

Comfort Call Limited

Comfort Call - Maple West

Inspection report

Turnhurst Road
Chell
Stoke-on-trent
ST6 6SB

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24 July 2019

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Requires Improvement ●
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 – Maple West is a domiciliary care service providing personal care to 25 people at the time of the inspection with a range of support needs. These support needs included those living with dementia, learning disabilities, those with mental health needs, people who misuses drugs or alcohol and people who may have a sensory or physical disability.

People lived in a purpose-built building of self-contained apartments. There were facilities on site that anyone who live there could access, such as a restaurant, communal areas, gym and salon.

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

People medicines were not always being managed safely and action taken to reduce the risk of people not receiving their medicines had not always been sufficient, so lessons had not always been learned. People were kept safe from abuse as staff understood their safeguarding responsibilities and plans were in place to mitigate risks to people; action was taken following feedback when there was a lack of information. There enough safely-recruited staff to support people safely, with recruitment ongoing. People were protected from the risk of cross infection as staff used appropriate protective equipment such as gloves and aprons.

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 had access to other health professionals. Those who required support received this in relation to food and drinks. Staff received training to help them feel confident in their role.

People felt staff were kind and felt they were treated with respect. People were supported to maintain their dignity and be involved in decisions about their care. People were encouraged to remain as independent as possible.

People had personalised plans of care and staff knew people well. People felt able to complain and these were dealt with appropriately. Consideration had been given to people's end of life preferences, but no one was being supported at the end of their life at the time of the inspection.

Systems were in place and effective at identifying areas to improve the quality of people's care. Staff felt positively about the registered manager and felt supported in their role. The registered manager was confident in their role and understood their responsibilities. The service engaged with people and staff to ensure feedback was requested to improve the service. The service also worked in partnership to ensure effective outcomes for people. The service continuously learned following incidents or through quality spot

checks.

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

Rating at last inspection

This service was registered with us on 3 August 2018 and this is the first inspection.

Why we inspected

This was a planned inspection based on the date of registration.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

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 - Maple West

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 one inspector and an Expert by Experience. An Expert by Experience is someone who has experience of using, or caring for someone who uses, similar types of services.

Service and service type

This service is a domiciliary care agency providing care to people living in an extra care facility. It provides personal care to people living in their own apartments.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we wanted to ensure staff and people would be able to speak with us on our office visit and to gain people's consent.

Inspection activity started and ended on 24 July 2019.

What we did before the inspection

We used the information we held about the service, including notifications, to plan our inspection. A notification is information about events that by law the registered persons should tell us about. 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.

We asked Healthwatch for any information they had about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We also asked the local authority for any feedback. Neither organisation had any information of concern to share.

We used all of this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and one relative about their experience of the care provided. We spoke with three members of care staff as well as the deputy manager, registered manager and operations manager from the provider.

We reviewed a range of records. This included three people's care records. We looked at three staff files in relation to recruitment and staff supervision. We also viewed a variety of records relating to the management of the service including audits, questionnaires, meeting minutes and action plans.

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 for this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Medicines were not always managed safely; some recording could be improved and improvements made to call times to ensure medicines could be given at the right time.
- One person had topical patches applied to their skin. The medicine documentation did not give staff the opportunity to record exactly where they applied the patch each time. The patch should be rotated to ensure it is not applied in the same place for a period of time to avoid any adverse reactions and due to the documentation not being accurate enough, this left the person at risk. However, the registered manager took action following our feedback to rectify this.
- Some previous medicines errors had occurred due to people's visit times being too close together, so that staff felt they were unable to give people their medicines, so staff would have to return later. This increased the chances of an error. The registered manager explained they had acted to reduce these occurrences, however staff told us they felt this was still happening. The registered manager agreed to re-review this to avoid future occurrences.
- Some medicines were to be taken 'as and when required'. There was not always additional person-specific guidance for staff to be able to recognise when this medicine was or was not required. People were generally able to ask for their medicines; however, some people were living with dementia and may have times when they may not be able to ask for their medicine. Protocols should be in place to ensure consistent support by staff.
- Despite this, people confirmed they received their medicines as needed. One person said, "I get my medication at the right time. They make sure I take them." Another person said, "They support me with my medication. I have blister packs. They watch me take my tablets."

Learning lessons when things go wrong

- Lessons were not always learned when things had gone wrong.
- For example, if there had been a medicine error, medical advice was sought to keep the person safe however call times had continued to not always have sufficient gap between them to enable staff to give the medicines in the planned call, which meant they had to return at a later time. This continued to increase the risk of more errors as these return calls could be forgotten.
- We saw other example when incidents had occurred, these were reviewed, and action taken to keep people safe.

Assessing risk, safety monitoring and management

- People had their risks managed as staff knew people well. We found these risks were not always written down in a plan or risk assessment, such as in relation to potential seizures or staff being able to give

medicines if a person had a drink. However, staff all knew about these risks and the action to take if needed. The registered manager reviewed these risks following our feedback to ensure a plan and risk assessment was put in place when necessary.

- In another example, some people had mobility support needs or were at risk of falling and the support needed was included in their plan and people told us they had the equipment they needed. One person said, "I can stand and walk a bit. I have all the equipment I need."

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. People and relatives told us they felt the service was safe. Comments included, "I feel 100% safe with them [staff]" and, "Oh yes I feel safe. I can't criticize any of them."
- Staff knew about the different types of abuse and how to recognise these and we saw appropriate referrals were being raised.

Staffing and recruitment

- There were enough staff to support people safely. People told us staff usually turned up at about the right time and staff had not had any missed calls. One person said, "They have never missed a visit in the time I have been using them." Another person said, "They come quickly when I press my buzzer."
- Recruitment was ongoing so that sickness and annual leave could be covered more easily as currently staff were having to pick up additional work. One staff member said, "Yes there is enough staff, but if someone is off sick, then no. We do manage it, just about, we might be the odd 10-15 minutes late."
- Staff were recruited safely. Staff had pre-employment checks carried out such as checking employment references and if they had a criminal record.

Preventing and controlling infection

- People were protected from the risk of cross infection as protective measures were in place, such as gloves and aprons. Staff knew the appropriate times when to wear these and change them regularly.

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 overall had their needs assessed and planned for, such as in relation to health conditions. One person had a health condition but details of this had not been included in their plan. Once we raised this the registered manager took action to remedy this. We saw other examples of people already having appropriate plans in place such as for skin integrity and mobility.

Staff support: induction, training, skills and experience

- Staff received ongoing training to support people effectively. People told us they felt staff were well trained. Comments included; "Yes they know what they are doing. They do with me anyway" and, "Yes they are well trained."
- Staff told us they received refresher training and an induction when they first started. Certificates and workbooks were in staff files and staff could answer our questions indicating training had taken place.

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

- People were supported appropriately to have food and drinks of their choice.
- One person said, "Yes they ask what I want. I get delivered meals. They [staff] heat them up for me." Another person said, "They [staff] ask me what I want for breakfast. My relative does my main meals and the carers heat them up."
- Information was available for staff if someone had specific dietary requirements, such as an allergy, to keep people safe.

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

- People were supported to access other health professionals. One person said, "If I am unwell they call a doctor. If I have a fall, they call the paramedics and I go to the hospital." Another person confirmed, "If I am not well they will call the doctor."
- There was a communication book which staff accessed which documented changes in people's needs or pertinent information which they were expected to review when they started their shift, and would review information for any days they had had off.

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 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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty

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

- People were supported in line with the principles of the MCA. People confirmed staff checked with them first before supporting them. One person said, "Yes they ask my consent before doing anything for me."
- Staff generally understood what capacity meant. One staff member said, "It's whether a person has got the ability to make their own decisions. I'd show them what there is available and encourage them."
- The registered manager was clear about their responsibilities to assess people and we saw when there was a possibility someone lacked capacity in some areas this was considered.

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 told us they were well treated. One person said, "They [staff] are very kind and caring to me." Another person said, "They [staff] are marvellous." Multiple people confirmed to us staff were caring.
- People's diverse needs and protected characteristics were taken into account. For example, their gender, religion and sexuality. The registered manager said, "We discuss attending church, any special diet needed and that's put into care plan. If they needed support to attend church we'd arrange this."
- When we asked the registered manager about people who may identify as lesbian, gay, transgender or bisexual they said, "We don't ask it [directly]. We ask about life history in their care plan, if they want to discuss it. We don't push but we are open to talk about it. People might still not feel comfortable to talk. Staff are regular, they have the same runs so they build up a rapport."

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

- People were involved in decisions about their care. People all told us the staff sought their permission before supporting them. One person said, "Yes they [staff] ask for my consent before supporting me."
- People said they were listened to; everyone we spoke with this confirmed this. People said they would feel able to raise concerns if they needed to. One person said, "Yes they [staff] listen and we have a little chat."

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. One person said, "Yes I am safe with the carers. [Staff names] could not treat me any nicer if I was the queen." Another person said, "Yes they treat me with dignity and respect."
- People were supported to maintain as much independence as possible. One person said, "Staff ask if I can do it myself. That is keeping some of my independence."
- Staff were all able to give examples of how they would support people to maintain their dignity, such as keeping people covered during personal care, closing curtains and gaining consent. Staff were observed to knock on people's doors prior to entering.
- A person confirmed this with us, "They [staff] treat me with dignity and respect. When I have a shower, they cover me up with a towel before I go back to my room."

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

- People had personalised care that met their needs. One person said, "They [staff] are wonderful. Nothing is never too much trouble." Another person said, "Very good care. I have a shower every morning." Another relative said, "The carers have been very good to us."
- People had a team of staff who supported them, so people generally got to know the staff supporting them. One person commented, "I get regular carers. [Staff name] is brilliant, they all are." Another person said, "I get the same carers, no real change."
- People had a care plan in place which detailed their daily routine and were asked about their care needs. One person told us, "Staff asked me what support needed."

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 were supported to access information in a way suitable for them. The registered manager explained to us, "We would get it [care plans or information] in larger print. We can order service user guides in larger print and braille. We would read them to people to help them understand it."

Improving care quality in response to complaints or concerns

- People felt able to complain and knew how to. One person told us, "I would speak to [the registered manager] if I was not happy. I hope I never have to." A relative said, "[I would speak to] the manager downstairs."
- The registered manager was aware of their responsibilities and we saw that if a complaint had been received, this was investigated and responded to appropriately.

End of life care and support

- No one was imminently nearing the end of their life care at the time of the inspection. However, consideration had been given to how people would be supported, if necessary.
- The registered manager said, "We pop in a lot more regularly [to check on people] and make sure they are getting proper advice. They can contact us via the buzzer. We can arrange visits by the GP, district nurses and the [local palliative care specialist organisation]."

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

- People all felt positively about the registered manager and staff. One person told us, "[Name] is the manager. You can talk to them. They have made themselves known and got things done." Another person said, "I know the manager I can speak to them anytime. They are very nice."
- People felt they received good care that met their needs. One person said, "I am very happy with the service."
- A social care professional told us, "The care staff culture is positive and the carers are very attentive."
- Staff confirmed they had supervisions, so they could discuss their support needs and have feedback about their performance.

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 clear about their responsibilities. We asked them what duty of candour meant. Their answer confirmed they were aware of their responsibilities. They said, "It's about being open and honest. If something happens you report it; it's not hiding anything and being transparent."

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

- The registered manager and all staff were clear about their roles. Notifications were submitted as necessary.
- One other social care professional told us about the service improving. They said, "Since they have had an improvement plan in place, the registered manager and the staff have worked very hard in improving the service. The recording and reporting have improved massively."
- Systems were in place and effective at monitoring the service and improving people's quality of care. Three-monthly reports were completed to look at the service as a whole, analysing complaints, compliments, accidents and incidents, medicine errors. New monthly reports were also being introduced.
- The provider also conducted audits to ensure areas for improvement were identified and an action plan devised to make these improvements. Work was ongoing to complete the actions.

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

- People were engaged in the service. People had regular reviews of their care and support to ensure it still

met their needs.

- Staff were engaged and felt positively about the service and management. One staff member said, "A lot has changed for the better. There is a lot more communication, support, professionalism and they [the management] are more approachable."

Continuous learning and improving care

- The service was continuously working to learning and improve. Staff had their competency checked to ensure they were working safely. One staff member said, "We get spot checks and ask us about medicines and check we're wearing PPE [personal protective equipment]."

Working in partnership with others

- The service worked in partnership with other services and health professionals. One social care professional said, "The registered manager is very helpful and is always happy to help with any queries I have."
- The service also worked in partnership with the housing provider who were also located on site to ensure holistic support for people living there.