London Care Limited

Comfort Call (Worksop)

Inspection report

115 Gateford Road
Worksop
Nottinghamshire
S80 1UD

Tel: 01909470685
Website: www.londoncare.co.uk

Date of inspection visit:
02 March 2017

Date of publication:
06 April 2017

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?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

This announced inspection was carried out on 02 March 2017. Comfort Call (Worksop) provides support and personal care to people living in their own homes in north Nottinghamshire. The registered manager told us on the day of our visit there were approximately 150 people using the service who received personal care.

The service had a registered manager in place 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 2008 and associated Regulations about how the service is run.

People were supported by staff who understood the risks people could face and knew how to make people feel safe. Staff knew how to report any concerns of abuse or harm they identified when they visited people. People were encouraged to be independent with as little restriction as possible.

People were usually supported by a regular individual or group of staff who they knew. People who required support to take their medicines received assistance to do so when this was needed.

People were provided with the care and support they wanted by staff who were trained and supported to do so and they provided consent to their care when needed. When needed decisions were being made in people's best interest and improvements were being made as to how these were recorded.

People were supported to consume a sufficient amount of food and fluids that promoted their wellbeing. People received support from staff who understood their health needs.

People were treated with respect by staff who demonstrated kindness and understanding. People were involved in determining their care and support. They were shown respect and treated with dignity in the way they wished to be.

People's care plans did not contain all the required information to ensure their care and support was delivered as needed. People were informed of how to express any issues or concerns they had so these could be investigated and acted upon.

People who used the service and care workers were able to express their views about the service which were acted upon. The management team provided leadership that gained the respect of care workers and motivated them as a team. There were systems in place to monitor the quality of the service so that improvements could be made when needed.

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.

People felt safe using the service because staff looked for any potential risk of abuse or harm and knew what to do if they had any concerns.

Risks to people's health and safety were reduced by staff who knew how to provide them with safe care and support that maintained their independence.

People were supported by a sufficient number of staff to meet their planned needs.

People received the support they required to ensure they took their medicines as prescribed.

Is the service effective?

Good

The service was effective.

People were supported by a staff team who were trained and supported to meet their varying needs.

People's rights to give consent and make decisions for themselves were encouraged. Systems were being implemented to show how decisions were being made that protected people's rights and best interests.

People were supported to maintain their health and have sufficient to eat and drink.

Is the service caring?

Good

The service was caring.

People were supported by care workers who respected them as individuals.

People were involved in shaping the care and support they received.

People were shown respect and courtesy by care workers visiting them in their homes in a way that suited them.

Is the service responsive?

Requires Improvement

The service was not entirely responsive.

There was a risk that people may not receive the care and support they required because their plan of care did not include sufficient detail to do so.

People were provided with information on how to make a complaint and staff knew how to respond if a complaint was made. Complaints made were investigated following the provider's complaints procedure.

Is the service well-led?

Good

The service was well led.

People used an improving service where staff were motivated through encouragement and support to carry out their duties.

People had opportunities to provide feedback regarding the quality of care they received and about their involvement with the care agency.

There were systems followed to monitor the service to recognise when improvements were needed and how these could be made.

Comfort Call (Worksop)

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 provider is 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.

This inspection took place on 02 March 2017 and was announced. The provider was given 24 hours' notice because the location was a domiciliary care agency and we wanted to ensure there was someone available to assist us with the inspection. The inspection was carried out by one inspector.

Prior to our inspection we reviewed information we held about the service. This included a Provider Information Return (PIR) completed by the provider. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at previous inspection reports, information received and statutory notifications. A notification is information about important events and the provider is required to send us this by law. We contacted some other professionals who have contact with the service and commissioners who fund the care for some people and asked them for their views.

During the inspection we spoke with 13 people who used the service and five relatives. We also spoke with four care workers, a regional training officer, a care coordinator, a care manager, the registered manager and the regional manager. Following our visit to the service we had a conversation with the quality and governance director.

We considered information contained in some of the records held at the service. This included the care records for four people, staff training records, three staff recruitment files and other records kept by the registered manager as part of their management and auditing of the service.

Good

Is the service safe?

Our findings

People told us they felt safe using the service and trusted staff who visited them. They said having regular staff visit them built up their trust. One person told us, "I feel safe with them, I wouldn't let them in if I didn't. They are nice." Another person said, "I have got to know them all, they are friendly and I can trust them." Relatives also told us they felt their relations were safe using the service. One relative told us care workers, "Make sure [relation] is safe when they leave."

Care workers were able to describe the different types of abuse and harm people may face, and how these could occur. They knew to make a record of any concerns and report these to one of the office based staff. One care worker told us they "report and record" when they had any concerns. They also told us they completed a 'body map' when they found any marks on a person so they had a record of these. Staff also confirmed they had received safeguarding training and we spoke with two staff who were attending the office for some refresher training, which included an update on safeguarding.

We discussed with the registered manager some recent safeguarding concerns that had been raised about people who used the service by staff and other professionals who supported them. The registered manager kept a record of all concerns that they had raised and what the outcome of these were. They told us how they used information from these keep people safe and identify how any improvements could be made to the way people were supported.

The provider described on their PIR how any risks people faced were identified when they started to use the service. This included carrying out an assessment of people's home to ensure they could provide their care and support safely and making contact with other services who may be able to provide people with additional support or equipment. People received their care and support in a way that had been assessed for them to receive this safely. Some people required staff to assist them with their mobility by using equipment they had been assessed to need to transfer safely. These people told us they felt safe with the staff when they used the equipment. One person said care workers, "Describes how they are going to assist me, that makes me feel very safe. I would be the first to say so if I didn't." Another person told us, "I rely on them (care workers) to get me out of bed. I feel safe when they do that, I don't feel I am going fall with them." A relative told us how care workers encouraged their relation to use their walking frame when they visited them."

Other people told us that in addition to feeling safe when care workers supported them they also made suggestions about improving their safety when they were not there. One person said care workers had told them about a safety alarm they could wear if they needed to summon help and they now had one of these. Another person told us how care workers, "Suggest things I can do to make me safer." We saw references to people being reminded or checked by care workers to ensure they were wearing their safety alarm in people's care records.

Care workers told us any risks to people were identified and assessed in their care records. They talked about how the assessments identified the level of risk people faced in their daily routines. One care worker

told us how they ensured people they supported to use their walking frame did so safely by reminding them to have "both hands on the frame" when walking. A care coordinator told us how care workers would tell them if they felt someone may need some additional physical support to maintain their independence and they would then make a referral to the appropriate professional, such as an occupational therapist (OT,) to arrange for this to be provided.

The registered manager told us they would seek the involvement and advice of relevant professionals where they had identified people may be facing higher risk then needed in their daily lives. This included involving other professionals who could help reduce these risks such as the falls prevention team, the tissue viability nurse or an OT.

There were sufficient staff employed to provide people with their planned care and support. People told us a staff member always attended their call, although some people said they would like more consistency of care workers, particularly at weekends. One person told us, "They are not bad during the week, but at weekends they are not so good." A relative said their relation, "Can have a lot of new ones coming, they should have more continuity." Most people told us their care workers arrived on time, although a few said there had been occasions when they had been late.

Staff told us there were enough care workers to enable them to carry out their planned calls and they had contingency arrangements in place to cover any unexpected absences from work. This involved care workers working additional hours as well as senior care workers and trained staff who were office based undertaking people's visits if needed. The registered manager told us they had recently appointed a number of new care workers, and they were continually recruiting so they were able to replace any current staff who left and had they had the resources needed to take on any new clients The registered manager also said the additional care workers would help them provide more consistency with care workers at weekends.

The provider described on their PIR how they ensured their recruitment processes employed people who were suitable to work with the people they supported. People were supported by staff who had been through the required recruitment checks to preclude anyone who may be unsuitable to provide care and support. These included acquiring references to show the applicants suitability for this type of work, and whether they had been deemed unsuitable by the Disclosure and Barring Service (DBS). The DBS provides information about an individual's suitability to work with people to assist employers in making safer recruitment decisions. Recruitment files showed the necessary recruitment checks had been carried out.

People were encouraged to manage their own medicines, but support was provided to people if required to ensure they took their medicines as prescribed. Some people told us they did not need any assistance to manage their medicines, which they continued to do independently. People who required support to take their medicines told us they were provided with this. One person told us care workers, "Encourage me to take them (medicines) but they don't dish them out." Another person said, "They (care workers) give me my medicines when my [relative] hasn't done it." A relative said that care workers gave their relation what had been prescribed for them, adding care workers wouldn't "give anything that is not on the prescription".

Care workers told us they had received training on the safe handling and administration of medicines and they had been observed administering people medicines to ensure they had done this safely. The registered manager told us these medicines competency assessments were included in the 'spot checks' undertaken by a senior member of staff. They said it was possible that a care worker did not administer any medicines during the spot check, but they would put a system into place to ensure this happened in future.

Good

Is the service effective?

Our findings

People were cared for and supported by staff who had the skills and knowledge to meet their needs. Some people told us that they did have some less experienced staff visit them, but they were given guidance by more experienced staff or they had to tell them themselves. Some people told us there had been a new care worker 'shadowing' a more experienced care worker to show them how to do things. One person said there had been a lot of new staff recently so they had needed to tell them what to do.

The provider informed us on their PIR that new staff completed the Care Certificate, which is a set of national standards for staff working in health and social care to follow and equip them with the knowledge and skills to provide safe, compassionate care and support. The regional training officer confirmed this and described the training programme completed by all staff when they started to work for the agency. This commenced with an induction where new recruits initially completed a five day block of training and were provided with information about the provider and the care industry. They then undertook a period of 'shadowing' more experienced care workers whilst they undertook visits to people. One care worker told us they had requested some additional shadowing as they had not felt confident with some tasks and were told that was "no problem".

All staff then had an annual update of this initial training, and we spoke with some care workers who were undergoing this with the regional trainer. These care workers told us they found this useful with one of them saying, "I know most of it, but it reminds you of what we need to do, like making records." Staff we spoke with told us they felt they were provided with the training they needed for their work. The registered manager showed us the staff training record they maintained. This showed the majority of staff were up to date with their training, and the registered manager explained the reasons for the few staff who were not, and also showed that dates had been made when they would attend the training they needed.

The provider described on their PIR how staff were supervised and supported in carrying out their work. A care coordinator told us they were involved in providing care workers with supervision about their work and development They also said that the care manager undertook an annual appraisal where care workers were given feedback about their work performance. Care workers confirmed they were provided with supervision where they could discuss any work related issues and their personal development. One care worker said they had recently received a supervision session and this would be followed by an appraisal where they received feedback on how they were performing with their work. The registered manager told us there were also some 'themed supervision' topics for certain areas of work, such as providing support with medicines. The registered manager told us these could be used when a care worker wanted additional support or it was felt this would be of benefit for them by a manager or supervisor.

People had their rights to be asked for their consent and make decisions for themselves promoted and respected. People told us they were asked for their consent before they were provided with any care. A person said, "They have to ask me, I would soon say if they didn't." They added, "You don't know me!." Another person said care workers "accept my word without any hassle". A relative told us how they saw their relation was "listened to" and always asked for their consent prior to being provided with any care.

Care workers told us they obtained people's verbal consent before providing them with any care and support and described different ways they enabled and prompted people to make choices and give consent. One care worker told us how they had responded when one person had chosen to wear some clothing that was not appropriate for the cold weather that day. They described making suggestions to the person of additional clothing and accessories that could be worn to go with the clothing they had selected. The care worker told us the person, "Got to wear what they wanted, but I made sure they would be warm enough." The care worker added, "We work as a team." The care manager told us, "Care workers know what to do to involve people."

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.

We checked whether the service was working within the principles of the MCA and were told that the majority of people who used the service were able to make decisions for themselves. Staff were able to describe how they followed the principles of the MCA and told us that when any decision needed to be made on a person's behalf this was made in their best interest. They told us this was done in conjunction with the person's relatives and was the least restrictive option for the person. An example we were given was about securely storing a person's medicines to prevent them taking these incorrectly.

Whilst staff described to us how they followed the MCA principles this was not shown within the records made. We discussed this with the quality and governance director following our visit who told us they had recently reviewed this area. They provided us with copies of some revised training guidance, for the staff who completed assessments, to maximise people's opportunity to be make decisions for themselves. This showed some changes made to their care plan documentation to provide additional guidance to staff. They also sent us a separate assessment form to use on occasions a person was unable to make a specific decision for themselves.

Some people said they did not require any assistance with preparing meals, others told us care workers would provide them with the assistance they needed to have a meal during their visit. People spoke of having calls planned at meal times where care workers prepared snacks or heated meals for them and refreshed or replaced drinks. One person told us, "I wasn't eating properly, they (care workers) cook me something I can eat. Without that I don't know what I would do." A relative told us care workers cooked the meals they had left for their relation to have each day.

Staff told us the people they supported did not require a lot of nutritional support, and there was not anyone who required a specific diet for health, cultural or religious reasons. Care workers spoke of providing people with choices of what they wanted to eat and encouraging them to eat when their appetite was not good. One care worker described how they had been concerned a person they visited was not having sufficient to eat. They had encouraged the person to have something to eat in the evening and over the past few weeks this had become established as part of the person's routine. The care worker told us, "I patted myself on the back for that one." Care workers said they encouraged people to have drinks during their visit and left one for them at the end of the call.

The registered manager told us they had systems to use to monitor the person's food and fluid intake if needed and had liaised with healthcare professionals in the past when they had concerns about a person's nutritional intake. They gave an example of when they had worked with speech and language therapy

(known as SALT who provide advice on swallowing and choking issues) when a person was having difficulty in swallowing their food.

People's healthcare needs were known and they received support with regard to their health and wellbeing. One person who told us about some health problems they had said care workers, "Know what I have and understand it, we talk about it." Another person told us, "If they don't think I am right they get onto the doctor. When I had a rash they got in touch with the doctor."

Staff told us they understood people's health care needs and recognised if someone they visited regularly was not feeling well. One care worker explained how they were continually checking how a person was during a visit by asking them and looking for any signs that may indicate they were not feeling well. Another care worker said, "You know if something is different, you just do."

The registered manager told us they provided staff with information about people's health and any condition they may have. We saw health information sheets in people's care files which provided information about what health conditions people had. All staff received first aid training and care workers told us they would seek medical assistance if needed. Care workers referred to having contacted people's GPs or a district nurse when someone needed medical assistance and on occasions having called the emergency services.

Good

Is the service caring?

Our findings

People described the staff who supported them as caring, kind and understanding. They told us they got on well together and they looked forward to the visits. One person told us the care workers who visited them were, "kind and joyful". They went on to say the care workers "perk you up a bit and give good care". Another person told us the care workers were, "Very important to me. They are my only link with civilisation, they understand that and help me." Relatives spoke of their relations getting on well with the care workers who visited them, who they described as helpful and willing.

Care workers spoke positively about their work and the reasons they did this. One care worker said they enjoyed "helping people, it brightens my day up". Another care worker told us, "I never wake up thinking I don't want to go to work today. I love my job. I wish I had found this work when I was younger." A care manager said that they believed they provided "a caring service". They went on to say, "You couldn't do this job if you didn't have a caring nature. "The registered manager said they were confident they had a "caring staff team" and there were "many long standing staff".

Care workers described how they spent time during visits talking with people about things they had done and enjoyed. One care worker told us how the life story information in people's care plans was useful as it helped them "pick up on conversations" during a visit. Another care worker said how they enjoyed discussing certain types of film and "the adverts we can remember" with a person they visited. Some of the life stories we saw did not have much detail in and the registered manager said they would remind staff who completed these to include more detail in future.

People told us they were involved in planning their care and support and making decisions about this. They said care workers would do what they asked of them. One person said care workers, "Will do anything I ask them within reason." Another person said, "They (care workers) definitely do what I want, they are used to me and know what I want."

Care workers told us how people expressed their views on the care and support they received and they acted upon these. One care worker said they would leave a message for another care worker if someone had expressed a preference for when or how something took place, for example they would like to have a shower on a different day. The regional manager showed us some communication aids they were introducing to accompany some people's care plans to help them communicate their choices and preferences. The care manager said people would contact one of the office staff if they wanted to make any changes to their planned care and support. For example if they wanted to change the time of a call due to an appointment or other commitment. The care manager said this worked well because people "work with us, which helps".

The registered manager told us no one who was currently using the service had the support of an advocate, but they had information about local advocacy services if anyone needed details on how to contact these. Advocates are trained professionals who support, enable and empower people to speak up about issues that affect them.

People who used the service said they felt staff treated them and their home with respect. One person told us care workers were "kind people who respect me". Another person said how they appreciated the respectful way care workers spoke with them and gave an example that they ask if they may use their first name and "don't presume". A third person said, "They are tidy, polite and courteous."

Care workers described the practices they followed to enable people to have privacy and their dignity respected when they supported them. One care worker told us this started from the moment they arrived until the moment they left. They told us this included the way they introduced themselves, always asking people's permission as well as following dignified practices when providing any personal care.

Another care worker described how they would adapt how they conducted themselves during a visit depending on the person's preference. They explained there were times when some people would like them to carry out their duties quietly without much conversation but other would like this done in a more jovial way. The care manager told us about an occasion when one person had contacted them when something was not done to their liking and they had addressed this.

The registered manager said how people wanted things to be done was included in their care plans, and how people's privacy and dignity should be maintained was discussed in staff meetings. They also spoke of maintaining people's confidentiality and carrying out spot checks to ensure care workers were showing respect and dignity during visits.

Requires Improvement

Is the service responsive?

Our findings

There was a system in place where people had their needs assessed and a care plan prepared to describe how their needs should be met. However there were some people who had care plans that did not contain information about the care and support they were provided with. For example one person used a mobility aid, but this was not included in the description about how to support the person with their mobility. There was no reference in the care plan for another person that they had undergone a surgical procedure and how this should be attended to. We also identified that some people required staff to apply creams and ointments, but there were some care plans that did not include a record that this needed to be done.

We also found that people could not be assured that their care plan would be reviewed if there was a significant event that could indicate the person may need additional support. For example it was part of the provider's methodology to review someone's care if they had a fall to see if any changes were needed to the way they were supported. The care records for one person we reviewed showed this had not been done when this person had fallen. Additionally audits undertaken of the daily notes completed showed that there were occasions when these records were not fully or correctly completed by care workers at the end of their visit.

People confirmed that their needs had been assessed and they had been provided with a plan of the care and support that would be provided to them. One person told us, "Usually one of the seniors comes out to assess me." People told us they had discussed the care they wanted and this had been used to make a care plan for them which was kept under review. One person told us they were "happy with the care plan" and that this had been reviewed. Another person told us someone was coming to review their care plan the following week.

People received their care and support in the way they wanted which met their needs. People told us they had their needs met in the time that had been allocated for their care. One person said, "I don't think there is anything they could do better." Another person said care workers, "Do everything I want, there is nothing more I could ask them to do for me." A relative told us, "They provide the support [relation] needs in the time they are here."

Care workers told us they felt they provided people with the care and support they required. A care worker said that they, "Do the best we can in the time we have got." Another care worker told us they usually had the time to meet people's needs, but if the time was not sufficient they would inform the office staff, which had led to the time allowed for calls being extended. The registered manager told us they reported any shortfall of time to the local authority so the time allowed could be reassessed. Care workers also said that if a call was taking longer than expected for some reason they would notify the office staff that they needed more time so they could notify the next person they may be slightly late. The provider described on their PIR how they could alter and adapt the service according to people's requests.

People were given opportunities to raise any concerns and they were told how they could make a complaint. The provider described on their PIR how they took action if anyone raised any concerns about

their service. People said they had been told to contact office based staff if they had any concerns. One person told us, "They know I will (complain if I need to) I just ring the office up."

Care workers were aware that people were informed of how to make a complaint when they started to use the service and that people knew how to contact office staff if needed. They told us they were not aware of any formal complaints being made, but they would deal with "any little grumble" someone had, such as the rubbish had not been put out during a previous visit.

The registered manager showed us the record they kept of any formal complaints that were made. We saw that one formal complaint had been made which was following the provider's complaints procedure, which had not yet been concluded. The registered manager said in addition to keeping a record of any formal complaints they also kept a record of any issues that people mentioned during the quality assurance visits and telephone calls they carried out.

Good

Is the service well-led?

Our findings

People felt the service was well run and that staff were effective at communicating with them. People told us they could contact office staff to change or cancel an appointment and when they did so this was sorted for them. A person told us, "If I phone them up I find they are helpful to me."

Care workers told us they attended staff meetings and felt able to raise any issues they wanted to discuss. The registered manager told us how they kept staff up to date and informed with what was happening in the service, including sending out memos and newsletters. In addition staff were given prompt cards about key issues such as safeguarding. Any compliments that were received about staff were passed on to them, and people who used the service and relatives could nominate a care worker for a 'care worker of the month' scheme and there had also just been an annual award. One person told us, "My morning carer has just been chosen as carer for the year, I nominated them."

Staff had the practical support they needed to enable them to carry out their work. Staff told us they were given a rota so they knew what was expected of them each week. Care workers said that these mostly included enough travelling time between calls so they could arrive on time. The care manager said they were still making some adjustments to the rotas to ensure they allowed sufficient time to travel between calls. Staff also told us resources they needed were always available, such as personal protective equipment (PPE) and forms, charts and other paperwork. Staff were aware of their duty to pass on any concerns externally should they identify any issues that were not being dealt with in an open and transparent manner, this is known as whistleblowing and all registered services are required to have a whistleblowing policy.

People were confident in the way the service was managed and several of them referred to having been visited by one of the supervisors or managers. Staff described the registered manger as providing good leadership. They told us the registered manager was approachable and fair but would 'deal with anything that needed to be dealt with". One care worker said the registered manager "makes me feel good, not nervous".

The provider complied with the condition of their registration to have a registered manager in post to manage the service. We found the registered manager was clear about their responsibilities, including when they should notify us of certain events that may occur within the service. Our records showed we had been notified of events in the service the provider was required to notify us about.

There were other systems in place to identify where improvements could be made to the service. People told us they had opportunities to comment about the service and support they received. They told us they were visited or telephoned by one of the office staff who asked them for their views. One person told us, "I had one of their gaffers came round the other week to ask me about them. I said they were excellent."

The provider described on their PIR how they audited the service and prepared an action plan to address any improvements identified. We saw there were information systems used to provide weekly reports on the service to the regional manager. This showed that areas such as staff training and supervision were up to

date and annual care reviews were taking place. There was also a monthly return which included monitoring of any incidents and concerns, such as any safeguarding incidents and complaints, as well as showing any compliments that had been received. We saw some of the compliments people had made praising the care they or their relations had received. The provider informed us on their PIR they audited people's daily records when these are returned to the office and we saw these audits were completed.