Foray 577 Limited

Community Care Line Services

Inspection report

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Ratings

Overall rating for this service	Requires Improvement
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?	Requires Improvement

Overall summary

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

This inspection was announced which meant the provider and staff knew we were visiting.

Our previous inspection was conducted on 11 February 2014 where we identified one breach of legal requirements in relation to care and welfare because people's care was not being reviewed and records were not always updated.

Summary of findings

At the time of our inspection Community Care Line Services delivered care and support to 200 people in their own homes.

There was a registered manager for the service. 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.

People told us the staff were respectful and provided dignified discreet care. People who used the service said they had confidence that the staff had the skills necessary to meet their needs and were caring and compassionate. Staff received specific training to meet the needs of people using the service.

We saw and were told by people who used the service that the staff had developed good relationships; they were kind and respectful and communicated with people in a way they understood.

The staff had received training on how to recognise signs of abuse and possible harm, and they knew what to do if they had any concerns.

People using the service were encouraged to retain their independence and decided how to spend their time. People agreed to the level of support they wanted and how they wanted to be assisted. Where people's needs changed, the provider responded and reviewed the care provided to ensure people were safe. People were involved with the development of their support plan and could tell the staff how they wanted their care delivered.

People told us that staff were kind and courteous and delivered their care in the way they wanted. Where personal needs changed, we saw support plans were reviewed and staff were alerted to any changes.

The staffing was managed flexibly to ensure people received their agreed care. Where people had healthcare appointments or personal commitments people could request the support was changed.

We looked at how medication was administered, recorded and managed. We found suitable systems were in place, but improvements needed to be made with the recording of information.

The provider was responsive to individual circumstances and support required and there were enough staff to provide the agreed care. Where additional support was identified this was only agreed when the provider could deliver the additional staff support.

People using the service were consulted about the management of the service which meant they could influence the service delivery.

We found that systems were in place in the office to monitor the time people received their support visit and how long staff provided this support. Rotas allowed for travelling time between calls. However the care records did not always offer information regarding the day, time or duration of the call. This meant care records were not up to date.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Staff knew about risk management and some information about risks was in place. People were not put at unnecessary risk but risk assessments were not tailored to the individual.

Staff handled medicines safely, but better records in relation to medicine administration and management were needed.

Recruitment records demonstrated there were systems in place to ensure the staff were suitable to work with vulnerable people.

The provider and staff understood but had not followed their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

The staff knew how to recognise signs of possible abuse and harm and knew how to act to keep people safe and prevent further harm from occurring.

Is the service effective?

Good

The service was effective

People received care and support from staff who had received an induction into the service and regular training to be able to carry out their role to support people effectively.

Formal supervision processes were in place for staff to receive feedback on their performance and identify further training needs. Staff received on-going support from senior staff to ensure they carried out their role effectively.

People were supported when needed to eat and drink enough to keep well.

Arrangements were in place to request health, social and medical support when needed, to ensure people's needs were met.

Is the service caring?

Good

The service was caring

People told us they were happy with the care they received and we saw that care was provided with kindness and compassion. People could make choices about how they wanted to be supported and staff listened to and respected peoples choices.

People were treated with respect and the staff understood how to provide support in a dignified manner.

The staff knew the care and support needs of people well and took an interest in people to provide individual personal care.

Summary of findings

Is the service responsive?

Good 

The service was responsive to people's needs

The care and support provided was reviewed with the person and where people's needs and wishes changed, the provider responded to ensure individual needs were still met.

People could raise concerns and they felt confident that these would be addressed promptly.

Emotional support was offered to people who used the service and their families. The staff responded to people's changing needs.

Is the service well-led?

Requires Improvement 

The service was not consistently well-led

Effective quality assurance systems were not always in place which meant the provider may not be aware of the need for improvement.

Staff were motivated to provide positive support to people who used the service and were supported by senior staff and team members.

Community Care Line Services

Detailed findings

Background to this inspection

The visit was undertaken by an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our visit, we checked the information we held about the service and the provider. We asked the provider to complete a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements that they plan to make. The provider did not return this to us. We asked the registered manager to send the completed document to us by 21 August 2014.

We spoke with 15 people who used the service and visited one person in their own home. We also spoke with two healthcare professionals, the registered manager and four members of staff. We looked at five people's care records and spoke with them about their care. We also spoke with the staff about how they provided support. We read the local authority's quality and monitoring report who visited the service in June 2014.

We looked at two staff files and records relating to the management of the service, including quality audits.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment,restraint, and practice under the Mental Capacity Act 2005(MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014.They can be directly compared with any other service we have rated since then, including in relation to consent,restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Requires Improvement

Is the service safe?

Our findings

People who used the service told us they felt safe. One person said, “They make me feel safe, they are very friendly.” Another person told us, “I trust the carers with my life.”

People we spoke with were happy with the service they received. One person said, “They know what to do, I fall quite a bit so them knowing what’s needed and coming to see me keeps me safe.”

People told us they were visited in their home and given information about how the provider could offer a service. One person said, “They checked to make sure everything in my house is safe and explained what they could offer to help me.”

The staff were aware of the need to keep information confidential. Staff told us they knew about keeping key codes and addresses secure. This meant people’s personal information was protected.

Where people had specific needs, for example behaviours that challenged others or moving and handling requirements, there were no detailed records about how support needed to be provided. The staff we spoke with told us they felt confident they had the skills to provide effective support but were aware that informative records were not always in place. This meant the staff may not meet each person’s needs in a safe and consistent way.

We looked at the provider’s medication policy and found that it did not support the staff in ensuring safe practice was maintained. Staff had not recorded the level of support needed when assisting people with their medication, for example was the medication verbally prompted or administered. The care records needed to offer clarity to ensure a consistent approach was taken. Not offering this information meant the staff may not be clear of their responsibilities.

We reviewed three medication administration records (MAR) and these were not fully completed. Gaps were apparent and staff signatures were missing. We visited one person at home who required support with their medication. MAR were not available in the home which meant accurate records were not available.

Staff involved in drawing up people’s care plans had received training on the Mental Capacity Act 2005. Mental capacity assessments had not been completed and where people lacked capacity there was no record to demonstrate people had consented to the care and support delivered. Where needed there was not any evidence of decision making for people who lacked capacity to consent.

The Mental Capacity Act 2005 set out requirements to make sure people’s rights are protected. The provider did have procedures in place where people did not have the capacity to consent but they had not been implemented. The provider's consent and mental capacity policy provided guidance to staff about the steps to take where a person may lack capacity to consent, so that a decision was made in the person’s best interests. The policy included a mental capacity assessment tool and best interest decision making framework that were in line with the Mental Capacity Act 2005 Code of Practice.

We looked at four care records which contained an assessment of care for each person and an individual support plan of how the provider would meet each individual’s identified needs. The records did not always offer information regarding the day, time or duration of the call. This meant care records were not up to date.

Each of the records we looked at contained telephone numbers of people to be contacted, procedures and information about what to do in an emergency. We saw an action plan of what staff were required to do, and how they would gain support from a senior staff member in an emergency. This meant there were arrangements in place to deal with foreseeable emergencies.

People had a copy of the care agreement and their care records. We saw these records included information about people’s general health and any identified health concerns. We saw risk assessments had been carried out on potential environmental risks to people who used the service. However, individual risk assessments had not been completed for the use of equipment or for managing specific situations. We saw evidence to confirm that risk assessments were required for a bathing, using equipment, behaviours that challenge and specific medical conditions. Not providing these meant people and staff may be placed at risk of harm or unsafe care, treatment or support.

We saw that the necessary recruitment and selection processes were in place. We looked at the file for the newest member of staff to be employed and found that appropriate checks were undertaken before they had

Requires Improvement

Is the service safe?

begun work. The staff file included evidence that pre-employment checks had been made including written references, satisfactory Disclosure and Barring Service clearance (DBS), health screening and evidence of their identity had been obtained. This process reduced the risk of unsuitable staff working with vulnerable people.

We looked at infection control management and people who used the service told us they were happy with the way this was managed. One person said, “They always wear gloves.” Another person said, “They are very careful and always wash their hands.” We spoke with two staff about infection control. They told us they received personal protective equipment such as gloves and aprons and were offered training to keep them up to date. We asked staff how they would manage a person who had a specific infectious condition. The staff were able to offer the appropriate responses to demonstrate they knew and understood how to manage infection control.

People we spoke with confirmed they received regular staff and the majority of people received a weekly rota to inform them of who was coming. One person said, “I like to know who is coming, it makes such a difference, but they all know how to help me. I do think they understand me.” The provider had taken steps to ensure equipment was available to meet the needs of people who used the service. Care records showed the provider worked with the local authority and or the person and their family to ensure suitable equipment was in place so that care could be provided safely. Examples included a rotunda to support a person with transfers; and a glide sheet to enable safe movement on the bed.

We saw healthcare professionals had been involved in assessing people's care needs and risks, and developing the care plan where the person’s needs were complex. For example, an occupational therapist had been involved in the moving and handling assessment of a person with complex needs to ensure the correct hoist was put in place. Carers we spoke with said they had the equipment they needed to provide care safely. Arrangements had been made to ensure equipment was used correctly. It was the provider’s policy that staff received training before using a new piece of equipment in the person’s home. Carers we spoke with confirmed they had received training but there were not always written instruction for staff on the use of equipment. In most instances the staff had been trained by the occupational therapist but there was no information available to refer to in the home or in the care records we saw.

Good

Is the service effective?

Our findings

People told us the staff understood their health care needs and if they were unsure about anything they would contact the office, a family member or the GP. One person said, "I can talk to the staff about my health needs. I know they will follow it through."

People we spoke with told us they had a copy of the care agreement and their care records. We saw these records included information about people's general health, including assessment for moving and handling and any identified health concerns. We saw where a health concern was identified the provider had liaised with health care professionals to ensure people's needs were met. The staff we spoke with told us they felt confident they had the information and skills to provide effective support and knew who to contact should any concerns arise.

The staff had received training to provide the specialist care that people required. Examples of subjects covered during this training included; care planning, moving and handling and dementia care. Training records and staff we spoke with demonstrated that where people's care needs changed staff were effectively supported with additional health care related qualifications. One example of this was for people who had developed dementia care needs and a number of staff had completed dementia care training. The registered manager told us that the service changed in response to people's care and support needs rather than the person having to move to an alternative care provider.

There was evidence that new staff had been provided with induction training so they knew what was expected of them. Staff received a handbook during their induction which offered clear information on what was expected and the visions and values of the service. This meant the staff knew what was expected from them.

We spoke with four members of staff who told us they received formal supervision and appraisals of their work. Supervision is a tool used between an employer and an employee to capture working practices. It is an opportunity to discuss on-going training and development. One member of staff told us, "We get support all the time, not just in supervision." This meant that staff's performance and development needs were assessed and monitored. The staff told us that the registered manager and co-ordinators were very approachable and they felt well supported in their roles. One staff member said, "They always answer the on call out of office hours and get back to us when we need support."

People we spoke with confirmed they received support with their meals if this was recorded in their plan of care. One person said, "I tell them what I want to eat and drink and they do it." Another person said, "They always offer me a choice, they let me know what I have in and we go from there." One person we spoke with confirmed that the staff recorded their food and fluid intake to ensure they received suitable food and drinks. They said, "When I have an off day, they understand and contact my daughter or the doctor."

We spoke with staff who were able to describe what they would do if they had any concerns in relation to people's weight or fluid consumption. They were aware of other professionals such as speech and language therapists (SALT) who were requested via the GP if needed. One member of staff said, "We have good working relationships with the district nurses, occupational therapists and doctors. We can call on them at any time for support and advice."

Good

Is the service caring?

Our findings

Staff were supportive, kind and caring towards people who used the service. One person said, “They are very friendly.” Another person said, “We have a chat and a laugh.” People who used the service considered they received the care and support they needed in a caring way and were happy with the care delivered. People told us they were supported to remain as independent as possible, one person told us, “It is important to me that I am encouraged to do things for myself.”

We observed some of the staff in one person’s home. We saw they were spoken with in a discreet and sensitive manner and staff were aware of the need to support them to make decisions for themselves when they were able to do so. We saw choices were offered and people were asked to confirm their satisfaction. This meant the staff ensured people were happy and safe before leaving. We saw there was genuine affection and people were relaxed in the staff’s company. One person told us, “I can have banter with the staff. They are kind and caring.”

The staff we spoke with told us they were aware of the importance of treating people with respect and dignity, regardless of their diverse backgrounds. One member of staff told us, “Everybody is different, so we make sure we talk with people so we know what it is they want.” One person who used the service told us, “I’ve written down what is important to me and all the staff know this.” Another person we spoke with told us, “I told them my Christian name, and how I wanted to be known by another name, and they use this.” This meant staff respected and met people’s individual care preferences.

People’s privacy and dignity was maintained whilst receiving care and support. People we spoke with told us that staff always knocked on their door before entering their home and made sure they announced themselves. They told us the staff understood how to reduce any embarrassment whilst received personal care. One person told us, “All the staff respect my privacy and dignity. They always close the bathroom door.” Another person told us, “They leave me to do what I can and then help me when I need the help.”

We spoke with the registered manager about end of life care and asked how they would support the person at home. The manager said they worked closely with families and other professionals at these times. “We want to do whatever we can to make sure the person receives the care they need. The staff have training and we discuss each situation as it occurs.” The staff also informed us that they could have a debrief if needed to support them with managing difficult and distressing circumstances. One member of staff said, “I’m really glad I had the training, it helped me to focus on the person, not the emotions.” This meant staff were able to deliver care in a way that met the individual’s needs.

People we spoke with told us the provider had discussed how they could support them and they had expressed how this support was to be provided. One person told us, “They asked me what I wanted and how I wanted it done.” This meant people were able to decide how they wanted to be supported. People we spoke with told us they had been involved in agreeing to their care, treatment or support. The records we viewed had a designated section for signatures by the provider and for the person who used the service. We found these were signed by people when they had the capacity to do so.

Good

Is the service responsive?

Our findings

People who used the service told us that they received the care they needed at the times they had agreed. One person said, “They never forget, they are here at the times they should be.” No one we spoke with told us that their calls had been missed. We found that systems were in place to monitor the time people received their support visit and how long staff provided this support. This meant people received the care they needed at the time they needed it.

People told us they felt included in any decisions about their care and that any changes were explained in an easy to understand way. One person told us, “If something’s not right or needs changing, I only have to mention it and it’s done.” Another person told us, “The staff know how I want things done and always do that extra bit.” We saw the care records were reviewed and updated when care changed.

People told us the service was flexible and accommodating. One person said, “It’s a reliable service.” We saw that when people needed their call time changing the service would reschedule so that people could attend appointments. The registered manager told us that the care provided was discussed at the assessment to ensure people understood and made a positive choice to use their service. People we spoke with told us this information meant they could make an informed choice about whether to use the service.

People using the service confirmed the staff had consulted with them and were aware of their preferences and were responsive to their daily routines. One person told us, “They came to talk to me to see what I wanted.” The staff told us about the importance of incorporating people’s personal preferences and lifestyle choices into each day. One staff member said, “It is their home, you need to know their ways.” The provider had a service user guide which included information about how care was provided, how to raise any concerns, what people rights were, and how confidentiality was maintained. One person told us, “I know I have a book with all the important information in it.”

Staff were able to explain to us about how people were involved in the decision making process. One staff member said, “We always try our best to find out everything we can. I think what it would be like if my mum was having the service.”

The provider had an 'on call' system in place to ensure that people who used the service or staff could gain help and support at any time. People using the service and the staff confirmed this was answered promptly. One staff member said, “You are never alone, there is always someone available to help. “The manager and office staff we spoke with demonstrated they had a good understanding of the care provided which showed they had regular contact with the staff delivering care and the people who used the service.

We saw systems were in place when people moved from service to service. We heard the office staff liaising with family to update them on hospital admissions or doctors’ appointments. One member of staff spoke with the hospital to ensure that the person was being suitably discharged and they agreed a suitable time to reinstate services. Staff received text messages when circumstances changed so that they remained up to date. One staff member said, “We are always informed, we know we have to check our systems and phones to ensure we don’t miss anything.”

People were made aware of the complaints system. We saw the provider’s complaints procedure offered the necessary information. We saw evidence to show complaints had been investigated and resolved. People we spoke with told us they had no complaints but said they knew who to contact if they did. They told us they had received an information pack which included the complaint procedure. They said they felt confident that any issues raised would be listened to and dealt with properly. One person said: “I have no concerns but I know who to speak to and feel sure they’d be sorted.”

Staff told us they would try to rectify any concerns raised with people straight away and would signpost people to the complaints procedure if they were unable to resolve the matter at the time. One person told us, “I have never had to complain but would be able to talk to the girls.” Another person told us they thought the agency had learnt from dealing with a complaint they made, they said, “Yes I do I feel I am very fortunate and would not want to change from Careline.” Staff said that it was important to them that people remained satisfied and happy with the service they received. One staff member said, “We know we can’t get it right all the time but we try really hard to make sure people receive the service they want.”

Requires Improvement

Is the service well-led?

Our findings

As part of our inspection process, we asked the provider to complete a provider information return (PIR). This document supports the inspection process and should demonstrate compliance and positive outcomes to people who used the service. We did not receive this and during our visit the registered manager confirmed they had received this but had not completed it as required. The PIR is an important element of our new inspection process.

People we spoke with said the agency had delivered the service they had agreed upon. One person said, “It seems to be run well.” Another person said, “I've not had any complaints, they are worth their weight in gold.”

People who used the service were asked for their views about their care and treatment and they were acted on. The provider had completed a customer survey which showed people found their carers to be polite and that they were treated respectfully. People indicated that all the tasks on the care plan were completed at each visit. The provider had put an action plan in place, dated 1 October 2013, to address areas for improvement identified by the local authority’s quality monitoring team. This included communication with people who used the service when there is a change in carer or the carer was running late. The provider had introduced a rota and this was e-mailed to the majority of people who used the service or their family. This meant people were aware of who would be providing their care.

There were some systems in place to manage and monitor the care provided to ensure people received the agreed level of support. People were asked at their review about the delivery of care and the staff’s attitude. MAR charts and daily logs were not audited and improvements in these areas were needed. We saw risk assessments needed to focus on the individual and care records were not as informative as they needed to be. The provider expected daily records to be returned to the office in a timely manner. This did not always occur. There was no auditing of these documents or the MAR charts which meant the provider could not be confident the staff were recording what was needed.

There was evidence that learning from incidents and investigations took place and appropriate changes were implemented. The provider maintained an incident and accident log. From these documents we saw staff were reporting incidents and accidents, which the provider investigated and acted on to remedy the situation and prevent reoccurrence. The registered manager told us there were regular management meetings where complaints, incidents and accidents were discussed and reviewed. Any lessons learnt were fed back to staff through supervision and staff meetings. We saw evidence of this in the staff meeting minutes we looked at. We spoke with a social care professional who had recently completed a quality review in relation to the support provided. They told us they were satisfied with the quality of care and there were no concerns identified as part of the review. They told us the provider worked with them and communicated well. They said, “The agency work in partnership with us and try to improve where they can.”

We saw that changes were being made to the how care was delivered in accordance with best practice and national guidance. Care records were going to be changed to become more user friendly. This showed the provider was committed to implementing improvements that were based on best practice.

Notifications detailing significant events were sent to us as required and we were also made aware of any safeguarding incidents that had taken place. The management team also contacted us when they needed advice or support. This showed the provider understood their responsibilities to inform us of significant events that occurred at the service.

We talked with staff about how they would raise concerns about risks to people and poor practice in the service. Staff told us they were aware of the whistleblowing procedure and they would not hesitate to report any concerns they had about care practices. They told us they had also received training to recognise harm or abuse and felt they would be supported by the management team in raising any safeguarding concerns. One member of staff told us, “We get regular training which keeps us up to date.”