

Comfort Call Limited

Comfort Call - Monica Court

Inspection report

Monica Court
Half Edge Lane, Eccles
Manchester
Lancashire
M30 9AR

Tel: 01617075690
Website: www.comfortcall.co.uk

Date of inspection visit:
23 September 2022
26 September 2022
28 September 2022
20 October 2022

Date of publication:
02 November 2022

Ratings

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

Summary of findings

Overall summary

About the service

Comfort Call Monica Court is an extra care scheme located in Salford, Greater Manchester. Two other extra care schemes form part of the registration called Mount Carmel and Moores House. Extra care schemes operate in purpose-built properties, which provide accessible and safe housing for older people to live independently. At the time of the inspection, 135 people were 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

Staff had received training in safeguarding people. People were protected from the risks of abuse and harm and people said they trusted staff to keep them safe. People's care needs were risk assessed and care plans provided staff with the information they needed to manage the identified risk. Accidents and incidents were recorded and monitored. Medicines were managed safely. People told us they felt supported with their medicines.

Recruitment checks were robust to ensure staff were suitable to work with vulnerable adults.

The provider used an electronic system to determine staffing levels. The provider operated an on call system for staff support during evenings, overnight and weekends.

Governance systems were in place to monitor the standard of care people received. Regular audits of people's care plans, daily communication records, staff files and schemes took place. Staff praised the registered manager and wider management team, they felt supported in their roles.

Person-centred care was promoted. The manager and staff demonstrated a commitment to people, and they displayed person-centred values. People's views and decisions about support were incorporated in their care plans. The service worked in partnership with other health and social care organisations and the community to achieve better outcomes for people using the service.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 9 September 2021). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We received concerns in relation to staffing and the management of accidents and incidents. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from requires improvement to good based on the findings of this inspection. We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well-led sections of this full report.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Comfort Call - Monica Court

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 Health and Social Care Act 2008.

Inspection team

Two inspectors and two Experts by Experience carried out the inspection. 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 bought or 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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 23 September 2022 and ended on 20 October 2022. We visited the schemes on 23, 26 and 28 September 2022.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 6 people who used the service and 26 relatives about their experience of the care provided. We spoke with 13 members of staff including the registered manager, care manager, care co-ordinators and care workers.

We reviewed a range of records. This included 7 people's care records and 8 medication records. We looked at 3 staff files in relation to recruitment. 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Using medicines safely; Learning lessons when things go wrong

At our last inspection the provider had failed to ensure robust processes were in place to manage people's medicines safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Medicines were managed safely. People told us they felt supported with their medicines. Processes and documentation were in place for the safe application of medicine patches and creams.
- Staff were trained to administer medicines. Medicine training and competency assessments had been completed by staff administering medicines and medicines were administered safely.
- Medicine records were complete. All medicine administration records (MARS) were completed clearly and accurately to reduce the risk of errors taking place.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risks of abuse and harm and people said they trusted staff to keep them safe. People told us, "Yes, I feel safe", "They [staff] are looking after me, I trust them with my life" and, "Yes, I feel safe. Staff are always available to talk to, we have nice words and they help me." A relative added, "I feel [person] is safe at [service], they are in the best place, if [relative] gets a bit worked up about anything the staff reassure them."
- Staff had received training in safeguarding people. Staff we spoke with were confident to report concerns and satisfied that action would be taken to investigate the concerns. A staff member told us, "I have had training in safeguarding and I am up to date with all my training. If I had any [safeguarding] concerns I would go straight to [name of care co-ordinator] and report it. The [care co-ordinator] is really good and helps you. I know [care co-ordinator] would be onto it straight away. [Name of care co-ordinator] is the best manager, a hundred percent."

Assessing risk, safety monitoring and management

- People's care needs were risk assessed and care plans provided staff with the information they needed to manage the identified risk. People's ongoing risk assessments were reviewed on a regular basis and when their needs changed.
- Accidents and incidents were recorded and monitored. Staff managed accidents and incidents safely; first aid support was provided where needed, medical support and advice was sought and management were

kept updated. Quality checks were conducted with the person involved after an incident. Lessons learnt were identified.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- 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.
- Visiting arrangements were in place in line with current guidance.

Staffing and recruitment

- Recruitment checks were robust to ensure staff were suitable to work with vulnerable adults. Staff had the necessary safety checks in place before starting work and completed a full induction.
- The provider used an electronic system to determine staffing levels. Staff rotas we saw confirmed people had staff allocated for all their visits. Staff told us, "There is enough staff, it is a good team" and, "We have a good amount of shifts and enough staff, we are able to give the residents time, we are not rushed at all."
- The provider operated an on call system for staff support during evenings, overnight and weekends. Staff told us, "We ring the managers on the weekend if we need to, they are always there for us" and, "We have on call managers and we have all the managers' numbers, I have used on call, it is easy to access and they [managers] always answer."
- Some relatives informed us there could be more staff available during the night at Moores House. We fed this back to the registered manager who assured us the staff ratio with the on call system at night was enough to meet the needs of people currently living at the scheme, and they were continuously reviewing this with the local authority.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to 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; Continuous learning and improving care

At our last inspection the provider had failed to maintain robust quality assurance and governance systems. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Governance systems were in place to monitor the standard of care people received. Staff had regular contact with people and completed regular reviews and quality checks, which also reviewed the quality of care people received.
- Regular audits of people's care plans, daily communication records, staff files and schemes took place. Various meetings also took place to monitor the support people received.
- Medicine auditing systems had improved and were robust. A comprehensive audit system was in place to identify any errors. If errors were found these were dealt with quickly and effectively to make sure they were learnt from.
- Staff praised the registered manager and wider management team, they felt supported in their roles. Comments included, "[Registered manager] is very supportive, they are absolutely brilliant. If I am not sure, I can always ring them [for support]", "[Care co-ordinator] is supportive, approachable, not shy to ask questions and always willing to help" and " This is a good place to work, I love it. The best thing are the residents and the staff. I feel at ease with the managers, they are good."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Person-centred care was promoted. The manager and staff demonstrated a commitment to people, and they displayed person-centred values. People's choices were respected and staff supported people to maintain their independence. People's relatives were involved in their care and support where appropriate. Relatives told us, ""If there are changes in [person's] care, they [staff] keep me informed" and, "Staff do a great job. They do everything [person] needs."
- People's views and decisions about support were incorporated in their care plans. This helped staff to

support people in a way that allowed people to have control over their lives. People told us, "Staff meet my needs at the moment. They [staff] help me to do things" and, "It is easier for me here, I can do things myself and have help when needed."

- Staff, people and their relative's views had been sought through regular contact, reviews, surveys and quality monitoring. Results from the surveys were analysed and negative comments were addressed with people to source resolutions.

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; Working in partnership with others

- The registered manager understood their responsibilities under the duty of candour and there was evidence the provider had informed people when something went wrong.

- The service worked in partnership with other health and social care organisations and the community to achieve better outcomes for people using the service. There was a good working relationship with commissioners and health teams. One professional wrote, "On behalf of the board we would like to acknowledge and thank you for the excellent joint work that you and your colleagues have been doing to support [name of person]."