- People had access to a range of external professionals such as GPs, social workers and dieticians. Staff worked well with external professionals to empower people to aim for and achieve positive outcomes. They ensured that any support given met with people's preferences.
- Where necessary staff followed plans created by a dieticians or speech and language therapists, if people faced risks related to eating and drinking such as choking.

Staff support: induction, training, skills and experience

- The staff team had a mix of experience, skills and knowledge to meet people's needs and deliver high quality care to people.
- Staff training was up to date and it included key topics. It featured courses about specific conditions such as Parkinson's, stroke and dementia which staff found beneficial.
- New staff undertook a thorough induction programme, probationary period and shadowing to ensure they were suitable for the role.
- Staff supervision sessions were held regularly to ensure staff competence was maintained. An annual appraisal took place to identify, plan and support staff with any learning and development needs.

# 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.

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 made positive comments about the staff and service. People told us staff were caring and kind. Comments included, "The main carers I have are brilliant"; "They have made such a difference to me" and "Carers are a lovely bunch of girls."
- The registered manager and staff showed that they promoted the provider's aims, which included, 'We care about, respect and protect our service users'. Staff displayed caring values and a genuine passion for the job they do. One care worker told us, "I care for, listen and speak to (people) to address their needs. After all, it's about caring and that's the bottom line, caring. As for improvement, we should all stride to improve instead of standing still."
- Equality and diversity policies were in place to ensure that people were treated with dignity and respect regardless of the sex, age, disability or beliefs. Staff were trained in equality and diversity. This raised awareness and encouraged staff to promote individuality and ensure people's preferences, wishes and choices were respected. This had impacted positively people's lives.

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

- People were involved in developing their support plans to ensure their needs were met in a way which reflected their views. One person said, "Someone from the office regularly comes out to go through the care plan with me." Another person said, "Even though there is a care plan, I like to explain. Everyone has been fine with this and listened to me."
- Staff continued to support people to make decisions about their care and recognised when people needed help from others.
- People had support from external advocates when they needed it. The registered manager was aware of how to refer a person to an independent advocacy service.

Respecting and promoting people's privacy, dignity and independence

- People told us that staff offered sensitive and respectful support which protected their dignity.
- Staff demonstrated how they maintained people's dignity and respected their privacy. One care worker told us, "I am very aware to give privacy to avoid unnecessary distress."
- Staff told us they promoted independence and gave people the time and space to complete some tasks for themselves.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Person-centred assessments, care plans and reviews were in place which included people's personal preferences, wishes and choices. People, relatives and external professionals were involved in developing care plans.
- Routine reviews took place to check that the service continued to meet people's needs. Care plans were updated when people's needs changed. One professional told us, "They review support on a regular basis and will inform me when support needs to be decreased as well as increased."
- People were in control of their daily lives. Staff gave people choices and respected the decisions they made.
- Care plans included people's social needs to help to reduce social isolation and encourage socialisation.

Improving care quality in response to complaints or concerns

- Complaints made about the service were responded to promptly and appropriately managed. Action was taken to raise the standards of care as necessary.
- A complaints policy was in place and had been shared with people. The registered manager followed the correct procedure to acknowledge and respond to complaints.
- People told us any complaints they had made had been resolved. One person told us, "All sorted now, but I did make a complaint about one of the carers. The manager came out to see me straight away and the girl left. I have no problems now."

End of life care and support

- Staff collected information about people's end of life wishes in advance to enable them to appropriately care for people when they were no longer able to express themselves or in an emergency. A care professional told us, "Comfort call have always been helpful and are able to accommodate palliative patients."
- Advanced care planning, emergency care and resuscitation preferences were recorded, where people had chosen to share these.
- Staff had received training in end of life care.
- The registered manager planned to set up a specialist palliative care team.

# 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.

Service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- The quality of the service was monitored externally by commissioners. At their last visit conducted in November 2018, the service achieved 100%. The registered manager received a letter of thanks from the provider's chief executive which recognised the outstanding achievement. A commissioning officer told us, "They did extremely well."
- The provider consistently monitored quality and compliance with regulations through regular performance reports, senior management meetings and internal audits.
- Up to date policies and procedures were in place. These helped to focus staff on the high standards which the provider aimed to achieve.
- There was clear and visible leadership at the service. The registered manager was highly skilled, very experienced and aware of their regulatory responsibilities.
- There was a strong culture of governance embedded in the service. Safety and quality audits were carried out by senior staff, which the registered manager had complete oversight of. Audits were comprehensive and action plans were drafted to address any issues raised.
- The registered manager reviewed audits, analysed them to identify areas for improvement and took proactive action to address any shortfalls.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People told us they received high quality care and support. One person said, "It's been excellent from the start. Absolutely brilliant. I recommended it to a friend whose mother needs care. It makes such a difference to me."
- The registered manager supported a culture of putting people at the heart of the service. One person said, "The manager has been out on several occasions to check how things are going. She is very nice."
- The registered manager recognised staff qualities and upskilled them to drive forward new ideas and enhance high-quality, person-centred care.
- The registered manager was methodical and candid when investigating matters. They reported their findings to external agencies as necessary and had sincerely apologised to people if things had gone wrong.

Continuous learning and improving care; Working in partnership with others

- The registered manager was passionate about developing the service and making continuous improvements. They kept themselves and staff up to date with best practice and current legislation.

- Lessons were shared locally amongst staff and across the organisation to drive up standards and improve services.
- The registered manager worked in partnership with commissioners. They had successfully transferred people and staff at short notice from two other providers who could no longer provide services. This had protected people from an uninterrupted service during a period of uncertainty.
- The registered manager involved themselves in local and national campaigns. They recently championed a recruitment campaign operated by NHS England, called 'Every day is different'. They had attended workshops and took part in a jobs fair to promote care work as a career.

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

- The registered manager ensured regular engagement with people and relatives was fostered. This included routine telephone courtesy calls. One person told us, "Office staff ring me once in a while to make sure I am happy and no problems."
- People shared their views formally through a survey. An annual satisfaction survey had been carried out in February 2019. The results demonstrated people had a positive experience.
- Team meetings were held with staff. These were an opportunity for staff to raise issues and share ideas with the registered manager.
- The registered manager also held a weekly 'open door' staff surgery. Staff were invited to come and speak to the registered manager in confidence about any issues they may have. The registered manager told us they had recognised some staff had personal issues which had impacted on their performance at work. They said, "The surgeries are an opportunity for staff who have no one else to talk to, to speak to me in confidence and I will always try to help them."
- The provider and registered manager cascaded important information, campaigns and incentives to staff through a newsletter, bulletins and memos.