Community Voice Limited

Community Voice Ltd Oldham

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

Community Voice Ltd Oldham provides personal care and support to people living in their own homes. This inspection took place on 17 and 20 October 2016 with telephone calls to people using the service being conducted on 21 October 2016. We gave the provider 48 hours' notice of our visit on 17 October to make sure they or the registered manager was available to assist us with the inspection process and to provide us with access to records. This was the first inspection of Community Voice Ltd Oldham at this location.

At the time of our inspection there was a registered manager in post. 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.

At the time of our inspection there were 61 people who used the services of the agency and people we spoke with expressed satisfaction with the care and support they were receiving from Community Voice Ltd Oldham. People told us that staff were kind and considerate and respected their privacy and promoted their independence, for example, one person told us, "I do as much as I can for myself, I like to keep independent and the girls [care workers] understand that."

All the people we spoke with felt the care and support they received was positive and met their assessed needs. People said they felt safe or 'very safe' with the care staff when in their homes and they also felt they could trust the staff.

People using the service told us that the care workers always informed them of what they were doing and care plans seen contained information to support staff in making sure people's privacy and dignity was maintained.

Care plans seen were person centred and indicated the persons involvement in the planning of their care. Records indicated that people, and where appropriate, their relatives or named advocate had been involved in the care planning and review process.

People were protected from harm and abuse due to the arrangements in place to make sure risks to people that used the service was reduced. Risk assessments had been completed and put in place to help people and staff to reduce and manage any known risks.

Staff had been employed using a robust system of recruitment and selection and enough staff were employed to provide the support people required. Where people required assistance to take their medicines, arrangements were in place to provide this support safely and training was provided to staff that enabled them to support and meet the needs of the people who used the service.

All new care staff completed an induction to the service that lasted for two weeks, followed by on-going

support from experienced staff. Time was also spent in the community shadowing experienced staff. This helped new staff to provide people with a consistent service.

There were sufficient numbers of care staff who received training and support to meet the needs of the people who used the service.

Care staff we spoke with were able to give us plenty of background details of the needs of individual people they supported in the community.

A complaints procedure was in place and records seen indicated that people's concerns and complaints were listened to, acted upon and the outcome used as a learning tool to improve the service.

Regular telephone calls were made by members of the senior team to people who used the service to make sure they were happy with the service they were receiving. People told us they appreciated such calls and felt they were being included in the discussions about their individual care.

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 told us they felt safe or 'very safe' with the care staff when in their homes and felt they could trust the staff.

Care staff had a good understanding of how to keep vulnerable people safe.

Staff recruitment was done following robust procedures.

Medicines were managed safely.

Is the service effective?

Good

The service was effective.

People who used the service spoke highly of the standard of care and support they received and described the staff as well trained.

All new care staff completed an induction to the service that lasted for two weeks, followed by on-going support from experienced staff.

Care staff demonstrated a good, basic understanding of the principles of the Mental Capacity Act 2005.

Is the service caring?

Good

The service was caring.

People we spoke with who used the service said they received good care and support that met their needs.

Good working relationships had been developed with other healthcare professionals such as doctors, district nurses and visiting physiotherapist.

People who used the service told us that the care workers always informed them of what they were doing and gained their consent first.

Is the service responsive?

Good

The service was responsive.

Care plans had been reviewed on a regular basis and any changes needed had been clearly documented and updated.

Spot checks had been carried out whilst staff were delivering care at the person's home to make sure staff were responding to people's need in accordance with their individual care plan.

Is the service well-led?

Good

The service was well-led.

The service had a registered manager who was supported by a senior team of staff, for example, care coordinators.

People who used the service knew who the registered manager was and how to contact them.

Appropriate systems were in place to monitor the quality of service delivery.

Community Voice Ltd Oldham

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 17 and 20 October 2016 with telephone calls to people using the service being conducted on 21 October 2016. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that the registered manager or other responsible person would be available to assist with the inspection process. We also needed to be sure our visit did not impact on the day-to-day running of the service. The inspection was carried out by one adult social care inspector.

Community Voice Ltd Oldham provides support and personal care to people living in their own homes within the Oldham area. The registered office of the service is located at Albert Street, Oldham. At the time of our inspection the service was providing support to 63 people.

Before the inspection we reviewed all the information we held about the service. On this occasion we did not ask 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 they plan to make.

We sought feedback about the service from one local authority that used the services of Community Voice Ltd Oldham and Oldham Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the view of the public about health and social care services in England. Feedback from both agencies informed us that no concerns about this service had been received.

During our visit we spoke with the registered manager, area manager, two care coordinators, one

administrator and three care support workers. We examined care records for six people who used the service, medicine administration records, six staff personnel files, training certificates and records relating to the management of the service such as methods to monitor the quality of service delivery. On 21 October we spoke with five people who used the service in order to obtain their views and opinions about the service they received.

Throughout this report the care support workers are referred to as 'care staff'.

Good

Is the service safe?

Our findings

All the people we spoke with felt the care and support they received was positive and met their assessed needs. People told us they felt safe or 'very safe' with the care staff when in their homes and felt they could trust the staff.

Training records seen and speaking with care staff confirmed that safeguarding training was provided and updated annually. Guidance was also provided in the service's policies and procedures. All staff spoken with understood their roles and responsibilities in ensuring people using the service remained as safe as possible. People told us that they felt safe when their care staff visited them.

Records seen indicated that care staff had promptly reported any concerns they may have had about people's safety, such as self-neglect or potential abuse situations. These matters had resulted in the service making safeguarding referrals to the appropriate agencies, including the Care Quality Commission (CQC) to ensure that the concerns raised could be investigated and actions taken to protect and safeguard people.

A safeguarding policy was in place and the registered manager explained that this policy directed staff to be aware of and the use of the local authority's safeguarding policy from April 2016, a copy of which was available at the agency. The registered manager had received an email on 14/09/2016 from the Quality Assurance Safeguarding Adult Board Manager in Oldham, informing that visits would be taking place to all sites that the local authority have commissioning arrangements with. These visits would be to discuss any trends, patterns and provide the opportunity to hear any concerns the service may have.

An up to date whistleblowing policy was in place and provided staff with clear guidance on who they could contact if they wished to raise any concerns. Staff spoken with felt any concerns or worries they raised would be listened to and acted on by the registered manager or senior staff.

We looked at the recruitment and selection process for the service and examined six staff personnel files. In each file all the relevant and required documentation was in place including, a completed application form, two written references, proof of identification and address and a completed Disclosure and Barring Service (DBS) check. DBS checks inform an employer whether an applicant has a police record or is barred from working with vulnerable people. Each applicant was also required to attend a face to face interview and complete a health declaration.

Staff rotas were in place and we reviewed the previous four weeks; these indicated that enough staff had been available to meet people's needs and time was allowed for staff to travel between their calls. People received support from a consistent team of staff and people we spoke with told us they always knew who would be coming if their usual carer was unavailable as "[name] from the office rings me to let me know." The service used a call monitoring system which enabled the monitoring of staffs time of arriving and leaving a call. This meant that an alert would be raised to the office (or person on call) if for some reason a call had been missed. This reduced the risk of a person using the service being left without the required support.

Care plans seen included appropriate risk assessments; these included moving and handling assessments, medicine assessments and environmental risk assessments. Care staff had access to a range of protective clothing including vinyl gloves and aprons to help reduce the risk and spread of any potential infections.

Some people who used the service required support with taking their medicines and people we spoke with told us that they were satisfied with the support provided to manage their medicines. We looked at the agency's policies and procedures relating to medicines administration and found links to the National Institute for Health and Clinical Excellence (NICE) guidance on managing medicines for people receiving social care in the community.

Records seen indicated that care staff had received appropriate training with regard to medicine administration. We saw evidence to demonstrate that care coordinators carried out spot checks whilst care staff were delivering a service to people in the community. These spot checks included observing care staffs competency whilst prompting or administering medicines to the person.

Medication Administration Records (MAR's) were returned to the office each month, re-checked and archived in the person's file held in the office. MAR's seen detailed all medicines prescribed to the person and risk assessments linked to the individual's care plan clearly describing how and when medicines should be prompted or administered. MAR's also clearly detailed any topical medicines such as creams to be applied and the record indicated that this process had been carried out appropriately by care staff.

We saw evidence of medication administration competency assessments that had been carried out with care staff on 31/08/2016, 16/07/2016, 19/08/2016, 08/06/2016 and 06/10/2016.

Accidents and incidents were appropriately recorded and we saw evidence that information was also recorded in a Health & Safety Concern Tracking Form. This form included details of the concern/issue, any action required, action taken including any follow up action required and the outcome.

Good

Is the service effective?

Our findings

People who used the service who we spoke with on the telephone spoke highly of the care staff that supported them. One person said, "All the staff are very, very good." Another person said, "The staff are kind, caring and respectful." Other comments included, "I think the staff are well trained, they certainly know what they are doing," "I have no complaints whatsoever; they [staff] know what I need and always turn up and on time."

We spoke with care staff and care coordinators who all confirmed they had access to regular training, were supported with regular supervision and able to attend team meetings on a regular basis. Comments about the senior team included, "[name] and [name] the coordinators are absolutely brilliant, so supportive," and "[name] is a very good manager and we have really good communication through the team in the office. [Name] and [name] the coordinators are fantastic and there is really good team work." Both coordinators said that the support received from the administrator for the service was great and that he was seen as "an essential part of the team."

The registered manager told us that all new care staff completed an induction to the service that lasted for two weeks, followed by on-going support from experienced staff. The induction process consisted of in-house learning and training, followed by time in the community shadowing experienced staff. Once completed, the initial induction period would be signed off by the registered manager before the person was able to start providing support to people using the service. If it was felt necessary, an induction period could be extended and additional support offered and probationary reports were completed at three and six months. New staff were enrolled on the new Care Certificate relating to Health and Social Care. There was other evidence displayed throughout the office of further training available for care staff to participate in. This included skin integrity training, feeding and swallowing and Culture for Care. Care staff also attended training in Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act (MCA). Staff were also provided with Safeguarding and MCA pocket guides to use as useful guide when working out in the community. Staff were also provided with a helpful services directory. Staff could refer to this whilst working with service users and when there was a need to access additional support and services – for example, luncheon clubs, shopping services, voluntary organisations and support and faith related support..

All staff had access to information about the Care Quality Commission (CQC) which was clearly displayed on a notice board within the office of the agency.

On four of the staff personnel files we looked at we could see records of supervision sessions taking place and each member of staff had signed a 'supervision agreement' which was signed by the supervisor and supervisee. This detailed the agreed aim of supervision. There was also evidence of an annual appraisal being carried out. This appraisal identified the performance of the individual member of staff over a 12 month period. Also identified were personal development needs, areas of good practice and areas where more support might be required. The registered manager also told us about a 'buddying' system. This supports younger staff members who may lack some of the skills a more experienced carer may have, for example, cooking skills and awareness of household tasks. The service also operated an employee

recognition scheme.This meant that people using the service could be confident that care staff were regularly updating their knowledge and skills in order to maintain a good and effective service.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 discussed the principles of the MCA with the registered manager to check whether the service was operating and working within those principles. We were told that the service was not depriving anyone of their liberty and that an assessment of a person's mental capacity was usually undertaken by the local authority before requesting a service from Community Voice Ltd Oldham.

In our discussion with the care staff and care coordinators a good basic understanding of the principles of this legislation was understood and staff were able to describe how people were supported to make their own decisions on a day-to-day basis and how consent would be gained from the person before any support or task was given. One person using the service said, "I know my own mind and can make my own choices and decisions. I am never forced into accepting something I don't want."

Where people required support and assistance to eat and drink sufficient amounts to provide them with a balanced diet we saw that appropriate care records were maintained, including food and fluid intake charts. We also saw that people were supported to maintain contact and gain access to other healthcare services, for example, district nurses, physiotherapist and attend and arrange hospital appointments. Such contact was done with the consent of the person and any treatment or guidance given was then recorded in care records.

Good

Is the service caring?

Our findings

People we spoke with who used the service said they received good care and support from the care staff that supported them. One person told us, "All my carers are very, very good. They are very polite – all of them." Another person said, "I'm very satisfied, but I would like the same carers to help me with my showers, when different ones come I sometimes feel rushed." All the questionnaires returned to The Care Quality Commission (CQC) from people said that the care staff delivering their service treated them with respect and dignity and were caring and kind.

One care staff we spoke with told us, "The care plans give us enough information so we can help meet people's needs in the best way. The care coordinators keep the plans [care] up to date and any changes are recorded." Another care staff told us, "We get regular spot checks whilst we are delivering a service to see that we are following the care plans and providing a good service. [Name] one of the coordinators came out and did a spot check with me a couple of months ago. They [spot checks] keep us on our toes."

People using the service told us that the care staff always informed them of what they were doing and care plans seen contained information to support staff in making sure people's privacy and dignity was maintained. One person told us, "They [care workers] always ask me if I'm happy with what they are doing and always ask first, like, can I make you a cup of tea or is it alright if I wash up for you."

Care staff told us that, wherever possible, they would support and encourage people to be as independent as possible without compromising the person's safety. One person using the service who we spoke with said, "I do as much as I can for myself, I like to keep independent and the girls [care workers] understand that."

In the office of the agency we saw quite a lot of recent emailed compliments and thank you cards that people using the service or their relatives had sent in. Some of the comments included, "All the community voice care support workers are a credit to the company", "Thank you and all the other carers that have helped [named] to remain in their home, you have done an excellent job in keeping them safe and well" and "Fantastic, brilliant and wonderful, I don't know what I would do without them [care workers].

The registered manager explained that good working relationships had been developed with other healthcare professionals such as doctors, district nurses and visiting physiotherapist. We saw daily records that indicated care staff had contacted other healthcare professionals when the person was in need of further health care support or were unwell. We saw emails and other communications from social workers and district nurses complementing the care staff and management for the support given to people in the community.

People using the service received a regular newsletter from the service informing of the latest 'happenings' within Community Voice Ltd Oldham and provided people with 'tips' to maintain good health, for example, tips to keep warm in colder months and tips to maintain hydration in warmer weather. People were also encouraged to look back and reminisce about times gone by. Photographs of local streets in Oldham from

past decades were printed in the newsletter, along with a request for people to send in their feedback about the service they were receiving. From a survey conducted in January 2016 the feedback had been recorded in the newsletter and included feedback about the agency's recruitment of staff and how new care staff would be introduced to people by a member of the person's existing care support team. It also included a section on 'Meeting your needs' which stated, 'We are visiting all of our clients to check that the care received is meeting your needs. Name and Name will be making contact to arrange a visit. At these visits we will be discussing your current care plan and if there is anything we need to be doing to change that. We work closely with other health care professionals such as social workers, District Nurses, GP's and occupational therapists all of who can help Community Voice to review and make changes to your care plan if required'. Feedback was also provided on how to raise a concern, staff training update, charity events, a just for fun section and how to contact the registered manager, The Care Quality Commission and Oldham Council.

Records indicated that people, and where appropriate, their relatives or named advocate had been involved in the care planning and review process. Planned reviews were undertaken where people's needs or preferences may have changed and such information was recorded in their records. This meant that people's views, opinions and comments were listened to, respected and where appropriate, acted upon.

If a person required support with end of life care the agency was able to provide this support. Care Staff had received palliative care training and a policy and procedure was in place to support staff. Examples were given and records seen of such support being provided to an individual at such a sensitive and potentially distressing time. Communications seen from family members following the death of person demonstrated how grateful they were that the care provided at the time was 'sensitive, caring and compassionate'.

The safety and wellbeing of staff working in the community was supported by a lone working policy and procedure. This procedure involved making sure staff had returned home safely at the end of their shift.

The registered manager also told us about the plans to provide people using the service with Christmas hampers and a planned visit to a pantomime during the holiday season.

Good

Is the service responsive?

Our findings

People using the service who we spoke with told us care workers turned up on time and completed all the required tasks before leaving. One person told us; "They [care workers] do the main tasks but are always willing to do little extra things if I ask them." Call times for each person's service had been set up and agreed before the service actually started. If people wanted their call times changing this would be accommodated wherever possible and subject to regular review. Other comments from people using the service included, "I love my morning carer [name] they are a ray of sunshine and make me laugh, I love the time we spend together" and "[Name] mentioned he loves receiving the visits from all staff but [carer] is never in a rush and is always willing to talk, and that makes his visits special."

Care plans had been reviewed on a regular basis and any changes to care plans had been clearly documented. Copies of care plans seen were person centred and indicated the persons involvement in the planning of their care.All the questionnaires received from people said that they were involved in making decisions about their care and support needs. They also said that the service would involve the people that were important to them to help make those decisions with the persons consent.

One healthcare professional had commented, "The care given and improvement in [name] in the last two week's (since Community Voice had taken over the care package) is remarkable, her eye care has improved and the standard of care has improved dramatically."

Since January 2016 the service had received three formal complaints. We reviewed these and found the registered manager had thoroughly investigated the complaints and provided a detailed written response to the complainant and had ensured the matter had been satisfactorily resolved for the complainant.

We asked how people using the service would know about the complaint procedure for the service. We were provided with a copy of the Service User Guide which is provided to every person when they start using the service. There was lots of relevant information in this document to support people using the service, for example, information about the staff team, contact number for out of hours support, details about the service(s) provided, care plan use and how to raise a concern or complaint. Details about raising a complaint were short and asked that people telephone or write to the office and speak to the care manager or care coordinator. However, there was no indication when a person could expect an acknowledgement or full response to their complaint(s). It is recommended that such details should be included in this information.

The registered manager told us that they and care coordinators regularly visited the people who used the service to check that they were happy with the care they received. We saw evidence on staff personnel files that spot checks had been carried out whilst staff were at the persons house delivering care. People using the service, who we spoke with, told us that these spot check visits helped them to feel confident that their needs were being taken seriously and it was also a good opportunity to get to know 'people from the office.'

We looked at six care files relating to people's initial assessment of needs, and their care and support plans.

Most requests for care support to Community Voice had been received from health and social care professionals. Although the initial referral would include a recent assessment of the person, the registered manager told us that the service always undertook their own assessment of the individual before agreeing to provide a package of care. This was to ensure that the service that could be provided would be appropriate to meet the persons assessed needs and to give the person confidence that their needs would be met by the agency.

During our time in the offices of the service we saw and heard staff responding to telephone calls from people using the service. It was evident from the interactions heard that staff treated people with kindness and respect.

Care staff we spoke with were able to give us plenty of background details of the needs of individual people they supported in the community. Their knowledge included knowing the individuals likes, dislikes, preferred times for their visits and information that had been shared with them about the persons personal background details and links to people that are important to them.

Should a care package transfer to another provider, Community Voice ensured that all relevant details would be transferred to the new provider to aid a smooth and consistent service to be maintained with as little disruption to the person as possible.

Good

Is the service well-led?

Our findings

There was 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 (CQC) to manage the service. Like registered providers they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Three of the five people who we spoke with on the telephone knew who the registered manager was and the other two were able to give the name of one of the coordinators that had visited them. They all said that they would feel comfortable if they had to speak with them about the service they received. Comments included "[Name] he's lovely, he always asks how I am and am I happy with things" and "They come from the office now and again while the girls are here, I think they check they are doing things right. It's always nice to see them."

Throughout our time carrying out the inspection the registered manager and all the office staff provided us with the information we requested in order to support the inspection process.

Systems were in place to monitor the effectiveness and quality of service being provided by Community Voice Ltd Oldham. Medication Administration Records (MAR's) and daily visit recording sheets were checked by care coordinators on a weekly basis as the records were returned to the office for archiving. We saw evidence that where issues were raised about the MAR's these were addressed with the individual staff members concerned and in a timely manner. Where an issue related to all staff, the registered manager or coordinators would send an email to inform all the staff on improvements needed. We saw evidence of such emails and then further monitoring of the staff to check that improvement had been made and maintained. If not, further discussion would be taken with the individual during supervision prior to any disciplinary action that may be taken. The daily visit recording sheets were subject to random monthly checks and shortfalls highlighted and discussed with the staff concerned.

We also saw evidence that random checks of positional change charts, bathing records (where part of a person's care plan) and food and fluid intake charts were taking place. Care plans were reviewed on a six monthly basis or sooner if needed and were also part of the 'spot check' process.

The registered manager provided us with copies of the audit check of staff probation, supervision and appraisal records. These indicated that staff were being well supported by the management team. Care staff spoken with confirmed that the support provided by the senior team was 'really good' and helped them to carry out their job roles efficiently. The last audit of people's care records/files was conducted on 21 September 2016 and recorded that 'excellent progress' had been made in keeping records and files up to date.

An up to date statement of purpose was available and policies seen were based on good practice guidance and current and up to date legislation. Registered persons have responsibility to notify the Care Quality Commission (CQC) without delay of certain events or incidents that may occur during the day-to-day

running of the service and people using that service. The registered manager had notified CQC of such events.

The registered manager and care coordinators carried out regular telephone calls to people who used the service to make sure they were happy with the service they were receiving and if there was anything within their care package they may want to change, subject to discussion with the relevant people involved. People who used the service, who we spoke with, told us that they appreciated such calls and felt they were being included in the discussions about their care.

Staff had the opportunity to complete and return a staff questionnaire and all staff were sent a copy. We saw that seven had been completed and returned in April 2016 and all indicated that staff were 'satisfied' or 'very satisfied' in their job roles and with the management support they were receiving. A 'Community Voice News Letter' was produced approximately every three months that was shared with people using the service and staff team. This newsletter provided staff and people using the service with the latest and up to date information above developments within the service and details of how to influence service delivery by completing and returning a quality questionnaire.

We sought feedback about the service from one local authority that used the services of Community Voice Ltd Oldham and Oldham Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the view of the public about health and social care services in England. Feedback from both agencies informed us that no concerns about this service had been received.

Regular staff and senior team meetings were taking place and staff confirmed that they were aware of the provider's whistleblowing procedure and would report concerns that could affect the safety and wellbeing of both people using the service and staff team.

Where the service worked alongside another agency providing a service to the same person, good communication was maintained within a communication log. This log would be used to detail relevant information by care staff from both agencies.