

Comfort Call Limited

Comfort Call Sheffield

Inspection report

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Date of inspection visit:
12 September 2019
13 September 2019
16 September 2019

Date of publication:
01 October 2019

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 Sheffield is a domiciliary care service providing personal care to people with a range of support needs, living in their own homes. At the time of this inspection, the service was providing care and support to 234 people.

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

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

People felt safe when receiving care from Comfort Call Sheffield. Risks to people were assessed and minimised, and people were protected from abuse. There were enough staff available to meet people's needs. People were mostly supported by a small number of regular care workers, who arrived at the right times. People received their medicines, as prescribed, from staff who were trained to provide this support safely. People were protected from the spread of infection.

People were supported by staff who were competent and skilled. Staff asked people for their consent before providing them with any care. 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. Staff supported people to maintain their health, and they referred people to community health professionals when necessary.

People told us staff were kind, friendly and caring. People said they felt well-treated by staff. Staff supported people to maintain their independence and to remain involved in decisions about their care. People's privacy was respected.

People knew how to complain about the service if they needed to. Complaints had been appropriately investigated and responded to by the provider. People's communication needs were assessed, and their care records contained information which supported staff to communicate with people effectively. People's care records were personalised. This supported staff to get to know people and provide care in accordance with their preferences.

Staff told us the registered manager was supportive and operated an 'open-door' policy. The registered manager and staff were keen to deliver a high-quality, person-centred service. The registered manager completed a range of checks on the safety and quality of the service on an ongoing basis, to ensure any necessary improvements were identified and implemented. People had opportunity to give feedback about the service at regular intervals.

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

Rating at last inspection

The last rating for this service was good (published 15 March 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

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 well-led.

Details are in our well-led findings below.

Good ●

Comfort Call Sheffield

Detailed findings

Background to this inspection

The inspection

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

Inspection team

This inspection was completed by one inspector, one assistant 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.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community.

The service had a manager registered with CQC. 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 48 hours' notice of the inspection. This was because it is a domiciliary care service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 12 September 2019 and ended on 16 September 2019. We visited the office location on 16 September 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan

to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with 24 people who used the service and five relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager, a regional manager, the regional director and four care workers.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

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

Staffing and recruitment

- The provider continued to follow safe recruitment procedures. They completed pre-employment checks to ensure new staff were suitable and of good character.
- There were enough staff deployed to meet people's needs and keep people safe. People told us they were usually supported by regular care workers who they had got to know very well. They said they only received support from care staff they were less familiar with when their regular staff were away from work.
- People told us staff usually arrived on time, though there were occasions where staff arrived early or late. A person commented, "The office sometimes will phone up and say that they are running late which is good because then I'm not worrying if they're going to come or not." Other people told us the office staff did not contact them to inform them staff were running late.
- Care workers used an 'app' on their phones to log their arrival and departure at people's homes. This allowed the office staff to monitor the care worker's schedules and allowed them to track any late visits. People were able to request their weekly visit schedule from the service, so they would know in advance which staff were coming to support them each day.
- Staff told us they usually had enough time to provide all the support people needed during each visit. However, they said when staff called in sick, other staff had to cover their visits, and this could lead to visits being rushed. The registered manager confirmed the service was always actively recruiting additional staff to relieve pressure on the current staff team.

Systems and processes to safeguard people from the risk of abuse

- The provider had appropriate systems in place to safeguard people from abuse.
- All staff were trained in their responsibility to safeguard people from abuse. They knew what action to take if they witnessed or suspected abuse. Staff were confident the registered manager would act upon any concerns.
- People told us they felt safe using the service. People's relatives told us they had no concerns about their family members' safety. Comments included, "They [staff] use a key safe to let themselves in. They are very careful about making sure windows are properly closed and the door is locked. They make sure I'm safe" and "My relative is very safe with the care staff. I have absolutely no worries at all about safety."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Staff assessed the risks involved in the delivery of care to people. People's care records contained risk assessments detailing the specific risks posed to them and guidance for staff about how to manage those risks in the least restrictive way.
- Where people required the support of staff or equipment to mobilise, their care records contained guidance about how staff could safely support people to mobilise and which equipment should be used.

This helped to protect people from the risk of injury.

- The provider had a system in place to learn from any accidents or incidents, to reduce the risk of them happening again. The registered manager investigated each accident and incident, to try to find out the cause. The provider analysed any accidents and incidents every three months, to try to identify any themes or trends. This information was used to help reduce the risk of further incidents.

Using medicines safely

- Medicines continued to be managed in a safe way. People received their medicines, as prescribed, and staff kept accurate records about the medicines they had supported people to take. People's care records contained clear guidance for staff to follow, which explained the support each person needed with their medicines.
- Staff were trained in medicines management and their competency to administer medicines safely was checked. The registered manager completed regular audits of the medicine management system to ensure staff continued to support people with their medicines in a safe way.

Preventing and controlling infection

- People were protected from the spread of infection.
- The provider had a policy which staff were required to follow, to promote effective infection control practices. All care workers received training in infection control.
- Staff had access to personal protective equipment which supported them to prevent the spread of infection.

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 good. At this inspection this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Staff assessed people's needs before they started using the service, to check the service was suitable for them. A personalised care plan was then written, which included information about the person's preferences. This enabled staff to get to know people and find out how they wanted to be cared for.
- People and their relatives were involved in this process. They were asked to provide important information about their likes, dislikes and life history, so care could be delivered in accordance with their needs and preferences.
- People were happy with the care they received from Comfort Call Sheffield. A relative commented, "I am very confident in how [staff] look after [my relative]."

Staff support: induction, training, skills and experience

- Staff received appropriate training and support to undertake their jobs effectively.
- New staff received a comprehensive induction when they started working at the service. This included a range of training the provider considered to be mandatory and a period of supervised working until senior staff were satisfied they were competent.
- Staff told us they received regular training, which they found useful. People and their relatives told us they thought staff had the skills they needed to support them effectively.
- Ongoing support was also provided to staff through supervision, observations and appraisals. Staff told us they felt supported by the registered manager and other members of the management team.

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

- Staff worked with other organisations to support people to maintain their health. Staff sought advice from health and social care professionals, such as GPs, social workers and district nurses, when required.
- People and their relatives provided positive feedback about how the service supported them with their health. For example, a relative commented, "[Staff] are very observant. They look after my relative as though they were their own. [Name of relative] starts to get pressure sores sometimes and as soon as they spot anything they alert us and tell us if they think the doctor or district nurse needs to come. I can't fault them." A person also commented, "They do notice when I'm not well and [staff] have phoned the doctor and my family once or twice."

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

- When people received support from staff with their meals and drinks, their food preferences were recorded in their care plan, along with details of any special dietary requirements. This supported staff to cater for

their needs, in accordance with their preferences.

- People were happy with the support they received with their meals and drinks. They told us staff prepared meals of their choice and provided them with encouragement to eat and drink enough.

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 when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise a person's deprivation of liberty.

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

- People had signed their care records to show they consented to their care and support, if they had the capacity to make this decision. People also told us staff obtained their consent before providing care. One person commented, "I think the [staff] are marvellous. They never do anything without asking me if it's alright."
- Assessments of people's capacity to make decisions about their care and support were completed where this was appropriate. Capacity assessments were clearly recorded in people's care records.
- Where people lacked capacity to make decisions about their care, staff consulted with appropriate individuals such as people's family members to ensure decisions were made in their best interests. Where best interest decisions were made, they were recorded in people's care records.
- We were satisfied the service was acting within the principles of the MCA.

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

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

- People told us staff were kind and caring. They felt well-treated by staff who listened to them and were friendly and approachable. Comments included, "The carers really go the extra mile all the time. They're so cheerful and they work really hard", "[The staff] are really kind people", "[The staff] are so helpful. They really cheer me up" and "The [staff] are brilliant people. They are very friendly. I would recommend them."
- People told us they knew their regular carer workers well and said they had built positive relationships with them. Comments included, "They are friendly and we have a bit of banter", "We can have a laugh together" and "We get on like a house on fire. I look forward to them coming."
- Through talking to people and reviewing people's care records, we were satisfied care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. For example, discrimination based on age, disability, race, religion or belief and sexuality.

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

- People were involved in developing their care plans. Staff visited people in their homes to assess their needs and draw up a plan of care. People confirmed they were actively involved in this process, and where appropriate, people's relatives had also been consulted. A person commented, "They [staff] came and went through everything I needed help with. They had a look round the house and made a few recommendations for me to think about. It was very reassuring to be honest."
- Staff regularly visited people in their homes and contacted them by telephone to check they were happy with the care they received or if any changes were required. This helped to ensure people received the care they wanted and any adjustments to their care and support were made in line with people's preferences.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us staff treated them with respect and listened to any requests they made. Comments included, "I'm very happy with this service. Staff are so willing; they are very obliging" and "[The staff] get my clothes out for me but they ask me what I want to wear and then they help me put things on. I struggle to get my shoes on, but they take so much care and are very gentle."
- People's privacy was respected and staff were aware of the need to ensure people's personal information was protected.
- People's care records clearly recorded which tasks people could do for themselves and what they needed support with. This helped to promote people's ongoing independence. People told us staff supported them to remain as independent as possible. A person commented, "I try to be as independent as I can, and they

encourage that. They don't make me feel helpless."

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 this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans contained information about their life history and their preferences. People's care plans described the support staff needed to provide during each care visit and they were easy to follow. People told us staff knew them well and understood their routines. This supported staff to deliver care to people in accordance with their preferences.

Meeting people's communication needs

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.

- People's communication needs were assessed when they started using the service and their care plans provided clear guidance to staff about how to communicate effectively with people.
- The provider was able to provide information to people in alternative formats if this was required.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff provided social support visits to people and supported some people to access the community. Care plans contained information about people's families, important relationships and their personal interests and hobbies, to support staff to meet their needs in this area.

Improving care quality in response to complaints or concerns

- The provider had an appropriate complaints procedure in place. It explained how people and their relatives could complain about the service and how any complaints would be dealt with. People and their relatives told us they could confidently raise any concerns with staff or the registered manager.
- We were satisfied complaints had been appropriately investigated by the provider and registered manager. The registered manager maintained an overview of any complaints received via a complaints log. This allowed them to easily identify any themes or trends which they could act upon to improve the service.

End of life care and support

- The service was not providing end of life care to anyone at the time of this inspection.
- The provider had adapted care planning documents available for staff to use in the event people required end of life care in the future. This would enable staff to ascertain people's end of life wishes, to ensure care was delivered in accordance with their preferences.

Is the service well-led?

Our findings

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

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

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People told us the service appeared to be well-run. Comments included, "This seems to be a good service as far as I'm concerned. I have no worries", "I can't think of any improvements they could make except when they keep sending different people but that's only when the regular [staff] are off work so I don't suppose they can really help that" and "I think the service is run well. They phone up every now and again to ask if everything is alright but if I was worried about anything I'd tell the care [staff] first."
- The provider, registered manager and staff were all keen to provide high-quality, person-centred care. Staff were satisfied with the way the service was run.
- There were systems and processes in place to check staff carried out their roles effectively. The service had an open culture and the provider demonstrated they were committed to improving the care provided and learning from any incidents or complaints.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- All staff told us the registered manager was approachable and supportive.
- Staff morale was mostly positive and they told us they enjoyed their jobs. Staff were clear about their roles and responsibilities, though they felt, on occasion, they needed additional time during care visits to perform their role to the best of their ability.
- The registered manager regularly completed a range of checks on the quality and safety of the service provided. This supported them to identify any areas for improvement.
- The provider maintained an overview of the service. Senior managers employed by the provider visited the service to undertake their own checks on the quality of the care provided and to make sure necessary improvements were being made.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People, their relatives and staff had opportunities to give feedback about the service. People were regularly telephoned or visited at home by staff who asked for their feedback about the service and the care they received.
- Staff were able to share feedback during regular supervision meetings and staff meetings. The registered manager operated an 'open-door' policy and staff could speak with them about any ideas or concerns

whenever they wanted to.

- The management team and staff worked closely with relevant health and social care professionals. This enabled them to deliver effective care to people.