

Comfort Call Limited

# Comfort Call - Sunderland

## 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 - Sunderland is a domiciliary care service providing personal care. At the time of our inspection there were 216 people using the service.

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.

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

Most people and relatives gave positive feedback about the service and said they usually received their care when it was due. They especially praised the skills and abilities of the care staff and confirmed they felt safe.

Staff said they received good support and the training they needed. However, staff gave mixed responses about how manageable their rotas were.

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.

Safeguarding concerns, incidents and accidents were investigated. Where required, action was taken to help keep people safe. Medicines were managed correctly and staff followed good IPC practices. New staff were recruited safely.

People's needs had been assessed to determine their care package. This included looking at people's religious, cultural and lifestyle needs. People were supported to have enough to eat and drink and to access other health services when needed.

Care plans were personalised and contained the information staff needed to support people appropriately. Complaints were investigated in line with the provider's policies and procedures. This included identifying areas for improvement.

The provider had a structured approach to quality assurance which included various checks on people's care. People, relatives and staff had opportunities to provide feedback, which the provider reviewed. The provider had developed a service improvement plans to help promote on-going development of the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

This service was registered with us on 14 March 2021 and this is the first inspection.

Why we inspected

This was a planned inspection.

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 - Sunderland

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

#### Inspection team

One inspector carried out this performance review and assessment.

#### Service and service type

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

#### 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 a registered manager in post.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. We announced the inspection. This was because the inspection took place remotely. Inspection activity started on 26 May 2022 and ended on 19 July 2022.

#### What we did before the inspection

We reviewed information we had received about the service since registration. We sought feedback from the

local authority who work with the service. We used all this information to plan our inspection. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

This performance review and assessment was carried out without a visit to the location's office. We used technology such as video calls to enable us to engage with people using the service and relatives, and electronic file sharing to enable us to review documentation. We contacted staff via email. We received feedback from five people, 10 relatives and six staff.

# 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. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management

- The provider had appropriate systems to help keep people safe. People told us they felt they safe with the staff providing their care. Staff and most relatives also confirmed this. One person commented, "Yes, completely (safe). They are a Godsend to us."
- The provider handled safeguarding concerns appropriately. Issues were referred to the local authority safeguarding team to be investigated and the provider acted on their recommendations.
- Staff had a good understanding of the safeguarding and whistle blowing procedures. They confirmed they were confident about raising concerns and wouldn't hesitate to do so if needed. One staff member commented, "I would be very confident using the whistle blowing policy, but I have never had to use this in my job role."
- Where required, potential risks to people had been identified and assessed. Measures were identified to help keep people safe.

Staffing and recruitment

- People usually received their care on time and for the expected duration. Most people and relatives said staff were reliable and turned up when expected. One person told us, "Yes they do (turn up on time), never a problem." However, a small number of relatives said communication needed to be improved as they were not informed if care staff were going to be late.
- Staff gave mixed feedback about how manageable call rotas were for them. One staff member said, "The rotas are being done well." Whilst another staff member said, "The timing of calls leaves something to be desired. As you can see there are times when I am required to be three or four places at the same time, leading to complaints from service users."
- New staff were recruited safely.

Using medicines safely

- Medicines were managed safely. People usually received their medicines on time. One relative commented, "[Family member] has one pill a day, and they prompt [family member]."
- People's care plans described the support they needed to take their medicines. The provider had checks in place to help ensure people received the right medicines at the right times.

Preventing and controlling infection

- The provider ensured staff followed good IPC practices. Staff had completed IPC training and used the correct PPE.

- People and relatives confirmed staff wore PPE when providing care. One relative commented, "They [care staff] wear their uniforms, mask, apron, gloves and they never take them off until they're outside."

#### Learning lessons when things go wrong

- The provider used the findings from quality assurance audits to identify improvements and learn lessons. Individual incidents and accidents were investigated with action taken to address any concerns identified.
- Senior management reviewed incidents and accidents regularly to check the appropriate action had been taken.



# 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 need had been assessed to determine their care and support needs.
- The assessment included consideration of people's wider social and support needs. This allowed the provider to develop a better understanding of each person, such as their links to the local community.

Staff support: induction, training, skills and experience

- Staff were well supported and accessed the training they needed. Records showed training and supervision was up to date.
- Staff told us they had good support. One staff member commented, "I feel very supported in my role. I have no issues at all."

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

- People were supported to have enough to eat and drink, in line with their preferences. One person said, "They get my breakfast, they're really nice people."
- Care plans described the support people needed with eating and drinking.

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

- Staff supported people to access healthcare services if required.
- Care records provided information about the health care professionals involved in people's care.

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 provider followed the requirements of the MCA. Staff supported people to make choices and

decisions about their care. Care plans prompted staff about how people wanted their care provided.

- People confirmed staff supported them with decisions and choices. One person said, "I say what I'd like to wear and they help me."

# 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.

Respecting and promoting people's privacy, dignity and independence; Supporting people to express their views and be involved in making decisions about their care

- People confirmed care staff treated them well. One person told us, "Well, they're friendly, happy and have a chat. They are very receptive to do anything I ask. I think they go above and beyond for me. Last week they even washed my dishes up. I see them as friends now rather than carers."
- People were supported to be as independent as possible. One relative described how the care staff worked together with their family member, in a "joint effort" to provide support.
- Care plans described how staff should support people to be involved in decisions about their care.

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

- People confirmed they received good care. They told us, "They [care staff] are lovely. They'll help with any problem. They sorted my TV controls out last week" and "I call them professional people, very focused on the job."
- People and relatives said staff treated them well. One person commented, "Yes, very much so [treated with dignity and respect]. They [care staff] help with my personal care, and they're nice."
- In some cases, people had developed good relationships with care staff. One relative told us, "As soon as [family member] sees them they smile. They [care staff] always come in and say a nice hello. They are easy to talk to."

# 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.

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

- People's care had been planned, considering their needs and preferences. Care plans were detailed and described how their care was to be provided. This included the specific duties staff had to complete at each visit.
- Care plans had been reviewed and updated when people's needs changed.
- People had the opportunity to discuss their future care decisions with staff. These were documented in care plans.

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.

- People's communication needs had been assessed and a specific communication care plan developed.

Improving care quality in response to complaints or concerns

- The provider had a structured approach to dealing with complaints. People and relatives knew how to raise concerns if needed. People and relatives said they would contact the office, with most saying they received an appropriate response. A small number of relatives felt the provider could be more proactive in contacting them first to sort issues out.
- Previous complaints had been investigated and action taken to address people's concerns.

# 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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider aimed to prioritise people's needs when delivering care. One relative said, "They have got to know [family member] well, and they sit and chat with them." One staff member told us, "The good things about the care provided are the dedication of the carers. Care is delivered hopefully as to the service users' personal specifications."
- Staff told us they felt able to approach management if needed. They said usually they responded appropriately to feedback. However, some staff said they did not always receive a response.

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

- The service had a registered manager. They were proactive in submitting the required statutory notifications for significant events to the Commission.

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

- The provider engaged with people, relatives and staff to gather feedback about the service. People, relatives and staff gave mostly positive feedback when the provider last consulted them during 2021. One person told us, "Yes, they have done [contacted me], checking that I'm comfortable with the care. The carers are great support and understanding of me, they'll do anything for me." One relative commented, "They have phoned through and asked how it's going. I'm satisfied with the personal care."
- Staff meetings took place regularly which gave staff further opportunities to share their views.

Continuous learning and improving care; Working in partnership with others

- The provider had a structured approach to quality assurance. Staff completed regular checks across a range of areas, including medicines administration and care planning. Senior managers analysed the findings from quality checks to identify areas for improvement.
- The provider worked with other health services to work towards promoting good outcomes for people.