

Comfort Call Limited

Comfort Call - St Andrews House

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Comfort Call – St Andrews House provides personal care and support to people living in self-contained flats located in a single purpose built building. This is known as extra care housing and is operated and run by an independent organisation. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of this inspection there were 13 people being provided with personal care and support by the service.

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

A new manager was in post and not all people we spoke knew who the manager was. However, all people at the service named a team leader who deputised for the manager as the person they would report any concerns to. Checks to monitor, review and improve the quality and safety of the service were in place and any issues found were promptly addressed. Staff told us they felt supported in their role. Staff worked in partnership with other health and social professionals to ensure people received the support they required.

Staff supported people to take their medicines safely. There were enough staff to support people safely. People were protected from the risk of abuse and neglect. Risks were managed and risk reduction measures in place. Staff ensured people were protected from the risk of infection by following and implementing infection control guidance.

Staff received training and an induction to ensure they could meet people's needs safely. People were supported to maintain a balanced diet of their choosing. People were supported to visit health and social care professionals to ensure health conditions they lived with were managed. 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.

People and their relatives told us staff supported them kindly and with compassion. People were encouraged to share their views on the care provided. People told us staff respected their right to privacy and felt they were able to live independently due to the support staff provided. People received care and support at their preferred time.

People's care plan's and supporting documentation were person centred and reflected their individual needs well. Care plans reflected people had been involved in all aspects of their care. People were supported to maintain and develop relationships with relatives, friends and other people living at the service. Activities were developed with people to ensure they spent their time doing things they enjoyed. People and their relatives knew how to raise a complaint, complaints were responded to in a timely manner and in line with the providers policy.

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 the service under the previous provider was good, published on 21 February 2020. This provider was registered with us on 5 October 2020 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 - St Andrews House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. 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

The inspection team consisted of one inspector and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was not a registered manager in post. However, the service had a manager in place who was in the process of applying to become registered.

Notice of inspection

This inspection was announced. We gave the provider 48 hours' notice because people are often out, and we wanted to be sure there would be people at home to speak with us. Inspection activity started on 7 June 2022 when we visited the location's office and ended on 28 June 2022.

What we did before the inspection

We reviewed information we had received about the service. We reviewed statutory notifications submitted by the provider. Statutory notifications contain information providers are required to send to us about significant events that take place within services. 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 this information to plan our inspection.

During the inspection

We spoke with five people using the service which included visiting two people in their homes, eight relatives and four staff including the manager, team leader and carer. We reviewed a range of records. This included four people's care and medicine 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 concerns and complaints were reviewed.

After the inspection

We sought further information from the provider, that we did not review on site, to inform our inspection judgements. This included staff training information, staff rotas and policies.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good.

Staffing and recruitment

- Staff were recruited safely, all staff received safety checks prior to employment including a Disclosure and Barring Service check (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. We found one staff file to have a missing item, this was fed back and rectified immediately by the manager.
- There were enough staff deployed to meet people's needs at their preferred times.
- Staff were deployed over 24 hours to ensure anyone needing extra support during the night could get the support they required.

Systems and processes to safeguard people from the risk of abuse

- Systems and process in place ensured people were protected from the risk of abuse.
- Staff had implemented measures in order to protect those at a higher risk of abuse and neglect. For example, a person who was extremely vulnerable whilst out in the community had measures in place to ensure timely action was taken and relevant authorities contacted without delay if an incident occurred.
- Staff received training in safeguarding and understood what and who they should report concerns to.

Assessing risk, safety monitoring and management

- Risks were managed, monitored and risk reduction measures in place.
- Staff ensured people's risks were highlighted and clear guidance documented within people's care plans. For example, risks relating to moving and handling, pressure area care and falls had been fully assessed. Care plans detailed how staff should support them in order to reduce risks.
- Risks relating to people's environment had been fully assessed and each person had evacuation plans in place. This ensured people could be supported safely if an emergency occurred.
- Staff checked the premises daily and any issues were escalated to the owners of the building.

Using medicines safely

- Medicines were managed safely.
- People told us they were supported to take their medicines. For example, one person we spoke with told us, "I couldn't manage my tablets without staff, they are great and keep everything as it should be."
- Staff worked in partnership with people's named GP to ensure issues relating to prescribed medicines could be rectified in a timely manner.

Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely.

- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- Incidents and accidents were investigated in a timely manner to reduce the risk of reoccurrence.
- Outcomes of investigations were shared with staff in team meetings to ensure incidents were learnt from.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- People's needs were fully assessed, and assessments were in place to guide staff in how to support people safely.
- Care plans demonstrated people's needs had been assessed in line with best practice guidance. For example, nationally recognised best practice guidance to identify and monitor people who were at risk of developing skin pressure damage was used.
- Assessment of people's needs, including those in relation to protected characteristics under the Equality Act were reflected in people's care plans.

Staff support: induction, training, skills and experience

- Staff received a comprehensive induction and ongoing training programme to ensure staff cared for people safely.
- People and their relatives told us they felt safe with experienced trained staff who knew them well. For example, a relative we spoke with told us, "The staff are very well trained, they know my [relative] very well."
- Staff were supported and received regular supervisions to ensure any training needs were identified.

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

- People were supported to eat and drink in order to maintain a balanced diet.
- People's dietary needs were assessed and monitored. For example, a person who lived with diabetes was fully supported to ensure their choice of food did not have a negative impact on their health.
- People received a nutritional assessment to highlight the risk of malnutrition. This ensured people at risk of malnutrition could be supported and monitored.

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

- People's health needs were managed effectively.
- Staff referred to healthcare professionals to ensure people received timely support and treatment. For example, a referral was made for a person to the dementia outreach team. This ensured people received care and support to ensure their health needs were met.
- Oral hygiene assessments were completed, and people were supported to visit the dentist when required.

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 MCA 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 people to be deprived of their liberty.

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

- The service was not supporting anyone who had been deprived of their liberty in order to meet their care needs. Where people did not have capacity, staff followed the MCA to assess a person's capacity.
- People's rights under the MCA were respected, consent was gained, and people were supported to live their lives independently.

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.

This is the first inspection for this newly registered service. This key question has been rated 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 were supported by caring and compassionate staff and their personal choices respected.
- People and their relatives told us staff were exceptionally kind and caring. For example, people told us, "We know all the staff and they are exceptional with my [relative], they are kind and treat [person] with dignity and respect at all times."
- Care plans detailed people's personal lifestyle choices had been fully assessed. For example, care plans demonstrated significant life events and cultural interests important to them had been documented. This ensured staff had accurate information in order to support people to live fulfilled lives.
- All staff received training in equality and diversity and were supported by a detailed policy.

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

- People were encouraged and supported to express their views.
- People were fully involved in making decisions about their care. For example, one relative we spoke with told us, "We are really involved with my [relatives] care plans and they always contact me to discuss changes, anything my [relative] wants is sorted."
- Care reviews with people and their relatives took place every six months or as needs changed. This ensured people were supported to voice their views on the care they receive.

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain their independence.
- People and their relatives told us they remained independent due to the support provided by staff. For example, one person we spoke with told us, "I couldn't manage without staff, I was in a care home before, but they've helped me get back on my feet and I couldn't manage without them."
- People's privacy and dignity was fully respected. Staff ensured they knocked before entering people's flats and gained consent to enter.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

End of life care and support; Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care and support tailored to their needs and preferences.
- Peoples end of life care needs had been fully assessed with full involvement from the person and their relatives. Care plans detailed what was important to them considering physical and emotional needs.
- People were referred to specialist nurses when expert advice was needed as people approached the end of their lives.
- People and their relatives told us they had been fully involved in planning their care needs. For example, a person we spoke with told us, "Staff always ask me what I want, and they check to see if I am happy with everything, I always am, they are all stars."
- Care plans included information on how people wanted their care provided, their personal life history and any specific information related to their care. This ensured people received care tailored to their individual needs.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Communication needs had been fully assessed during the initial assessment. This ensured staff could communicate effectively with people prior to offering care and support.
- Care plans clearly documented how people communicated and any support they may need.

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

- People were supported to engage in activities that were meaningful to them.
- People and their relatives told us staff supported them to partake in social activities to avoid social isolation. For example, a relative told us, "The staff try very hard to include my [relative] in everything and to encourage them, so they don't they lonely."
- Staff supported people to maintain and build relationships with their relatives and other people living at the service. For example, one person knitted gifts for other people living at the service to build friendships. Staff also supported people in creating the 'St Andrews post club', where staff supported people in writing letters to one another to avoid becoming socially isolated during the COVID-19 pandemic.

Improving care quality in response to complaints or concerns

- People felt comfortable to raise complaints with staff and were supported when issues arose.
- Action was taken following a concern being shared. For example, a person we spoke with told us, "Any issues are sorted out immediately, we had an issue with my [relative's] skin, straight away it was sorted and I have already seen improvements."
- A complaints policy was in place and we found that complaints and concerns had been documented and responded to in line with this policy.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- A new manager was in post and not all people we spoke with knew who the manager was. However, all people we spoke with identified a team leader to oversee the service. All people we spoke with were overwhelmingly positive about the team leader and the support they provided.
- People told us, "The team leader is amazing, they sort out any problems there and then and thinks of things before we do." Another person told us, "The team leader has been incredible. I can't say my praises high enough for them."
- The manager and team leader were aware of their legal requirement to inform CQC of certain incidents, they discussed in detail what incidents they would be required to notify us of. We checked our records and found that all incidents were reported to us in a timely manner.
- Governance systems in place ensured any issues were highlighted and acted upon. Monthly audits were completed to ensure the quality and safety of care provided was effective.
- Care records were audited monthly by the manager and team leader to identify any shortfalls in care delivery.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- The service was person centred, open and inclusive. People and staff felt confident and supported by the management team.
- People and their needs were at the heart of the service. For example, one person told us, "Staff go above and beyond, nothing is too much trouble, they go out of their way to help, I was going to buy a recliner chair but they managed to source one for me for nothing."
- The management team and staff worked with health and social care professionals to ensure people received the care and support they needed. For example, people were referred to district nurses without delay to ensure their health needs were met.
- Care plans detailed how to achieve positive outcomes for people and directed staff in however to deliver care in line with people's needs and wishes.

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; Continuous learning and improving care

- The manager and team leader understood their responsibility in regards to duty of candour and acted appropriately when things went wrong.

- People told us, staff were open and honest when things went wrong. For example, a person we spoke with told us, "If anything happens, I'm told straight away, never a delay, they always tell me what they are going to do so it doesn't happen again."
- Lessons were learnt following incidents in order to drive service improvement. For example, previous issues with documentation on medicine records had been addressed and improvements demonstrated. This ensured staff communicated vital information in a clear and concise manner.

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

- People using the service were encouraged to speak up about the care they receive. Regular reviews were completed in order to gain people's feedback and implement any changes needed.
- A member of the management team visited people regularly to ensure they were happy with the service and if they needed any extra support. For example, following a visit from the team leader a person expressed they required extra care hours, this was implemented without delay in order to meet their needs.
- Staff received regular supervisions in order to give feedback and were encouraged to share their views and suggest improvements frequently.
- Quality assurances surveys were sent out to people and their relatives in order to gain their views.