Comfort Call Limited

Comfort Call Bowmont House

Inspection report

Bowmont House
Wagonway Drive
Newcastle Upon Tyne
Tyne And Wear
NE13 9BL

Tel: 01912368068

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27 November 2019

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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?	Good

Summary of findings

Overall summary

About the service
Comfort Call – Bowmont House is an extra care scheme providing care and support to older people living in their own flats in one larger building. There were 25 people in receipt of personal care at the time of inspection.

People's experience of using this service
People felt safe and at home. Staff knew people well and were mindful of any risks they faced. Bespoke risk assessments were in place and staff worked well with external professionals to support people when they were more vulnerable. Staff knew what action they would take if abuse was suspected.

Staff were well trained and well supported through regular themed supervisions and appraisals.

Continuity of care was strong, with a low turnover of staff. Missed or late calls were extremely rare. Rota planning was effective and arrangements were in place to prevent delays and missed calls.

People were treated with dignity, respect, patience and good humour.

Care plans were sufficiently detailed, person-centred, and with input from external health and social care professionals. People were involved in their care planning and review.

The service enabled independence in that it bridged a gap between people living on their own at home and people moving to a residential care service. The majority of people felt the service did this well.

End of life training and external links with specialist professionals were in place. The provider recognised more could be done to broach conversations about advanced care planning and end of life care at an earlier stage. We have made a recommendation about this.

The service was well-led. The care scheme coordinator was well respected by staff and well known by people who used the service. The culture was an open one. People and staff felt they could raise concerns or queries through a range of means, and that they would be dealt with appropriately.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Audits at a local level, regionally and by the provider's national quality assurance team helped ensure quality standards were maintained and people remained safe.

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

Rating at last inspection
Good (last report published 15 August 2017).

Why we inspected
This was a planned inspection based on the previous rating.

Follow up
We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received 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 effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

Comfort Call Bowmont 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team
The inspection was carried out 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
This service provides care and support to people living in specialist '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.

Not everyone using Comfort Call – Bowmont House receives a regulated activity. The Care Quality Commission (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 take into account 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

We gave the service 24 hours' notice of the inspection visit. We needed to be sure the registered manager or a suitable deputy would be at the office.

Inspection site visit activity started and ended on 27 November 2019. We visited the office location on 27 November 2019 to speak with people who used the service, see the management and office staff and to review care records and policies and procedures.

What we did before the inspection
We reviewed information we held about the service. We contacted the local authority contracts and safeguarding teams for any information they held about the service. We used their feedback to inform the planning of this inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection
We spoke with seven people and one relative. We spoke with four staff: the care scheme coordinator and three care staff including a senior carer. We looked at four people's care plans and information relating to staff training, medicines management, rotas, recruitment and the management of the service.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We contacted two external health and social care professionals by telephone.

Good

Is the service safe?

Our findings

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

At our previous inspection we rated this key question as good. At this inspection the key question has remained good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong
- There was a culture of learning lessons from previous incidents, both locally and via the provider's national quality assurance work. Staff had received specific training regarding choking and medicines administration following incidents in other regions.
- Risks were assessed and monitored regularly. Where people presented heightened risks, these were well supported with detailed instructions for staff and clear multi-agency involvement.
- Safeguarding incidents, accidents and incidents were consistently recorded and analysed. The care scheme coordinator had proactively involved external professionals to help reduce risks.

Systems and processes to safeguard people from the risk of abuse
- Staff were well trained and knew how to safeguard people from the risk of abuse. The care scheme coordinator was aware of recent initiatives that helped protect people.
- People told us they felt safe. They had access to pendants and other assistive equipment to keep them safe. One person told us, "I'm safe here, it's my own place, it feels like home, it's secure." Another said, "If I press my pendant they [staff] come straight away."
- Staff were knowledgeable about types of potential abuse, including self-neglect, and what action to take.

Staffing and recruitment
- Pre-employment checks and risk assessments ensured only suitable staff were employed.
- Rota planning was well managed and did not involve travel time given all staff worked on site. This meant the risks of missed calls were minimal (there had been none recently).
- Out of hours arrangements were in place and agency staff were not used; staff worked well to cover unexpected absences as a team.

Using medicines safely
- Medicines were managed safely and in line with current good practice. The care scheme coordinator had recently identified a pattern of minor documentation errors and had taken action to ensure this improved.
- There was a good relationship with the local pharmacy. There were themed medicines observations of staff in place to ensure they remained competent.
- Regular audits by the care scheme coordinator, registered manager and area manager ensured standards were maintained.

Preventing and controlling infection
- People were protected from the risk of infection. Staff used gloves and aprons to help prevent the risk of

cross infection.

- Staff had received infection control training.

Good

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.

At the last inspection this key question was rated as good. At this inspection this key question remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience; Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Staff were well trained and supported. They received a broad range of training and were reminded when they needed to refresh topics. The care coordinator ensured they had access to additional training that may help them in their role, such as mental health awareness training. Staff received dementia awareness training; the care scheme coordinator agreed they needed to source more practical or in-depth training, recognising that they supported a higher proportion of people with a dementia.
- People's needs were assessed promptly and in line with good practice. The care scheme coordinator demonstrated a good awareness of recent best practice developments. They and the provider used guidance documents from bodies such as the National Institute for Health and Care Excellence to inform policies and practice.
- People said, "They [staff] are never lost and always know what they're doing," and, "New staff are always supported by someone."

Supporting people to eat and drink enough to maintain a balanced diet

- The majority of people used an onsite café for meals. Staff also helped people where their preference was to have something made in their flat, for instance a cooked breakfast. Staff were knowledgeable about people's dietary needs and preferences.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked well with external health and social care professionals. One told us, "They have been receptive and willing to try things to make the person more comfortable. It's a challenge for them because they have to balance helping people to be independent and recognising when they're not the right environment – they do it quite well."
- Staff demonstrated a good understanding of how they could best support people and also when they needed to access seek advice.
- People were encouraged and helped to access primary and secondary healthcare to keep them fit and well.

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.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. Where people may need to be are deprived of their liberty in order to receive care and treatment in their own homes, applications must be made directly to the Court of Protection who can authorise deprivations of liberty. We checked whether the service was working within the principles of the MCA.

- Consent to care and treatment was sought in line with relevant legislation and guidance. Staff demonstrated a good awareness of mental capacity considerations and when people might require a decision to be made in their best interests.
- People confirmed that staff asked for their consent before carrying out any care.

Good

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 the key question remained good. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Respecting and promoting people's privacy, dignity and independence

- The nature of the service was focussed on people being independent in their own flats, on one site. People we spoke with confirmed this worked well and some people gave examples of increased confidence and independence. One said, "It doesn't feel like an old folks' home. This is my flat in a block of flats."
- Staff turnover was low, with some staff having worked at the service for several years. People and staff had built trusting relationships and were at ease with each other. This contributed to people feeling relaxed and better able to make new friendships and connections. One person said, "They [staff] feel like family, they have a laugh." Another said, "They [staff] make it easier to socialise."
- People spoke positively about how staff made them feel at home. Staff respected their privacy but also showed humour and affection.

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

- Feedback was uniformly positive about the patience, support and respect shown by staff. One person said, "They are all very good here – they can't do enough for you," and another, "They are nice - they ask what you are doing, they like to hear about your family."
- Staff demonstrated a warmth and commitment towards making people feel at home. They spoke and acted in a caring manner.
- People's religious needs and preferences were respected and understood. People were able to access communion given by a local church minister.

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

- People told us they felt involved in making decisions about their care. Surveys had recently been given to people to provide feedback about the service and people confirmed they were regularly asked for their input.
- Tenants meetings were held quarterly with people having the opportunity to contribute ideas or provide feedback.
- Care plans were written in a person-centred style, with people and, where appropriate, their relatives. They were regularly reviewed.

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was rated good. At this inspection the key question remained good. This meant 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

● People received personalised care. This was planned in advance and informed by relevant information from the referring organisation. Staff told us the care scheme coordinator had made improvements to the level of information they had access to when people first started using the service.

● Care plans were person-centred. They had regard to people's histories, relationships and aspirations. Care plans did set out specific goals, although the majority of these were regarding day to day living and needs.

● People told us they and their relatives were involved in the care planning and review process. One said, "My care plan tells them [staff] I make my own bed, do the dishes, I do all this." Records reflected the involvement of people and their families.

Improving care quality in response to complaints or concerns

● There had been one recent complaint. It was handled in line with provider's policy, with a clear investigation and actions.

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers. The registered manager was aware of, and acted in line with, the Accessible Information Standard (AIS).

● The area manager demonstrated a good awareness of the AIS. People could be provided with care information in other formats should it be needed.

● Care plans contained information about people's communication requirements. For Instance, where people had sensory aids and how staff should ensure they were used to help people communicate. Staff were able to communicate well with people.

End of life care and support

● Staff received end of life care training. The care scheme coordinator had worked well previously with external clinical professionals to support people at the end of their lives.

● There was an inconsistent approach to broaching conversations about advanced care planning and end of life care with people, prior to them being considered at that stage by clinicians. The provider shared a range of resources they had access to and confirmed this was an area they intended to improve.

We recommend the provider review their processes for discussing and documenting advanced care planning and end of life care preferences.

Good

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

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

- All staff we spoke with felt well supported to act in line with the provider's ethos of encouraging and enabling people's independence. Staff articulated well the benefits of the service and this was consistent with feedback people gave us.
- Most staff had been at the service for several years; morale was high and turnover low. We observed staff working together well. One staff member said, "It's a lovely place to work and is quite settled."
- The registered manager was on leave at the time of inspection but there was ample managerial oversight in place. The care scheme coordinator led the service on a day to day basis. Staff respected them and they had a comprehensive understanding of the service and staff. People said, "You can sit and have a chat with them in the office," and, "It's good you can talk to them – they are friendly and they take notice."
- Auditing and reporting arrangements regarding all aspects of the service were clear, with strong local and national support in place.

Working in partnership with others; Continuous learning and improving care; Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The service continued to work well with local health and social care professionals. One told us, "My experience has been positive – they tried everything the reasonably could to meet a person's needs. They were proactive and supportive."
- The service was geographically isolated but the care scheme coordinator had maintained some positive community links. For instance, a local church and school.
- People were actively encouraged to play a part in the community. This was evident in people's care plans and the conversations we had.

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

- The provider sent out surveys annually to people who used the service. The previous survey saw low returns and there was little meaningful analysis possible. The care scheme/area manager agreed to review the content of surveys and the means by which feedback was sought to try and improve the response rate.
- People had had other opportunities for feedback, such as review meetings and tenants' meetings. They confirmed the care scheme coordinator (and all staff) was approachable and responded well to suggestions and feedback.