

Comfort Call Limited

# Comfort Call Rotherham

## 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

The inspection took place on 29 August 2018 with the registered provider being given short notice of the visit to the office, in line with our current methodology for inspecting domiciliary care agencies. At our previous inspection in August 2017 the service was given an overall rating of 'Requires Improvement'. Areas highlighted for improvement were around risk assessments and the quality assurance system not always being effective in identifying shortfalls. At this inspection we found improvements had been made in both areas. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Comfort Call Limited' on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Comfort Care is a domiciliary care agency which provides personal care to people living in their own houses and flats in the community in the Rotherham area. The agency currently caters for people whose main needs are those associated with older people, including people living with dementia. People with various other needs, such as sensory impairments and learning disabilities, were also being supported. At the time of our inspection approximately 200 people were receiving personal care from the service.

The service had a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Most people were happy with the quality of the care the service provided and how it was run. They said care workers met their needs and delivered their care as they wanted it delivering. People told us their privacy and dignity was respected and staff were competent in their work, kind, friendly and helpful.

There were systems in place to reduce the risk of abuse and to assess and monitor potential risks to individual people. Concerns, complaints, incidents and accidents were being effectively investigated and monitored. This aimed to reduce risks to people and make sure they received the standard of care they expected.

Recruitment processes were robust, so helped the employer make safer recruitment decisions when employing staff. Staff had undertaken a structured induction, essential training and received regular support, to help develop their knowledge and skills so they could effectively meet people's needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. People had consented to their planned care and staff understood the importance of gaining people's consent and acting in their best interest.

Where possible, people were encouraged to manage their own medication, with some people being supported by relatives. Where assistance was required support was provided by staff who had been trained to carry out this role and whose competency was checked regularly.

People's needs had been assessed before their care package commenced and where possible they, or their relatives, had been involved in formulating care plans. Care plans provided information and guidance to staff, which assisted them to deliver the care people needed, in the way they preferred.

People were enabled to raise complaints and concerns. The people we spoke with told us they would feel comfortable raising concerns, if they had any. When concerns had been raised the correct procedure had been used to record, investigate and resolve issues.

The system for assessing if staff were following company policies had been improved since our last inspection, so shortfalls were identified in a timely manner and addressed promptly.

The way people were consulted about their satisfaction in the service provided had been improved. People had been given opportunities to share their opinions about their service provision and action had been taken to address areas for improvement.

Further information is in the detailed findings below.

## 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.

Systems were in place which helped to keep people safe from the risk of harm and abuse. Improvements had been made to make staff more aware of potential risks to people.

There were enough staff employed to make sure people received support as agreed.

Robust procedures helped to make sure the service recruited staff who were suitable to work with people who may be vulnerable.

People received the right medicines at the right time.

### Is the service effective?

Good ●

The service was effective.

People's mental capacity was assessed and monitored. Their consent to receive care and support was obtained and where this was not possible the principles of the Mental Capacity Act 2005 were followed to protect people's rights.

People's health care and nutritional needs were met.

Staff received the right level of training and support to enable them to feel confident and skilled in their role.

### Is the service caring?

Good ●

The service was caring.

People were supported by kind, compassionate and caring staff, who delivered care as they preferred

People were involved in their care and staff respected people's wishes. People were treated with dignity and respect.

### Is the service responsive?

Good ●

The service was responsive

Care and support was tailored to people's individual needs and this was reflected in their care plan.

The company's complaints policy enabled people to raise complaints or concerns in the knowledge they would be addressed.

People were encouraged to express their views about the care provision.

### **Is the service well-led?**

The service was well led.

Systems to evaluate how the service was operating and ensure staff were working to company policies had been consistently used to enable the service to improve.

People using the service, and staff, were encouraged to voice their opinions on how the service operated, and their views were listened to.

Staff knew what their roles and responsibilities were. They told us they felt well supported by the registered manager and the management team.

**Good** ●

# Comfort Call Rotherham

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection included a visit to the agency's office on 29 August 2018. To make sure key staff were available to assist in the inspection, the registered provider was given short notice of the visit, in line with our current methodology for inspecting domiciliary care agencies. An adult social care inspector carried out the inspection with the assistance of an expert by experience, who spoke with people who used the service or their relatives on the telephone. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

To help us to plan and identify areas to focus on during the inspection we considered all the information we held about the service, such as notifications sent to us by the registered provider and information from people who contacted us to share their experiences. We also requested the views of other agencies that worked with the service, such as service commissioners, social workers and Healthwatch Doncaster. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We spoke on the telephone with five people who used the service and seven relatives. We also considered the responses to questionnaires we sent to people. We spoke with the registered manager, two care coordinators, the regional manager and eight care workers, either face to face at the office or on the telephone.

We looked at the system for arranging visits to people and documentation relating to people who used the service, staff and the management of the service. This included checking four people's care records, how complaints and concerns had been managed, staff recruitment, training and support documentation, and the quality assurance systems, to check if they were robust and had identified areas for improvement.

# Is the service safe?

## Our findings

At our last inspection this domain was rated as 'Requires Improvement' because we found although risk assessments were in place, they had not always been updated in a timely way, which meant they did not provide accurate information for staff. At this inspection we saw improvements had been made to make sure the content of the care plans and risk assessments reflected people's current needs in more detail.

Where risks had been highlighted guidance told staff how to minimise these risks. For example, when someone used a hoist to move from their bed to a chair, care records told staff how to do this safely, including the correct loop configurations for the sling. We also saw people at risk of developing pressure damage had risk assessments in place and staff had recorded each time they had changed the person's position in bed, which helped to monitor pressure relief provided. The registered manager described how they were working on adding extra information to care records to support the tick box assessments. This was to make sure staff had more comprehensive information about risk management.

People we spoke with said care and support was planned and delivered in a way that helped ensure their safety and welfare, and they felt safe with staff. One person using the service told us, "I am always comfortable and safe with all the care workers who come." Another person told us they looked forward to their care worker visiting them, they added, "I am certainly safe and comfortable in her presence."

The relatives we spoke with also felt care was delivered safely. One relative told us, "My relative does not have any issues with safety, always comfortable around the care workers." Another relative described how in the past there had been some concerns about their family members safety, but they said this had vastly improved over the last 12 months. They added, "We are now very happy, [family member] has no issues at all."

The registered provider continued to protect people from the risk of abuse because they took reasonable steps to identify the possibility of abuse and minimise the risk of it from happening. We saw concerns raised had been reported and promptly actioned. Staff had completed training in this topic. Those we spoke with demonstrated a good awareness of the types of abuse that could take place and their role in reporting any concerns.

Accidents and incidents had been monitored and evaluated so the service could learn lessons from past events and make changes where necessary.

The registered provider continued to recruit staff robustly. Recruitment records sampled demonstrated appropriate checks had been carried out before staff commenced employment to make sure they were suitable to work with vulnerable people. Once employed, staff attended a five-day induction course, which included learning about the company and essential training. Staff told us this was followed by a period of shadowing an experienced member of staff until they were confident in their role.

There was enough staff, with the right training and skills, to meet people's needs. A care co-ordinator

showed us how visits to people were planned and what was in place should a care worker be delayed attending a call. The system identified care staff who had visited the person before so when their regular care worker was on leave the management team could try and match people up with someone they knew. We saw missed and late calls were monitored on a regular basis by the management team.

The people we spoke with confirmed that most of the time staff were on time and stayed the agreed length of time. Their comments included, "My care worker comes on the dot, never had any issues at all. She will stay for the full length of time. Always asks me if I need anything else doing" and "I have no issues with timing. If the care workers are late due to an emergency, [which was only on odd occasions] they will call me. They do not rush." However, one person told us that although their regular care workers were "Spot on" changes meant sometimes agreed times were not met, especially at weekends. They said they had reported their dissatisfaction with the call times to the office, which had led to improvements, but then times lapsed again. We spoke with the registered manager about this, she said she would follow it up and address any issues.

Medication continued to be administered safely. Everyone we spoke with who had assistance with medication said they were happy with the way staff supported them to take their medicines. They said they received medication on time and in an appropriate manner. Most of the medication administration records [MAR] we sampled had been completed correctly to indicate what medicines had been administered by staff, but we saw on occasion there were gaps where staff had forgotten to sign to say the person had taken their medication. However, these had been identified in management audits and there were clear records of the actions taken to reduce the risk of this happening again.

A few people were prescribed 'as and when required' medicines and creams [also known as PRN] these were recorded on the MAR, but PRN protocols were not in place to provide staff with detailed information about what the medication was prescribed for, how the person presented when they needed it or what to monitor for after it had been taken, to make sure it was effective. This information is particularly important if the person is unable to verbally tell staff when they need a specific medicine. We discussed this with the registered manager and the regional manager, who said they would address this straightaway. At the time of the inspection people taking PRN medicines could tell staff when they wanted them and staff were knowledgeable about this topic. This meant the lack of protocols had not had any negative impact on their wellbeing.

Staff we spoke with confirmed they had completed medication training and described how the management team checked records when they were returned to the office and during 'spot checks', to make sure staff were following company policy.

Staff were knowledgeable about minimising the spread of infection. They confirmed they had completed training on this topic and said they had ample supplies of protective clothing, such as disposable gloves and aprons. People we spoke with confirmed staff wore protective clothing when applicable and maintained good hygiene standards.



## Is the service effective?

### Our findings

Staff were trained and skilled to support people to a good standard. People who used the service spoke positively about the care staff's skills and abilities. One person told us, "They [care workers] are trained and skilled, they do everything with care. They allow me to be independent where I can, they do things which they know I cannot manage." Another person said, "The care worker is extremely trained, very skilled in my eyes. I have no complaints at all."

Relatives also spoke positively about staff. One relative commented, "What can I say, they [staff] are trained and skilled. Our care workers are amazing. My relative could not walk, the hospital even lost hope, with the determination of the care workers [family member] has started to walk a little." Another relative said, "Yes, they are very good with my relative, they certainly do know what they are doing, they actually chat away with my relative, they want to build the relationship up."

Staff continued to receive a structured, comprehensive induction to the service which included essential training and being allocated a mentor to support them for the first 12 weeks of their employment. They also had a period of shadowing an experienced member of staff and completing competency checks. The registered manager told us new staff were not signed off to work on their own until they had completed the company induction programme and were assessed as confident and competent in their role.

Following induction staff had access to a varied and on-going training programme to update and enhance their skills and knowledge. They were also encouraged to undertake nationally recognised awards in caring for people. All the staff we spoke with felt they had received a good level of training.

Staff received regular one to one support meetings and an annual appraisal of their work performance. They told us they found these sessions useful, but said they could approach the management team for guidance and support at any time. Periodic observational sessions had also taken place to check how staff were working.

People were supported to live their lives in the way they chose, and their wishes and preferences were respected. People had been involved in care assessments before their care package started. This meant information about their needs, choices and preferences could be determined and guidance on how best to support them made available to staff straightaway. This enabled staff to provide a more effective service.

The service continued to meet the requirements of the Mental Capacity Act 2005 [MCA]. People's mental capacity to make decisions had been assessed as part of the assessment process and recorded. Staff had received training on this topic and demonstrated a satisfactory knowledge of gaining consent from people routinely as part of care provision and acting in a person's best interest. People told us staff asked them what they wanted and acted on their decisions.

People's nutritional and hydration needs were met. Where people needed assistance to prepare or eat their meals people were satisfied with how this took place. Staff had completed training about food hygiene,

nutrition and hydration and demonstrated a good understanding of their role in supporting people to remain as well-nourished and hydrated as possible. Where people needed their food and fluid intake to be monitored this had been undertaken. One person told us, "The care worker prepares the food the way I like it." Relatives also confirmed staff were meeting their family members needs in this area.

People continued to receive the support they required to access health and social care professionals when they needed it. A social worker told us, "Comfort Call handle a very difficult case for me with complex family dynamics. They always provide good communication, will record in the book in the service users home and are willing to provide additional support when things break down. I am pleased with the carers input in my particular case."

Staff also worked effectively with other agencies to ensure people moved smoothly between different services. For instance, a hospital discharge social worker told us, "[Name] came to the hospital to partake in a multi-disciplinary meeting to ensure discharge was smooth and prompt. She offered information and advice which was appropriate and relevant and worked well as a team, coming together with one aim. This was to support the patient with their best interests at the heart of everything. To me [name] went over and above to support not only me as a hospital worker, but the patient, she was able to work with the pressures of the hospital whilst supporting with the unpredictable changes which occurred along the way. This has given me reassurance and confidence to work alongside both [name] and Comfort call in the future, continuing to build our working relationship."

## Is the service caring?

### Our findings

People were supported by kind, compassionate and caring staff, who delivered care as they preferred. People's comments included, "The care workers are nice, especially my regular care workers, they are respectful and kind to me", "[My] care worker is extremely caring and compassionate towards me. I do look forward to her coming. I cannot utter a word against the care workers as [they are] always kind towards me", "They [staff] are kind and caring, they allow me to be independent where I can, such mutual respect between both of us" and "Brilliant, no issues. All the care workers are compassionate and caring, they make an effort to speak to me [which] makes me feel valued."

Relatives we spoke with were also complimentary about the staff who supported their family member. One relative told us, "All care workers are nice, caring and kind towards my relative." Another said, "Absolutely brilliant, they have built a wonderful relationship with my relative, caring and compassionate, so kind." A third relative commented, "They [staff] treat him like a person, not an object or they are just doing a job. They are very compassionate."

People told us they felt it was important to have the same team of care workers supporting them, as this had a positive effect on them. A relative commented, "It's the continuity that has made a great difference to my relative, having the same care workers. We have managed to build the relationship up. It is amazing, if this changed we would not be happy." However, a few people felt staff continuity could be improved.

People's privacy and dignity was maintained. When we asked people if staff respected their privacy and dignity most people told us they did. Relatives also commented positively about this topic. One relative told us, "They do not rush, they complete all tasks with dignity." Another relative said their family member had a, "Wonderful, caring relationship with them [staff] he does become anxious with strangers, [but] all the care workers give respect and dignity." However, one person said they did not like having male care workers providing their personal care. We raised this with the registered manager who said, "Male care workers are never sent alone to a female client unless specifically requested, but in an emergency a male may accompany a female carer." They went on to describe how the person was contacted before the visit to ask permission for a male care worker to visit.

People's choices and preferences were respected. People were involved in planning care. An initial assessment of need had been completed with each person and then developed into a care plan. The care plan showed what was important to people and how best to support them. People we spoke with confirmed the service was meeting their, or their family member's needs.

Senior staff had undertaken 'spot checks' where they had assessed staffs' competency in supporting people. These had also given them the opportunity to gain people's views about their care provision. People confirmed staff communicated with them regularly to ask if they were happy with the care provided and they had all the information they needed about how the service was run.

The company had an equality and diversity policy and the registered manager told us this topic was also

discussed in staff training. People's human rights were respected and we found topics such as people's religious beliefs, cultural needs and any communication difficulties were included in the care planning process. Any diversity needs, for staff or people using the service, had been taken into consideration. However, a relative told us they felt there should be more staff who spoke their family members first language. We asked the registered manager about this, she told us every effort was made to match people with staff, but people were advised that having a staff member with the same first language at every call could not be guaranteed.

## Is the service responsive?

### Our findings

People told us the service was responsive to their needs. Each person had a care file in their home which outlined their needs and preferences. The duplicate files we sampled at the service's office contained initial needs assessments, care plans and risk assessments, which people using the service told us they had been involved in completing. One person said, "The office [staff] are very approachable. I do feel comfortable to speak to them. I have met them when I went through my care plan in the beginning."

Care plans continued to be developed from assessments and identified people's needs and how they wanted their care delivering. The registered manager told us following an audit by the local authority work was underway to add additional information about people's preferences and routines into each person's file as they were reviewed.

People's end of life wishes were discussed as part of care assessment, but staff told us the topic had only been touched on in their induction training. We discussed this with the registered manager who told us the company was currently looking to expand the end of life training included in staff induction to a full module of training. She added, "If people come to us for end of life care a fast track care plan will be provided [by the funding authority]. If someone deteriorates while we are supporting them we involve the GP, social worker and others, to produce a care plan that suits the person's needs."

People said they usually had the same team of staff supporting them, which they felt was very important, so staff understood their needs and preferences. A relative told us, "It's the continuity that has made a great difference to my relative, having the same care workers. We have managed to build the relationship up. It is amazing, if this changed we would not be happy."

The registered provider continued to enable people to raise concerns and complaints with the confidence they would be taken seriously and addressed appropriately. A record of concerns and complaints received had been maintained. This showed four complaints had been investigated in line with the registered provider's policy since our last inspection. Where outcomes indicated changes were needed, these had been made.

We saw compliments had been received praising the care provided. For example, a paramedic had written to the service complimenting a care worker for providing compassionate care, accurate information, making sure the person was presentable for moving to hospital and staying with them. They added it was, "Lovely to see a member of staff care so honestly for another person. She was a credit to the company."

## Is the service well-led?

### Our findings

At the last inspection this domain was rated as 'Requires Improvement' because we found that although there was a comprehensive audit and quality monitoring system in place, it had not always identified shortfalls in service delivery. At this inspection we found improvements had been made and the system was being used effectively.

Regular checks had been carried out to make sure the correct procedures were being followed. Areas covered included care records, medication, staff records and complaints. These enabled the registered manager to monitor how the service was operating, as well as staffs' performance. Where shortfalls had been found action had been taken to address them in a timely manner. As well as the local checks carried out, the company also had a 'Quality Risk Team' that audited the service and provided action plans if any shortfalls were found.

People's views were sought to ensure the service was meeting their needs and to promote improvement. Overall people were satisfied with how the service was run. People's comments included, "I think the company is good. I can recommend the service" and "I used to have a little book to record incidents, the last time I recorded an incident was 18/8/2017. The service has improved, they listen and respect the needs for our relative." However, one person said, "The company have to be responsible [regarding rotas and weekend calls]. The company is not all bad. I can speak my mind."

We saw questionnaires, visits, telephone calls and care reviews had been used to gain people's views. Where people had indicated areas that could be improved these had been considered and action taken as needed. One person told us, "They [office staff] call once at least in a month to speak to me for any feedback." Another person commented, "I do not have a great deal to do with management. I have seen them for the care plan and they will call on odd occasions. I have received a survey this week to fill in."

The service had a manager in post who was registered with the Care Quality Commission, as required as a condition of provider's registration. The registered manager demonstrated a good oversight of the service and a clear vision for how it could be developed to provide people with an even better service. They spoke passionately about providing a high standard of care adding, "I will go over and above to achieve a happy life for people." The management team included care co-ordinators, an administrator and senior care workers. The regional manager described how they supported and worked with the registered manager to improve the service.

People we spoke with told us the service was well led and they felt able to speak with the registered manager and senior staff openly. One person said, "We have a good relationship with the office [staff]. They are there for us, or if they need to contact us they will." Another person commented, "The office [staff] are pleasant and approachable. They contact us at times for feedback." A third person said, "The service is very good. management are good, it is well led."

Staff also spoke positively about how the service was run. They told us the registered manager was

approachable and provided support and guidance when needed. One care worker said, "If I have any problems they are addressed as soon as possible." Another member of staff commented, "I feel when I speak and I am heard."

Staff we spoke with had a clear understanding of their roles and responsibilities and felt well supported. They spoke positively about the improvements made since the registered manager had started working at the service. Staff confirmed they had attended staff meetings, annual appraisals, competency checks and one to one support meetings, where they could voice their opinions.

The service worked effectively in partnership with other agencies. A member of the local authority brokerage team told us, "We have always found Comfort Call's manager and staff very helpful. [The management team] are really approachable and will always inform the brokerage team of any queries they have with service users or professionals."

The registered manager understood their responsibilities for sharing information with CQC in a timely manner. The service had made statutory notifications to us as required. A notification is the action that a provider is legally bound to take to tell us about any changes to their regulated services or incidents that have taken place in them.