

Comfort Call Limited

Comfort Call Newcastle

Inspection report

Park View Grange
Blakelaw
Newcastle upon Tyne
Tyne and Wear
NE5 3TD

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Tel: 01912711500

Website: www.comfortcall.co.uk

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

Comfort Call Newcastle 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 bought or 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.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained good.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they were supported to be as independent as possible. There were opportunities for people to have social experiences and build new friendships. Everyone we spoke to was complimentary about the staff team, both in their skills but also in their approach and friendliness.

We saw care documentation was clear and concise and documented people's needs, preferences and how to deliver their care safely. The provider had a robust system of auditing so that regular checks were completed and all care documents were reviewed on a monthly basis.

Staff advised they supported by the management team both through supervisions and appraisals but also in the managements approach.

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

The provider had a clear vision of the service they wanted to provide and people's positive feedback informed us this was being met. The provider had clear processes in place to ensure information between services was shared and used as opportunities to learn.

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 remains good.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains good.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was an announced comprehensive inspection and took place on 12 October 2018. We gave the service 24 hours' notice of the inspection visit because it is a supported living service and we wanted to ensure someone would be available to talk to us.

The inspection was conducted by an inspector and an 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.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Before the inspection we reviewed the information in the PIR as well as all the information we held about the service, this included notifications of significant changes or events.

Prior to the inspection, we contacted commissioners of the service from the local authority. We also contacted the local authority safeguarding team and the local Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services. We used their feedback to plan the inspection.

During our inspection we spoke with six people who used the service. We spoke with six staff including the registered manager and care coordinator. We reviewed a range of records including three care plans, care monitoring records, medicine records, training and staff files and other records relating to the quality and safety of the service.

Is the service safe?

Our findings

At the last comprehensive inspection we found the service was safe and awarded a rating of good. At this inspection, we found the service continued to be safe.

People told us the service provided safe care. One person said, "Oh aye, I'm safe here." Another person said, "Yes of course I'm safe here. We are very pleased to move here." Staff and the management team had a comprehensive knowledge of safeguarding procedures and whistleblowing concerns. Staff had appropriately raised safeguarding alerts to the local authority safeguarding team when concerns were identified.

Risks assessments were detailed and wide-ranging. One person had a risk assessment in place for mobility. The assessment includes a wide range of considerations including medical conditions, pain and communication. The outcome of the risk assessment was transferred into a detailed care plan which included all relevant information. Where equipment was required to support the person the information provided was detailed.

There was sufficient staff available to support people. We saw the rotas were consistent and in the majority of cases the staffing was consistent for each person's care package. One person said, "I just receive morning care, I usually see the same carers all the time." Staff working for the service were recruited thoroughly and we saw the recruitment checks were robust. Prior to commencing work each person had references in place, as well as Disclosure and Barring Service (DBS) checks. DBS checks are carried out to confirm whether prospective new staff have a criminal record or are barred from working with vulnerable people.

Medicines were managed safely. To minimise the risk of any errors the service completed an audit of each person's medication at the end of each month, this included a review of medication administration records. We found records were appropriately complete and accurate.

Accident and incident records were detailed and included all immediate action taken and any considerations for future learning. The care coordinator completed an analysis of accidents and incidents on a monthly basis to review for trends.

Is the service effective?

Our findings

At the last comprehensive inspection we found the service was effective and awarded a rating of good. At this inspection, we found the service continued to be effective.

People's needs were assessed prior to a care package being arranged. We saw each person's assessment record had been used to develop their individual care plans. All care documents were detailed and descriptive, these included where people's relatives were supporting the care package to make it clear what was expected from the staff and the service.

Staff told us they received regular training and supervision and the management team were supportive. Training was delivered both via workbook and face to face and covered a variety of topics. Staff supervisions were varied in terms of content, they included an on-site spot check and competency assessment. The care coordinator told us how the provider also used themed supervisions for both a reactive purpose where concerns had been raised, but also to look more closely at specific areas of care practice. Some of the themed observations included record keeping, medication management, choking risks and continence.

Everyone we spoke to was complimentary about the staff team. One person said, "They know my moods, my ways, and what I like, I'm happy." Another person said, "They all know us and they all know our names, that's the cleaners, the staff, the management."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). When we asked people about their involvement in decisions they were positive. One person said, "Of course we can choose what we do and what we wear, and how we do stuff, it is our own home." Another person said, "They don't push you into anything, but they always help me stay independent."

The management team had a comprehensive knowledge and provided us with an overview of people who had a lasting power of attorney (LPA). We saw that where LPAs were in place the supporting documentation was available and everything was referred to clearly in the care documents.

Some people received support with meal preparation as part of their care package. All the comments we received continued to be positive.

People told us how the service helped facilitate external healthcare professionals to support them. One person said, "Yes I see my doctor and dentist, the podiatrist comes in to see to my feet."

Is the service caring?

Our findings

At the last comprehensive inspection we found the service was caring and awarded a rating of good. At this inspection, we found the service continued to be caring.

Everyone we spoke to told us that staff treated them with kindness and respect. One person said, "I like all of the staff, they treat me with respect and they have a laugh with you as well." Whilst another said, "They treat me nicely, they respect my dignity and privacy."

Staff told us how they strived to ensure people were involved in their care. One staff member described how they supported people to make day to day decisions and how they always gave time to allow people to answer. One person said, "The staff help me when I need help, but they let me get on with my life." Another person said, "They know me and give me respect and care, I choose my own way, my own clothes, I choose my own food."

Care documents we reviewed continued to record people's involvement. There was detail provided as to how to involve people and what elements of their care they generally made decisions about. Care plans were detailed and provided key information to aid staff in supporting people. For example, in one person's care record it said, "[Person] chooses his own clothes and likes to wear shorts, he cleans his own teeth and can put his own shoes on and tends to wear flip-flops as they are easy to get on and off."

During our inspection we spent time with people in the communal area of the service. We observed positive friendly relationships between people and staff. Staff knew each person well, remembered their individual likes and preferences and had a good relationship with people personally. One person said, "I always find the staff very pleasant." A staff member we spoke to said, "It's important for us to have a good relationship with people, we all get on well, we work well as a staff team."

People told us how they had a new lease for life since moving into the service. We noted people were encouraged to bring their pets and people had cats, dogs and a parrot. Some people had a shared passion about their animals and now arranged their dog walks together so they always had company.

The staff and management team understood the importance of confidentiality. The service had put a variety of measures in place to ensure people's information was secured. This was in line with the new General Data Protection Regulations (GDPR).

Is the service responsive?

Our findings

At the last comprehensive inspection we found the service was responsive and awarded a rating of good. At this inspection, we found the service continued to be responsive.

People told us they knew how to complain but they didn't have concerns about the care they received. One person said, "We are very happy and we like it here, we both feel very lucky." They continued to say, "To be honest I don't think we have had any complaints." Staff told us that if people were to raise any concerns they would support them in speaking to the management team. One staff member said, "We'd do anything to support them if something wasn't right." There were no formal complaints raised with the service since the last inspection but we saw that where areas for improvement or change had been suggested these were considered and documented by the management team.

The care plans we reviewed were comprehensive and we could see that people were involved in their care planning. Each person had an individual care record stored in their flat. One person said, "I am aware of my own care plan," whilst another person said, "I know about my care plan, I've got it here."

At our last inspection we noted the care plans provided sufficient detail so that people's individual preferences were clear. We saw this continued to be the case at this inspection. Care plans were concise but provided key bits of detail about an individual, whether that be about their clinical diagnosis, people who were important to them, or what good care looked like for them.

Each person receiving a care package had their own flat and come and go as they pleased. However, people told us the building provided them with options to socialise, although in some cases not as much as they would like. We observed that on a Friday the service ordered fish and chips for people who would like some. They were delivered from a local takeaway and some people took the opportunity to sit in the communal area and eat together.

People told us how the communal areas of the service had also been used to host clothes parties, or charity coffee mornings. Some people living at the service had also set up their own bingo sessions which a number of people told us about. A number of people also told us about a local vicar coming once a month to do a Songs of Praise session. One person said, "I'm not practicing but I love the music, the songs and it's lovely to socialise."

At the time of our inspection there was no one receiving support with end of life care. However, we noted that in the care records there was some information to record wishes and preferences at end of life if people were happy to discuss them.

Is the service well-led?

Our findings

At the last comprehensive inspection we found the service was well-led and awarded a rating of good. At this inspection we found the service continued to be well-led.

People told us the management and the staff team were all visible and approachable. One person said, "The manager is very good and has helped with all sorts of things in the past." Another person said, "They all work very well as a team, I am an ex-nurse and I know about teamwork. I find them all very approachable and they are always available to talk or help."

There was a registered manager in post who, and they had registered with the Commission in November 2016. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager covered a number of different sites, however there was a care coordinator based in the building where the care was delivered. People and staff told us they had a good relationship with both staff members. One staff member said, "They've been really good for me, they've supported me to work around my family. I tried different shift patterns and I'm on one that really works."

The care coordinator chaired the team meetings and we noted these were used as disseminate information, but also an opportunity to learn and provide positive feedback.

The provider had a clear vision in place, "To provide flexible community-based care support of the highest standard, that promotes independence dignity and choice." The staff we spoke to were all confident they delivered on the vision. Although we did not ask people about the vision the positive stories we received demonstrated the vision was being met.

The provider had a robust governance procedure in place which had continued to evolve and develop since our last inspection. There was a shared interest in learning and this was evident across different services. Where a safeguarding or incident investigation had been completed, the outcome was shared across the provider group so staff could learn and expand their knowledge.

A service survey had last been completed in July 2017 and we saw the results were positive. Comments from the survey included, "All I can say is that you cannot provide any more because you have the best staff, they are absolutely crazy. I mean funny crazy, you can not get better than this group." And, "The staff are fantastic, I don't think I can get better for my care."