Comfort Call Limited

Comfort Call Newcastle

Inspection report

Park View Grange
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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

The inspection took place on 3 and 4 February 2016 and was announced. We last inspected Comfort Call Newcastle in August 2014. At that inspection we found the service was meeting the legal requirements in force at the time.

Comfort Call Newcastle provides personal care for older people, including people with physical and mental health conditions, who are tenants in Park View Grange, an extra care housing scheme. The personal care is provided by an on-site domiciliary care team across the day and at night. The inspection also encompassed the personal care delivered to tenants at Bowmont House. This is another of the provider's services that was in the process of being registered and was being managed from Comfort Call Newcastle. Bowmont House is also an extra care housing scheme with an on-site domiciliary care team. At the time of our inspection services were provided to 30 people living at Park View Grange and 34 people living at Bowmont House.

A manager had applied to become the registered manager for both services. 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.

We found that care was delivered safely and took account of risks associated with people's vulnerability. Safeguarding procedures were understood and followed to protect people from harm and abuse.

Staff were suitably recruited and there were enough staff to ensure that people's needs were safely met. There was scope within the staffing levels to keep checks on people's welfare and, when necessary, to provide extra care and support.

People were given appropriate support in taking their medicines to maintain their health and well-being. The staff supported people in staying healthy and, where needed, in meeting their dietary needs.

Staff had undertaken relevant training that enabled them to meet people's needs in a safe and effective way. The staff were supervised and appraised and routine checks were made of their care practice and performance.

People were involved in making choices and decisions about their care and had consented to the care they received. Care needs and risks were assessed and personalised care plans had been developed. People's care services were kept under regular review and there was a system for updating care plans at least annually.

The service regularly consulted with people about their support, their care workers and overall satisfaction. A clear complaints system was in place and any concerns were properly investigated.

People felt they received a good service and spoke highly of their care workers. They told us the staff were kind, caring and respectful. Many people appreciated having their privacy and independence whilst being secure in the knowledge that staff were available when they needed them.

The service was well managed and co-ordinated and staff were provided with leadership. There was an inclusive atmosphere and the management were pro-active in seeking people's views. The quality of people's care and the service were continuously monitored to ensure the provider's standards were maintained.

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.

Risks to people using the service had been assessed and actions were taken to minimise any potential harm.

Appropriate steps were taken to safeguard people against the risk of abuse.

Enough staff were employed to enable people to be provided with safe and consistent care.

Satisfactory arrangements had been made for assisting people with their prescribed medicines.

Is the service effective?

Good

The service was effective.

Staff were trained and supervised to ensure they had the knowledge and skills to meet people's needs effectively.

People were able to direct their care and received the care they had agreed to.

People were assisted, where necessary, in meeting their health needs and dietary requirements.

Is the service caring?

Good

The service was caring.

The staff were caring in their approach and had formed positive relationships with people using the service.

People were treated respectfully and their privacy and dignity were promoted.

People were supported to express their views and could influence the service they received.

Is the service responsive?

Good

The service was responsive.

Staff worked flexibly and were responsive to people's needs.

People were given support to reduce the risk of social isolation.

Care planning was focused on the individual and the outcomes they wanted to achieve.

Any complaints about the service were taken seriously and acted upon.

Is the service well-led?

Good

The service was well led.

The management structure ensured there was efficient delivery of the service.

There was an open culture and the views of people using the service were actively sought.

Systems were in place to routinely monitor and improve the quality of the service provided.

Comfort Call Newcastle

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 was 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.

This inspection was announced and took place on 3 & 4 February 2016. We gave 48 hours' notice that we would be coming as we needed to be sure that the manager and senior staff would be available to take part in the inspection. The inspection was carried out by an adult social care 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 we reviewed the information we held about the service. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

During our inspection we talked with 16 people using the service and two relatives. We spoke with the regional manager, the manager, the two scheme co-ordinators and six care staff. We looked at nine people's care records, staff recruitment and training records, and reviewed other records related to the management of the service.

Good

Is the service safe?

Our findings

People using the service told us they felt safe and expressed no concerns about the way they were treated by the staff who supported them. Their comments included, "I love it here, I am safe and secure, I want to spend the rest of my life here"; "We feel very safe, the security is very good and the carers are always around"; "I'm very safe here, the security is great and we have everything we need if we have to call for help"; "The carers are on hand if I need anything"; and, "This is a superb set up, it is second to none for safety and friendliness." A relative commented, "My mother is safe here, I know the staff will come quickly if she calls for them."

One person told us their apartment was quiet and peaceful and they had all the required safety equipment they needed. Another person said they had pull cords throughout their apartment and a neck fob and wrist fob to enable them to summon assistance. They said, "I feel very safe here, there is everything I need." One person also described how happy they had been about the outcome of an incident when they had left their door unlocked and someone had entered their apartment. They said, "When I got back the police were here and it was dealt with very well." Two people mentioned they would like care workers to have clear identification on their uniforms or perhaps their names and photographs could be displayed. We relayed this to the manager and a scheme co-ordinator to address.

The new guide to the service included detailed information to inform people about maintaining safety and how the service would protect them from harm and abuse. Information from the local safeguarding authority had also being requested and was planned to be displayed in the schemes to raise people's awareness.

Staff had access to the service's policies and procedures on safeguarding and whistle-blowing (exposing poor practice). They were introduced to these during their induction and thereafter received annual safeguarding training. The management and staff understood their responsibilities in preventing and reporting abuse. In the past year safeguarding issues had been appropriately notified to the relevant authorities and acted on, including conducting internal investigations and taking disciplinary action.

Systems were in place for the safekeeping of people's personal finances. Where staff had any involvement in handling people's money, we saw this was risk assessed and transactions were suitably documented and backed by corresponding receipts. Audits were carried out to assure people their money was being managed safely.

We examined recruitment records and found that all necessary checks were in place. These included completion of an application form, obtaining proof of identity and checking with the Disclosure and Barring Service for any previous criminal convictions. Two references were sought, including one from the applicant's last employer, and interviews were carried out and recorded. This showed us that a robust process was followed to ensure new staff were suitable to be employed.

Both schemes had sufficient staffing resources to deliver consistent care to people. Rosters were organised

by the scheme co-ordinators with care workers allocated to visit individuals throughout the day. Waking night staff were employed to keep check on people and provide support when needed during the night. There was capacity within the staff teams to provide care flexibly and for covering absence due to holidays and sickness. The manager and scheme co-ordinators hours were in addition to the roster. A weekly staffing report was submitted to the manager and regional manager verifying people's assessed needs and contracted hours and the actual hours of service provided. An on-call system was operated outside of office hours for staff to get management advice and support and to escalate any emergencies. One of the scheme co-ordinators told us they occasionally did checks at night to ensure people were being cared for safely.

People felt there was enough staff to provide their care and support. They told us, "There are normally enough staff to look after us"; "I have 24 hour care; I am better off than I have ever been"; "The staff have time to talk to me, I never feel rushed"; "The continuity of the care is very good"; and, "Staff always have time to talk for a while."

Assessments had been carried out which identified potential risks to people using the service. Measures to reduce risks were recorded ensuring staff had guidance to follow on how to keep people safe during their care. We saw the measures took account of risks in the person's home environment and areas of support such as medicines, mobility and risk of falls, nutrition and skin integrity. For example, one person's records specified they required two staff to safely support them with their moving and handling needs and detailed the techniques and equipment to be used. The scheme co-ordinators confirmed that people had the necessary aids and equipment to ensure their safety and comfort.

We saw that any accidents and incidents were appropriately reported, investigated and sent onto the manager and regional manager. A monthly analysis was conducted and there was good evidence of follow up action taken to prevent reoccurrence.

Some people told us about the support they received with their medicines. For instance, one person said the care workers called each morning and night to administer their medicines. They were happy the workers always called at the right times and were confident about their reliability. A second person told us they had no worries about their medicines as the care workers were always on time to help them. A third person said, "I feel very safe, the carers are always on hand to help me and with my medicines."

We checked how the service managed people's prescribed medicines. We saw all staff were given training in the safe handling of medicines on an annual basis. Thorough assessments of competency were completed annually through a themed supervision. This focused on testing the staff member's knowledge and a separate observation of their practice. Medicines administration was also checked during spot checks of care workers performance.

The risks associated with medicines were assessed including delivery arrangements, the person's level of understanding and the extent of support required. People had signed their records giving their consent and agreement for staff to assist them with their medicines. Medicine Administration Records (MARs) were incorporated into the 'home care report book' that was kept in each person's home. Directions for medicines were appropriately recorded. There was evidence of body maps being used to indicate the parts of the body where topical medicines were to be applied.

The MARs we examined were completed to a satisfactory standard, confirming medicines administered and any reasons why the person had not taken their medicines. We saw that any discrepancies, such as gaps where staff had not signed to confirm they had given medicines, were identified in the regular audits of the MARs. Diligent action had been taken in response including further training and support for staff and

reinforcing the importance of accurate record-keeping at supervisions and staff meetings. The scheme co-ordinator at Bowmont House told us they were starting to implement weekly audits to highlight any deficits more quickly. The audits to date had shown improvements in the accuracy of medicines recording.

Good

Is the service effective?

Our findings

People and their relatives were satisfied with the service and felt that staff had the necessary skills to provide the care and support that was required. Their comments included, "The staff all seem very well trained, they are very happy all the time"; "I think they must be well trained, they are very efficient in using my hoist"; and, "The staff all seem well trained, they help the younger new staff as well."

New staff were given induction training over five days followed by a period of shadowing experienced staff. Evidence of shadowing was recorded. We saw this included observing the new staff member carrying out care tasks before they were signed off as being competent. The manager told us the Care Certificate had started to be delivered. The Care Certificate was introduced in April 2015 and is a standardised approach to training for new staff working in health and social care.

The provider had five trainers who provided training courses for staff at the service. All training was classroom based with practical sessions. The regional manager and human resources team also provided training for managers and senior staff relevant to their roles and responsibilities. A matrix with an overview of all training completed was maintained for each staff team in addition to individual training records and certificates. The overviews showed that staff had received core training including moving and handling, infection control, food hygiene, first aid, medicines, safeguarding and health and safety.

Training in other topics was variable. The staff who worked into Park View Grange had undertaken courses such as caring for people with dementia, dignity and respect, nutrition, diabetes, continence, reablement and palliative care. Only a minority of staff at Bowmont House had completed this range of training as most had transferred to the service under TUPE (Transfer of Undertakings Protection of Employment) arrangements in 2015. Efforts had therefore been concentrated on ensuring these staff completed the provider's induction and core training in safe working practices. The manager gave us assurance that further topics of training were arranged including dementia and mental capacity.

The majority of staff had either achieved National Vocational Qualifications or Qualifications and Credit Framework Diplomas in health and social care, or were studying or enrolled to undertake such care qualifications.

The service had a delegated system that provided staff with individual supervision every three months and annual appraisals. We saw that supervisions were often themed and covered areas of practice such as safeguarding, medicines and record keeping. Dates for supervisions and appraisals were forward planned and completion and due dates were inputted into the provider's reporting system. The manager told us the current compliance levels were 99% for staff at Park View Grange and 86% for staff at Bowmont House. Spot checks of performance and team meetings were also carried out every six months. The staff we talked with told us they were well supported in their personal development.

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.

The scheme co-ordinators told us most of the people using the service were able to make decisions about their care. Two people had relatives who had legal power of attorney status and they were fully involved in decision-making on their family member's behalf. The manager told us they would work with families and other professionals if there were any doubts about people's ability to consent to their care. Records showed that people had been consulted about their care and support and had signed to confirm they agreed to their care plans.

People's nutritional needs and risks, diet preferences and support with eating and drinking were assessed. Staff provided support with preparing meals, snacks and drinks and both schemes had on-site restaurants which were run independently of the care service. One person living at Bowmont House who was identified as being nutritionally at risk, was prescribed a dietary supplement and at times needed assistance with eating and drinking. We noted this was not fully reflected in the person's care plan and monitoring of food intake was inconsistent. The scheme co-ordinator informed us the person's records would be updated immediately.

Most of the people we talked with were happy with the catering facilities. They told us, "I love the dinners here and they will make me something else if I don't like what's on the menu"; "The food is excellent"; "The chef will keep a meal back for me if I am out at lunch time"; "There is a good choice of food"; and, "I go to the restaurant each day. The food is very good."

We observed that the restaurants were well used. Care workers supported people to and from the restaurants, where needed, and some people had their meals delivered to their apartments by staff. People were accommodated comfortably in the dining areas, including those who used wheelchairs, and table service was provided. There was a pleasant and relaxed dining experience and the catering staff were attentive and interacted well with people.

Information about people's medical history and current health needs was obtained. People were supported to contact their GP's and other health care services, if this was necessary. A scheme co-ordinator told us some health care professionals, with the person's permission, kept staff informed about the outcomes of visits and any changes to medicines or treatment. This helped the service to adapt and co-ordinate people's care. On occasions, staff accompanied people to hospital appointments. The staffing resources also enabled staff to do 'pop in' visits to check on people's welfare and to provide additional care during times of illness.

Good

Is the service caring?

Our findings

People using the service told us the staff were caring and kind and treated them with respect. Their comments included, "Staff always seem happy and professional in their approach. The care is excellent, they treat me like a friend, we have a good laugh and they are very respectful towards me"; "There is no carer who I don't like seeing, they are all very patient with me"; "The carers always arrive with a smile, and they chat to me while they are working"; "I was poorly once and the carer called in after her shift to see how I was doing"; "The girls are all very happy and friendly, very polite and respectful"; "The staff are all very caring"; "I don't think you could get anywhere better than this"; and, "They are like friends to me, and they have given me my confidence back."

People spoke positively about how staff respected their privacy and right to be independent. They told us, "I have regained a lot of my independence by moving here"; "They have given me peace of mind"; "Not one of the carers has ever told me anything about another person so I feel very confident about my own privacy and confidentiality"; "Living here has been a benefit to my freedom and independence"; "I am very happy, the staff are very kind. They help me morning and night to shower and dress, but I still have my independence"; and, "We loved our old house, but we love it here, we can keep our independence."

A good level of information was provided to people that informed them about what to expect from using the service. They received a detailed guide to the service and informative posters and leaflets were displayed in the schemes for people to refer to. These included information about the schemes' facilities, social activities and external support agencies.

Many people told us the extra care housing model of care suited their needs very well and had improved their lifestyles. For instance, we talked with three people who were finishing their lunch then going to play a regular scrabble game together in a lounge area. They said they were very pleased with their way of life, had their independence and could come and go as they wish. They used the communal areas and visited one another in their apartments. They liked the fact that there was always staff around if they needed help and all said they feel very safe living at the scheme.

One person we spoke with said they had lived in other places prior to moving in. They told us they had made new friends, took part in social activities and ate at the on-site restaurant. They commented, "I get nothing but the best now." Another person told us they had been uncertain about coming to live at the scheme and said, "Despite the vast change, it has worked out well. I am happy to be living here."

People told us they were supported to make choices and decisions about their care. Their comments included, "I've been fully involved in my care plan", and, "The plan is reviewed annually and I get the care that has been agreed in the care plan." One person and their relative told us the scheme co-ordinator reviewed the care plan with them both regularly and they hadn't needed to make many changes over the years. The scheme co-ordinators said none of the people using the service needed an independent advocate but they had information about advocacy services if they were required.

There were systems for supporting people to express their views about their experiences of using the service. In addition to care reviews, people's feedback about their service was sought during quality assurance visits. At these visits people were asked about their care workers and to what extent they were satisfied with the service. This included questions about reliability, timing and duration of visits; treating the person, their home and possessions with care and respect; and whether the care workers protected their privacy, dignity and confidentiality. Other comments were encouraged and people's levels of satisfaction were used to inform the service's quality assurance system.

Good

Is the service responsive?

Our findings

People using the service told us that staff were reliable and responsive to their needs and requests. Their comments included, "They arrive fairly quickly when I call"; "The staff are all very helpful, they will do anything I ask of them"; "I get help each evening to shower, and they will make me a hot drink while they are here"; "I prefer a male carer, and I normally get a male carer"; "The carers call in regularly to check I'm okay"; and, "It's wonderful here, I feel very secure and staff always arrive in good time when I call for them." A relative told us, "They keep me informed of anything that is happening."

A minority of people using the service had contracted hours for social support. In these instances care workers were allocated to spend time with the person undertaking an activity of their choice, either within the scheme or out in the community. Some social activities were also arranged at the schemes for people to take part in. One person said that activities were announced over the intercom each day, though there was little uptake by the tenants. Another person said, "There is not a lot of social life here and when they do have an event there is not much support from the residents." Other people said they had benefitted from the social element of living at the scheme. They told us, "I can access all parts of the building and see other residents"; "I've maintained my hobbies and made new friends"; "We have friendship and plenty of activities to keep us entertained"; and, "We had a trip out on a bus. It was a ride along the sea front, fish and chips and a commentary all the way from the driver, it was really good."

The care plans we examined were suitably detailed, describing the level of support which staff would provide and setting out the outcomes to be achieved. Personal preferences and the individual's routines were built into the care plans to ensure staff knew how people wished their care to be given. The provider had a system for each person using the service to have their needs and risks reassessed annually and for a new care plan to be put in place. The agreed outcomes of care plans and any changes needed to the care delivered were also reviewed during quality assurance visits throughout the year.

The scheme co-ordinators told us that when planning rosters they aimed to give people consistent care. For example, matching care workers to people who had social support time and designating the same care workers to people who needed two staff to provide their care. Both schemes had capacity within the staffing hours to be able to adapt to people's changing needs and provide extra care when required.

We observed that staff made records each time they visited people, reporting on the care provided and the individual's welfare. Handovers between shift changes were given verbally to ensure all staff were kept updated about any significant information involving people's well-being.

People were given a copy of the complaints procedure which they could use if they were ever unhappy with their care or the service they received. The people we talked with understood how to make a complaint and believed that any concerns they had would be addressed. One person said they had never had cause to make a complaint, but would be very confident of going to the manager if the need arose. Another person said, "If I have a problem I can go to the office, they are very understanding."

Two people told us they had made complaints and had been satisfied with the way the scheme co-ordinator dealt with them. One person commented, "I was very happy with how they handled my complaint and the outcomes". None of the people we talked with expressed any concerns about their care. However, one person said they were considering complaining as they were having difficulties understanding the costs for their care and their apartment. We brought this to the attention of the manager and scheme co-ordinator.

The manager and scheme co-ordinators understood their responsibilities in ensuring the complaints procedure was followed. Where applicable, complaints were escalated to the regional manager for investigation. We saw that complaints received were appropriately logged, investigated and responded to and that the findings of complaints had been acted on.

Good

Is the service well-led?

Our findings

An experienced manager was in the process of being registered with the Care Quality Commission (CQC) to manage the personal care services provided into Park View Grange and Bowmont House. The manager was supported in their role by a regional manager and the two scheme co-ordinators who supervised the day to day operation of the services. The management understood their responsibilities to notify CQC of any significant events which occurred in the managing and carrying on of the service.

People using the service spoke positively about the management and staff. They told us, "They (the scheme co-ordinator) often calls in to see me and will stop and talk in the corridor"; "I am very happy here, the staff are very professional"; "I get on very well with all the staff, and I know the manager and assistant very well"; "The (scheme co-ordinator) seems to be very good at her job and very caring"; "I think the care is well managed and I feel I could approach the manager if I needed to"; "The staff make a good team"; "They (scheme co-ordinator) always takes time to talk to me when I see her"; and, "The staff and managers are all very approachable."

Staff told us they felt well supported by the provider and management team. Their comments included, "It's the best company I've worked for"; "There's been a change in culture"; "I feel able to raise anything, the management are supportive"; "The scheme co-ordinator is fantastic, really approachable"; "There's improved teamwork and communication." The staff confirmed they were able to air their views and one staff member told us, "We're listened to and things get followed up."

The scheme co-ordinators and senior care staff monitored care practice by conducting spot checks of care workers carrying out their duties. One scheme co-ordinator told us that on occasions they also did unannounced checks during the night to make sure people were safely cared for at all times.

We found an open and transparent culture was promoted within the service and the management aimed to work inclusively with people. An example of this was where management had met with a person's relatives to negotiate overcoming difficulties which were impacting on their family member's care. The scheme co-ordinator shared the outcome of this meeting and the ways they had agreed to adapt the service and ensure there was on-going communication with the family. People using the service were also encouraged to participate in giving feedback about matters relating to their tenancies and other services provided in the schemes. For instance, some tenants of Bowmont House had started their own focus group, with support from the management, to look at the food choices provided in the restaurant.

An electronic reporting system was in place that enabled the manager and senior management to be kept appraised of the running and performance of the service. A wide range of information was inputted into the system that related to people's safety and welfare including details of accidents, incidents, complaints and any safeguarding allegations. This could be readily accessed and cross-referenced and provided a clear audit trail of the action that had been taken in response.

The manager told us the regional manager ran weekly reports from the system to monitor compliance with

the standards set by the provider. Any remedial action was then communicated to the manager or scheme co-ordinators to make the necessary improvements. The provider also had a quality team that carried out an overall annual audit of each service. A visit from the quality team had been scheduled to the service provided into Park View Grange.

The reporting system captured details about staff recruitment, training and supervision and was used to make checks on a variety of other quality issues. These included reviews of care plans and ensuring visit log books had been audited to validate the care that people had received. People's views about their care experiences and the quality of the service were obtained during quality assurance visits and were fed directly into the system. We noted, however, that the quality assurance visit to one person had not highlighted the need to update their care plan. The latest findings from quality assurance showed that all of the people visited had stated they were either very satisfied or satisfied with their service.