

Comfort Call Limited

Comfort Call - Kirklees

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 – Kirklees is a domiciliary care agency. It provides personal care to people living in their own homes in the community. On the day of our inspection 138 people were receiving care and support. 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

Improvements had been made since the last inspection. People felt the service was now more responsive and staff support offered better continuity in care. People and their relatives were happy with the care and support received from staff. People said staff knew them well and were kind and compassionate.

Staff too acknowledged the improvements made and felt the management team were approachable and supportive. They were confident any matters brought to their attention would be dealt with.

The provider had maintained safe and effective systems in relation to staff recruitment, training and support, safeguarding procedures, safe administration of medication and health and safety. The implementation of electronic systems provided better management and oversight of the service. Any accidents and incidents and complaints were quickly responded to. Areas of learning, so further improvements could be made, were shared with the team.

People's care and support needs were assessed prior to them using the service to ensure their needs could be met. Personalised records were available to guide staff in the care people wanted and needed. 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 were supported at mealtimes in line with their support plan and staff worked in partnership with healthcare professionals, when needed.

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

Rating at last inspection

The last rating for this service was requires improvement (published 15 February 2019).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Comfort Call - Kirklees

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 was carried out by an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave a short period notice of the inspection because we wanted the provider to seek consent from people for us to call them. Inspection activity started on 5 February 2020 and ended on 13 February 2020. We visited the office location on 5 and 13 February 2020. On the 11 February the inspector and Expert by Experience contacted staff, people who used the service and their relatives by telephone.

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. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with nine people who used the service and three relatives about their experience of the care provided. We spoke with 10 members of staff including the regional manager, registered manager and eight support workers.

We reviewed a range of records including seven people's care records and medication records. We also looked at six staff recruitment and training and development files. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- The provider continued to follow safe recruitment processes.
- Staffing arrangements had improved since our last inspection with the appointment of new staff. People told us, "All the staff that come are good, I have a good working relationship with them" and "My carers are more or less on time." The relatives of one person also said, "It's [good] seeing the same staff, my relative is happy with these."
- The implementation of a new electronic rota system had also helped to improve the management of visits, offering more reliability and continuity of support. Records showed, since implementing this system there had been no missed visits.
- Staff confirmed they had regular rotas, visiting the same group of people. Staff commented, "The rotas are better planned, some hiccups when people off sick but nothing that can't be managed", "I'm not overworked, no pressure to pick up work" and "I generally visit the same people, [I have a] flexible rota with breaks in between."

Assessing risk, safety monitoring and management

- Individual risks assessments guided staff on the individual needs of people to help keep them safe from avoidable harm. The registered manager checked the servicing of equipment to make sure items were safely maintained.
- Risk assessments explored both the internal and external environment of people's homes, including fire safety. Where necessary, the fire officer had been contacted for help to develop safe evacuation procedures.
- The use of key safes helped to keep people's property safe. Access numbers were kept confidential so only those needing entry to people's property had access to them.
- Staff felt the implementation of the 'feedback and follow up forms' meant any concerns or changes in care were now reported and responded to much quicker. One staff member said, "I've used the follow up and feedback forms when there have been issues and have been happy with their [management team] response."

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe because staff had access to key safes and they saw regular carers. One person commented, "I feel safe because they know what they are doing."
- Effective recording and reporting systems were in place to safeguard people from harm. Information showed, where necessary, the action taken to help minimise future incidents occurring.
- Policy and procedures and training were available to guide staff. Staff understood the signs of abuse and what steps to take to help protect people.

- Staff wore uniforms and were issued with a photographic identity badge. These help to prevent unauthorised people from entering their homes.

Using medicines safely

- Staff managed and administered people's prescribed medicines safely. Some of the people we spoke with said staff observed them taking their medication.
- Staff found the new electronic recording system was more effective and provided safeguards to ensure people received their medicines when needed.
- Medication training and assessment of competency were completed to check staff practice was safe.

Preventing and controlling infection

- Suitable arrangements were in place to help prevent and control the spread of infection.
- Staff confirmed they had access to relevant guidance and training, and personal protective clothing (PPE) was readily available. People confirmed staff wore PPE when offering care. One person said, "When they dress me they do it hygienically by wearing plastic pinny [apron] and gloves."

Learning lessons when things go wrong

- Accidents and incidents were clearly investigated and monitored. Findings were shared with the staff team so events could be learnt from and help prevent further incidents.
- Continuous monitoring of the service helped to identify any themes or areas of improvement. Action plans were updated on a regular basis to show where areas of improvement had been made.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- The service continued to provide staff with a comprehensive programme of induction, training and support. People felt staff had the right skills to support their individual needs. One person said, "They know what I need and how to do it."
- The management team carried out spot checks and assessments of competency to check staff were following people's care plans in a safe and effective way. Staff said they were fully supported in the role, adding, "We're offered lots of training, some things are available regularly or if I felt I needed something then I could just ask" and "We get lots of training in all different areas."
- Staff records showed good practice was recognised and the service had a staff incentive scheme, which offered money saving offers as well as support services.

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

- Staff helped people to have a balanced diet in line with their eating and drinking plan. One person told us, "They always make sure I have a drink on hand."
- People at risk of poor nutrition and hydration were monitored. Where necessary referrals were made to the persons GP or speech and language therapists (SALTs) so further advice and support could be sought.

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

- People told us they received consistent support from staff who knew them. Two people spoke about visits from healthcare professionals, arranged by staff. Another person told us, "When they realised I was unwell they called a doctor."
- People's care records continued to show the service worked in partnership with other professionals so their health care needs were effectively met, these included, GPs, falls co-ordinators, moving and handling service, district nurses and chiropodists.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires, 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.

- None of the people supported by the service were currently being deprived of their liberty.
- The provider continued to work within the principles of the MCA so that people's rights were protected.
- People confirmed and records showed they had been involved and consulted with about their care and support. One person said, "They realise I want to be independent."
- Where people needed help to make specific decisions, 'best interest' meetings were held with relevant parties. The registered manager requested confirmation of legal authorisation held on behalf of people.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 said they were supported by staff who knew them well. Staff were described as kind, friendly and compassionate. People and their relatives said, "They take good care of me", "They sit down and talk to me when I feel anxious" and "The girls that visit are brilliant."
- Staff spoke about people respectfully and were knowledgeable about the individual needs of people they supported. One person said due to their health needs at times they became quite distressed. They said staff were supportive offering lots of reassurance.
- Areas of equality and diversity were considered. Care plans included information about the 'protected characteristics', such as, disability, race and spiritual and religious wishes.

Respecting and promoting people's privacy, dignity and independence

- Staff gave good examples of how they upheld people's privacy and dignity when offering care. People and their relatives spoke about the sensitivity shown by staff, which they felt was important.
- People talked about how they were helped to be as independent as possible. One person's relative also said, "The staff know my relative can be quite stubborn but also wants to be independent." They added "Carers understand this and encourage [relative] to be as independent as possible within a safe environment."
- Aids and adaptations were provided where people needed assistance to help keep them safe as well as enabling them to maintain some independence.
- People's information was stored securely so that it was kept confidential.

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

- People said they were involved in making decisions about their care and support. Things that were important to them were discussed during the care planning process, reviews and quality monitoring systems.
- Information about the service was available and explained what people could expect if they received a service.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Improving care quality in response to complaints or concerns

We made a recommendation at the last inspection about how the service gathered feedback from people about their experiences. We found improvements had been made.

- People and their relatives told us they knew how to complain. They said responses to any concerns had improved. Face to face meetings and telephone reviews continued to be held throughout the year. A quality monitoring check was carried out to make sure any issues raised had been resolved to people's satisfaction. People told us, "I get calls from the office to ask how things are going", "I feel as though I am listened to and things are acted on" and "At the moment we are happy with everything."
- Electronic recording and monitoring of complaints showed any issues had been responded to quickly.

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

- People and their relatives confirmed they were involved in developing care and support plans. One person said they were able to review their plan at any time. The relative of another person also said they had recently attended a care review, due to a change in circumstances, which included their relative's social worker.
- Care plans provided good information about the support people wanted and needed. Information was personalised and included their wishes and preferences. Plans were reviewed so people's current and changing needs were reflected. Staff said there was enough information to guide them and new systems meant any changes, such as new medication, was quickly communicated.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified and recorded in their care plans. Everyone we spoke with confirmed they had information they could read or helped their relative understand.
- The provider was able to offer information in different formats, where needed. For example; the service had accessed support in developing information in an 'easy read' format for someone with a learning disability so their information was more use friendly.

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 followed lifestyles of their own choosing. Records showed where staff supported people in meeting their social needs. The relative of one person told us "I am going away and it's comforting knowing the staff will be taking [relative] out for shopping and walks while I'm away, which they enjoy." Another person said they had 'companionship visits', where the staff member would sit with them spending time chatting and providing company.

End of life care and support

- At the time of the inspection no one was receiving end of their life care. Whilst staff received training, relevant healthcare professionals would be consulted with so people received the care and support they needed.
- Plans about how people were to be cared for at the end of life were to be implemented as part of the new electronic care planning system. Records showed any advanced decisions made by people and where a "do not attempt cardio-pulmonary resuscitation" (DNACPR) was in place.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved 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; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service was well-led by a registered manager, care manager and care co-ordinator who oversaw the day to day running of the agency.
- People said there had been improvements in the management of the service. One person said, "In the last three to four months things have improved considerably" and "I am very happy with my care team, they make me feel valued."
- Staff felt the service was well managed with clearly defined roles. Staff described the registered manager as "Very good", "Professional" and "Approachable, nice to work with." One staff member added, "They [management team] have turned it round, I wasn't as confident before, but it's different now."
- People and staff had an out of hours 'on-call' number which was available for advice or unforeseen emergencies. The service also had a business continuity plan, which gave information about what to do should an incident or emergency arise so that people were safe.

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

- The registered manager was aware of their regulatory obligations and had informed CQC of significant events, where necessary.
- The registered manager and senior management team regularly monitored the quality of the service provided so any areas of improvement could be quickly identified and acted upon.
- The service shared information with the safeguarding team promptly to help protect people.

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

- People and their relatives said their views were sought. People said, "I get calls from the office to ask how things are going" and "I feel as though I am listened to and things are acted on."
- In September 2019 annual satisfaction surveys were sent to people and their relatives. Comments reflected some of our findings at our last inspection however when spoken with people acknowledged issues had been addressed.
- Staff said occasional team meetings were held, which provided them with an opportunity to share their views and ideas. Staff told us, "We can always just pick up the phone or visit the office too, they [management team] make time for you."

- A newsletter was produced by the office throughout the year which gave updates and events involving the service.

Continuous learning and improving care

- Considerable work was being carried out to implement electronic systems providing better oversight and scrutiny of all areas of the service. Work was continuing to transfer people's care records onto the new system ensuring information was accurate and complete. Staff said the handsets used to record visits worked well. They said, "It's much easier, the handsets remind you to do everything" and "It's a lot easier than I thought, you can see all the information you need."
- The service was to introduce a 'portal', which would allow people and relevant others access to the electronic records. Access would be password protected to ensure people's information was kept secure.

Working in partnership with others

- The service had good working relationships with a range of professionals to enable effective coordinated care and support for people. The registered manager was meeting with the fire service to look at how they could promote a safe living and working environment for people and staff.
- The provider worked in partnership with other agencies, including the local commissioners who conducted their own reviews of the service.