

Comfort Call Limited

Comfort Call Tameside

Inspection report

First Floor, Poppy House
97 Turner Lane
Ashton-under-lyne
OL6 8SS

Tel: 01613364753

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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 the 12 and 14 September and was announced. We gave the service 48 hours' notice of the inspection visit because we needed to be sure that a manager would be available.

This service is a domiciliary care agency, providing personal care to people living in their own houses and flats in the community. It provides a service to older adults and younger adults who may have additional needs including physical and learning disabilities and sensory impairments.

Not everyone using Comfort Call receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of the inspection the service was supporting 167 people with personal care.

The service had a registered manager in place. 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 people we spoke with were happy with the service they received. They told us "they've been very good" and "I've always been very pleased, I have no complaints."

There was a safe system of recruitment in place which helped protect people who used the service from unsuitable staff. Staff received training, supervision and appraisals. This meant that staff were supported to undertake their job roles effectively.

Medicines were managed safely and people received their medicines as prescribed.

Staff were aware of how to protect people from harm. Risks to people who used the service and staff were assessed. Guidance was given to staff on how to minimise those risks.

Suitable arrangements were in place to help ensure people's health and nutritional needs were met. Staff were aware of infection control procedures and had access to appropriate equipment.

Care records were person-centred and included people's interests and preferences. Care and support provided were reviewed regularly with people, and those important to them, were also involved in these reviews.

People were consulted about the care provided and staff always sought their consent before providing support. The requirements of the Mental Capacity Act (MCA) 2005 were being met.

People told us staff were nice and caring. Staff knew people well and were positive about the role of supporting people. Staff we spoke with understood the importance of maintaining and promoting people's independence and choice.

Accidents, incidents, safeguarding concerns and complaints were investigated fully and action taken to reduce the risk of reoccurrence. This learning was shared throughout the provider's other locations.

Systems were in place to allow the registered manager to have a good overview of the quality of care being delivered.

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 remains safe.

Good ●

Is the service effective?

The service remains effective.

Good ●

Is the service caring?

The service remains caring.

Good ●

Is the service responsive?

The service remains responsive.

Good ●

Is the service well-led?

The service remains well-led.

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 prompted in part by notification of an incident following which a person using the service died. This incident was subject to a coroner's inquest. The information shared with CQC about the incident indicated potential concerns about the management of risk when supporting people with eating and drinking and the management of call times. This inspection examined those risks as part of a comprehensive inspection.

This inspection took place on 12 and 14 September 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because we needed to be sure that a manager would be available. We visited the office location to review care records, policies and procedures. The inspection team comprised of one adult social care inspector.

Prior to the inspection we reviewed information we held about the service and provider, including notifications the provider had sent us. Notifications are information about important events which the provider is required to send us by law. We also asked the local authority and other commissioners of care and Healthwatch for their views on the service. Healthwatch is an independent organisation which collects people's views about health and social care services. Commissioners of services shared some information of instances of poor communication from the service and staff not wearing the appropriate clothing to ensure good infection control practice. Healthwatch had received both positive and negative feedback in relation to comfort call. The negative feedback identified areas of concern in relation to the timing of calls and length of time staff stayed. This information helped in planning the inspection.

During this inspection we had telephone discussions with seven people who used the service and two relatives about their views of the service and the quality of the support they received. In addition, we spoke with the registered manager, the regional manager, one care coordinator and eight care staff.

We looked at seven people's care records, a range of documents relating to how the service was managed including medication records, five staff personnel files, staff training records, duty rotas, policies and procedures and quality assurance audits.

Is the service safe?

Our findings

At the last inspection the service was found to be safe. At this inspection we found that the service continued to be safe.

People we spoke with felt safe receiving support from the service and told us, "yes, they are very good, I feel safe." Relatives confirmed they also felt the service was safe and said, "I'm happy with the [staff] coming in, they know what they are doing, they are good people."

Staff had all received training to safeguard people from abuse and could demonstrate they knew how to identify and respond to different types of abuse. Staff had prompt cards to guide them through the processes and appropriate policies were in place. We looked at safeguarding investigations records and could see that the registered manager would investigate and action any safeguarding concerns once they were identified. This meant that staff and the registered manager could identify and respond to abuse concerns and act to keep people safe.

Learning from incidents such as safeguarding were shared across the providers locations, for example we could see prompt cards and team meeting notes which looked at street danger for vulnerable people following a safeguarding incident which had occurred at one of the provider's other locations. This demonstrated that areas of improvement when identified were shared across the organisation to ensure everyone received a service that maintained and supported their safety.

There was a whistleblowing policy in place and staff were clear on how to raise concerns about poor practice within the service. The registered manager and staff gave examples of how this had been managed. Staff were confident that whistleblowing concerns were addressed.

The service had a variety of policies and procedures in place to keep people safe, such as environmental and health and safety policies. Care records had individual risk assessments which told staff how to support people and reduce risk. Staff received training in areas such as health and safety, food hygiene and moving and handling to ensure they had the knowledge and skills to support people with their individual needs. The service worked closely with other health care providers to ensure that specialist equipment, such as hoists, were maintained appropriately.

There were business continuity plans in place and guidance and risk assessments for specific circumstances such as bad weather. These guided the staff and ensured that the service could support people appropriately in emergencies.

The registered manager monitored accidents and incidents and investigated these fully. We saw that referrals to other healthcare providers, such as physiotherapists, were made and care staff and care coordinators would liaise with relevant people including healthcare professionals and families.

We looked at staffing levels and found that there were generally sufficient staff to meet people's needs.

People confirmed they usually had the same staff supporting them although the times the care workers visited would vary. One person told us, "I don't always know when they are coming." This meant that people were supported by staff who knew them and their care needs well, but that support was not always available at the time people expected.

Following the coroner's inquest the provider had completed a Regulation 28 response. The coroner issues a Regulation 28 report to a service where it believes that action should be taken to prevent further deaths. The service's response detailed the action it intends to take as a result and in this case related to call times. We could see that call times were being monitored by the registered manager and any concerns identified as a result were being addressed.

We saw that there was a sufficiently robust system to recruit staff. The recruitment records we viewed demonstrated that staff completed an application, attended for interview and that references, proof of identification and information from the Disclosure and Barring Service (DBS) were sought prior to being employed. The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. These checks help ensure people are protected from the risk of unsuitable staff being employed.

We saw the service had a staff handbook and policies and procedures to guide staff on a variety of issues including carers code of practice, equality and service delivery. These processes helped staff to know and understand what was expected of them in their roles.

People were supported with medicines appropriately. People who received support in this way told us staff ensured they received their medicines correctly. The Medicines Administration Records (MARs) were generally completed accurately and records were audited when they were returned to the office to ensure any errors were identified and investigated. The registered manager kept a record of any medicines errors and we could see that action was taken to ensure people were safe when errors were made. This included seeking medical advice and learning from mistakes to prevent reoccurrence. Staff told us they received training in the administrations of medicines and spot checks also looked at staffs' competence to administer medicines. Risks to people had been considered and people had medication risk assessments completed within their care records.

Staff told us they had access to personal protective equipment (PPE) such as disposable gloves and aprons and people confirmed that staff wore these when supporting people with care. This helps protect people from the risk of cross infection. Prior to the inspection issues of staff not wearing appropriate clothing to deliver personal care had been raised. All the staff we saw and spoke with were wearing appropriate clothing to ensure good infection control practices. People told us that staff were dressed appropriately. Staff had all received training on infection control procedures.

Is the service effective?

Our findings

At the last inspection the service was found to be effective. At this inspection we found that the service continued to be effective.

We checked whether the service was working within the principles of the Mental Capacity Act (MCA) 2005. The 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 make 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. However, people cared for in their own homes are not usually subject to Deprivation of Liberty Safeguards (DoLS).

Care records we looked at contained evidence the service had identified whether a person could consent to their care and support. We saw that the records considered issues of people's mental capacity and obtaining consent to receive care and support. People we spoke with also confirmed staff sought their consent before supporting them.

Records we reviewed showed that staff had received training in MCA and DoLS. All the staff we spoke with during the inspection demonstrated their understanding of the principles of this legislation and the need to gain consent from people before they provided any care.

The service had a full induction and training programme to ensure staff had the training and knowledge they needed to undertake their role. Staff we spoke with were positive about the training and told us, "the training was really good", and "we got all the training we needed." The service had recently introduced a new system to introduce staff to the service. This ensured that staff were given the details they needed, including training and support, and that reflection of learning was undertaken to embed this. New members of staff told us this new induction system "was good." Employee handbooks were given to staff when they commenced employment. This helped staff to have a clear understanding of their role.

Staff confirmed that they received ongoing training and regular updates. The registered manager had a database which allowed oversight of staff training and records showed that staff were up to date with the mandatory training required. People confirmed that staff were knowledgeable about the role and told us, "yes they know what they are doing."

We saw the service had undertaken work in relation to supporting staff to identify people at risk of choking following a coroner's inquest. The provider undertook work to ensure lessons were learnt and this learning was shared with the provider's other locations. This included developing aide-memoires in areas of safeguarding and health needs including choking, pressure care and medications legislation. The service worked to embed learning through structured agenda items in team meetings and themed supervisions.

The supervision records demonstrated that staff received regular supervision and support. These covered general and service user specific issues. In addition, themed supervisions were used which covered areas such as choking risk, record keeping and safeguarding. Staff confirmed they received regular supervision and told us, "yes, it is useful, you get reminders of what you need to keep on doing."

Checks of staff competency was regularly undertaken by senior carers and staff confirmed this occurred. This covered a variety of issues including the quality of practice and care. This provided the registered manager with assurances that staff had the competency and knowledge to undertake their roles.

Staff told us they had regular contact with the office to update them on people's support needs and team meetings were held regularly. Newsletters and memos were also used to communicate and update staff.

We looked at records which demonstrated that when people were receiving support with eating and drinking, appropriate and detailed care plans were in place. This included specific information about how staff should provide support, the person's preferences and risk assessments around this. Daily records were completed in line with people's care plans but did not always include details about how much the person had eaten. We could see that daily records were regularly audited and that any missing information was investigated and addressed with staff.

The service worked closely with other healthcare professionals in order to meet people's needs. This included making referrals when issues were identified or needs changed. This helped to ensure people were receiving the appropriate support and had the relevant equipment available to promote and maintain independent living.

Is the service caring?

Our findings

At our previous inspection we found the service was caring. At this inspection we found the service continued to be good in this area.

The people and relatives we spoke with were complimentary about the care staff. They told us, "the carers are nice", "they are wonderful" and "[person's name] really likes them [the carers]", and "we really like the carers we get." We saw that the service had received a number of compliments in relation to the care given by staff and the overview from the last service quality survey was positive about the staff. These include comments such as, "I know my mum thought you were lovely and amazing" and "you treated her with respect and kindness and gentleness."

Staff spoke positively about the people they were supporting and considered them part of the family. One staff member told us, "I think about how I treat my grandparents and how I would leave their homes." Other members of staff told us, "the majority of staff genuinely care and are there for the people" and "the carers are really caring." Staff told us of examples where they and their colleagues had gone beyond the care agreed and provided additional support for people with areas such as cleaning.

We looked at rotas and saw that people were generally supported by the same care staff. One person told us, "yes, I've had the same carer for years, she is lovely" and another told us, "it's generally the same carers who come." People told us this was something that they valued. Having consistency in staff allows people to receive care and support from staff who know them and their care needs well. Having consistency in staff will also allow changes in care needs to be more readily identified. The staff we spoke with knew people and their care needs well.

We saw people were given a service user handbook prior to receiving a support package which included frequently answered questions. This gave the person clear expectations about the service and demonstrated that changes in carer could be requested. We saw evidence that the registered manager would change allocated staff when requests were made by people.

People told us that staff treated them with dignity and respect. People said, "yes they are very polite and kind" and "they are polite, nice, respectful." The service was accredited with the 'daisy dignity in care' scheme. To become accredited to this scheme the service needed to demonstrate good practice and dignity in care. This meant that the service recognised the importance of dignity within the care setting and actively promoted this with staff and people. Staff received training on privacy and dignity.

People told us that they had choice and their independence was promoted. They said, "they do what I ask" and "they check if I want anything and they will do it." People told us they were asked for consent before personal care was delivered and care records demonstrated that consent was considered.

We saw rotas that demonstrated some people may receive support at times which did not meet their needs. For example, late morning calls to support with getting up and early calls to support people to bed. People

told us they did not always know what time staff would be calling and we saw that some complaints identified the timing of calls as an issue. The registered manager told us they tried to accommodate people's choices for call times but where too many people wanted the same call time negotiation and compromise was at times necessary.

People and their relatives told us that they were involved in developing the package of care. Records we looked at confirmed this and that consideration was given to people's goals, likes and dislikes.

People we spoke with told us that staff stayed for the allocated duration of the call. Staff told us they had all the information they needed to support people's needs and the time allocated was generally appropriate and allowed them to support people in an unrushed manner. One member of staff told us "if someone is having a bad day I will try and stay a bit longer."

The service had an advocacy policy and the registered manager told us they would identify people who would benefit from an advocate and would encourage and support people to access this service.

Is the service responsive?

Our findings

At the last inspection the service was found to be responsive. At this inspection we found that the service continued to be responsive.

The records we looked at showed that care plans were person-centred and holistic. Care records demonstrated that consideration to people's physical and psychological needs had been made. Records were detailed in relation to people's communication needs, memory and concentration, and behaviour and looked at current difficulties and how these were managed.

People's care needs were regularly reviewed and updated. Staff told us that changes in people's care needs were well communicated with them.

Individual risk assessments were specific to people's needs and were regularly reviewed. These told staff how to manage people's needs to reduce the risk for the person they were supporting.

The service gained information about people's life history. This meant that staff had information which allowed them to develop rapport with the people they were supporting.

The registered manager told us about changes in the commissioning of service which would allow the service to improve its ability to meet people's person-centred needs. The new commissioning arrangements allowed greater flexibility in the package of care delivered and focused on improving people's quality of life and aspirations, as oppose to meeting peoples' basic care needs. This supports people to have greater access to the community and activities. This was currently being rolled out throughout the district and we saw records which demonstrated how this was being delivered within the service

Daily records of how people's support needs were being met were completed. This demonstrated that care plans were being followed appropriately although not all information was fully completed at all times, for example, where people were supported with eating and drinking. The service audited records and we could see that action was taken with staff when records were not accurately and fully completed.

We saw evidence that staff liaised with other health care professionals and worked together to meet people's individual needs. For example, staff would contact people's doctors and pharmacist when needed. The registered manager told us that when staff were delayed due to needing additional time to meet people's needs, such as waiting for an ambulance, the office staff would make arrangements to cover the other calls on the staff's rota.

We spoke with the registered manager about how they met the accessible information standard. The accessible information standards set out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents with a disability, impairment or sensory loss. The registered manager was able to give us examples of how they supported people who had sensory impairments to engage with the service and care

planning. The registered manager told us they used a variety of tools to support people to engage including flash cards, had used interpreters when required and were looking at developing training in sign language and working with the society for the blind to further develop opportunities to meet people's needs.

We looked at whether the service complied with the Equality Act 2010 and how the service ensured people were not treated unfairly because of any characteristics that are protected under the legislation. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. The service had relevant equality policies in place. Our review of records and discussion with the registered manager and staff demonstrated that they understood the importance of equality and were aware of people's protected characteristics to prevent discrimination.

The service had a complaints procedure in place and details of this were provided within the service user guide. People told us they knew how to make a complaint and that when they raised concerns they were addressed. One person told us, "if I have any problems I ring [the office] and they sort it out."

We looked at the records of complaints the service had received. These included complaints about call times, missed medication and staff behaviours. We saw that the registered manager investigated complaints and took action to address these concerns. We saw that feedback was given which included details of the actions to address the concerns and apologies offered when appropriate. We saw that annual surveys were also used to identify concerns and care coordinators undertook regular quality assurance reviews to ensure people were receiving good quality care and support.

The service was investing in new technology and was introducing a new electronic system for rotas and care plans. This had been identified as an area of need and would improve the continuity of care and quality of recording throughout the service. The introduction of this system will be reviewed at the next inspection.

The registered manager told us about how they supported people approaching the end of life and worked with district nurses and other health care professionals to support people. We saw that staff had received training in supporting people at the end of life. There were compliment cards from relatives of people who had received support at the end of life. These included "you helped make [person] so comfortable for the last few weeks we had" and "[person] wanted to be at home when they died, we are so glad that this was where [person] was able to be thanks to your care."

Is the service well-led?

Our findings

At the last inspection we found the service was well led. At this inspection we found that the service continued to be good.

The service is required to have a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 service had a registered manager who had been in post for three years.

Staff we spoke with were positive about the management team and the registered manager and told us, "yes they [the management team] are good, they know what they are talking about" and "there is always someone there." Staff were confident that when they raised concerns these were addressed, "I've never had a concern that has not been dealt with fully" and "they sort out all issues easily."

The registered manager had a system for monitoring call times closely and there were systems in place to cover calls if staff became delayed or were not able to attend to people. Staff valued the fact that the management team would all work "hands on" to deliver care as required. They described working for the service as "more of a community rather than work."

All the staff we spoke with were positive about working for Comfort Call and told us they "love their job." They gave us examples of how the management team and registered manager was supportive and would "help [staff] to get over things" and "really looks after you."

The registered manager showed us the governance systems that were in place. These included a variety of audits for people's care records, accidents and incidents, missed calls and complaints. Notifications of incidents were being sent to the CQC appropriately by the registered manager.

The registered manager showed us how the information from audits was collected and inputted into an electronic system, which allowed the provider to have overview and monitor the quality of care being delivered. The provider had staff who took lead roles in key areas such as risk, complaints and safeguarding. These lead roles maintained regular oversight of their areas analysing information and sharing learning across all the providers location. This system provided the registered manager with an action plan and highlighted when actions such as training renewals and peoples care record reviews were due. The provider monitored this and would arrange for additional support if the service was not meeting targets. The provider was investing in new technology to further improve the quality of care being delivered.

The service undertook regular quality assurance interviews with people and their relatives to ensure effective care was being delivered. This allowed the service to identify and address people's specific concerns. The records we looked at demonstrated that when people did raise concerns though this process action was taken to address these concerns.

Annual surveys were completed with people and their relatives and this information was used by the registered manager and provider to drive improvements.

Staff attended regular team meetings and area specific team talks to contribute to improved service delivery. The provider ran a 'carer heroes award' to recognise staff good practice and participated in the 'daisy dignity in care' award. This meant that good practice was identified, valued and promoted within the service.

The registered manager attended a number of local groups including carer forums and received updates from relevant organisations such as dementia friends to ensure practices and support provided by the service were reflective of best practice.

The provider had a variety of systems in place to develop questioning and reflective practice such as case reviews. This is used to support learning from when things went wrong and consider what can be done to prevent a reoccurrence. Learning is then shared throughout the other services owned by the provider through themed supervision and team meetings.

The registered manager showed us how they were working with other health care professionals to meet people's care needs. They had plans in place to further develop partnership working as part of the new model being delivered with in the local authority which encouraged community engagement. This included working with services specialising in specific areas, such as dementia or sensory impairments to meet people's needs.

The service had the rating from the previous CQC inspection displayed within the office and on their website.