

Anne Gray Care Limited

Community Careline Services

Inspection report

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December 2015
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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 

Overall summary

This inspection took place at the agency's office on 18 November and 3 December 2015 and was announced. In between these times we spoke with people using the service and professionals working with the service. The provider was given short notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

Community Careline Services provides personal care to approximately 60 people who need assistance in their own homes. The provider, Anne Gray Care Limited has

appointed a registered manager. 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.

Summary of findings

People felt safe and supported by staff in their homes. Staff were reliable and did not miss visits; staff stayed their allotted time. Staff helped keep people safe because they knew their responsibility to report abuse in a timely manner.

People were supported by regular staff who understood their care needs. This made them feel safe and reassured. They knew who to expect on each visit and the staff group was stable so people received consistent care from staff who knew them well. Comments included “your cheery visits have lifted our spirits.”

People praised the caring attitude of staff. People told us the care staff were “very good...they would do anything for me”, “the girls are very good” and “they have always been very good to me.” Our conversations with staff confirmed they had a caring and compassionate manner.

The registered manager was committed to providing flexible care, which was responsive to people’s changing needs. There was good communication with health and social care professionals. Staff knew when to report

concerns and changes to people’s health and well-being, which was also a topic covered in team meetings. People were confident staff would support them to contact health professionals, if needed.

People, social care professionals and staff said the registered manager and office staff were “friendly”, “professional” and happy to help them. Staff told us they had the right skills to deliver safe and good quality care. This was because they were supported by an induction and training programme, which was supplemented by supervision and team meetings. For example, one staff member said they would never work for another care agency because they did not believe they could be better treated or supported.

A number of effective methods were used to assess the quality and safety of the service provided. The service was well-led by a registered manager who provided a strong positive role. This meant staff were well supported, social care professionals trusted the service and people using the service felt respected, listened to and well cared for.

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?

Recruitment was well managed to help ensure staff were suitable to work with people.

Staff demonstrated an understanding of what constituted abuse and knew how to report any concerns they might have.

People felt safe because staff were reliable and knew how to care for them.

Risk assessments were in place and up to date to help ensure people's wellbeing and safety were considered and addressed.

Staff kept people safe by their good practice in connection with administering medicines.

Good



Is the service effective?

The service was effective.

The registered manager ensured people experienced effective care that met their needs and wishes.

Social care professionals reported positive relationships with the registered manager and her team.

Staff were provided with effective training and support to ensure they had the necessary skills and knowledge to meet people's needs effectively.

Staff knew to report changes in people's health and well-being in a timely manner.

Good



Is the service caring?

The service was caring.

Managers and staff were committed to a strong person centred culture. Kindness and compassion were key principles of the service. These values were reflected in the day-to-day practice of the service.

People who used the service valued the relationships they had with care workers and were positive about the support provided.

Regular care workers meant people's care was provided in a consistent manner. People felt care workers always treated them with kindness and respect.

Staff were proud to work for the service and motivated.

Good



Is the service responsive?

The service was responsive.

Changes in people's needs were quickly recognised and appropriate action taken. This, where necessary, included working in partnership with external professionals. Care records provided clear information, which was up to date.

Good



Summary of findings

People said they knew how to make a complaint if they were unhappy about the support they received.

People felt the service was flexible and based on their personal wishes and preferences. People's requests for changes were made quickly.

Care plans were accurate and reflected the arrangements agreed by people with the agency.

Is the service well-led?

The service was well-led.

The registered manager of the service promoted strong values and a person centred culture.

Staff were proud to work for the service and were supported to provide high quality care through thorough support systems.

People using the service said the registered manager and staff were approachable and friendly.

There were effective systems to assure quality and identify any potential improvements to the service. This meant people benefited from a constantly improving service.

Good



Community Careline Services

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 18 November and 3 December 2015 and was announced. The provider was given short notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection team consisted of one inspector. Before the inspection, we reviewed the information we held about the service and notifications we had received. Notifications are forms completed by the organisation about certain events which affect people in their care.

We spoke with six people receiving a service, including visiting two people in their own home, one family member, five members of staff, and the registered manager. We reviewed four people's care files, three staff files, staff training records and a selection of policies and procedures and records relating to the management of the service. Following our visit we sought feedback from health and social care professionals to obtain their views of the service provided to people. Three social care professionals provided information. We also contacted health professionals via an e-mail for their views but unfortunately they did not respond to our request for feedback.

Is the service safe?

Our findings

People said they felt safe because care staff were reliable; they had not experienced any missed visits. A social care professional agreed with this feedback. Staff arrived at the time they were meant to, and if they were delayed, people were contacted and reassured by the office staff. People's positive feedback was reflected in a survey carried out by the agency in 2015, which included the punctuality of care staff. People said the staff based at the office, including the registered manager, were approachable and helpful. This meant they felt reassured they were receiving care from an organisation committed to their safety and well-being.

There were effective recruitment and selection processes in place. The registered manager recognised the importance of recruiting suitable new staff members, which was reflected in the thorough recruitment process. Recruitment files provided a clear audit trail of the steps taken to ensure new staff members' suitability, which included references and appropriate checks. Disclosure and Barring Service (DBS) checks were completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Copies of interview notes showed how the registered manager focussed on applicants' previous skills as well as their attitude and values. Her recruitment approach demonstrated how she considered the skills and experience of her workforce to match them to the people who used the service.

People confirmed staffing arrangements met their needs. People knew the staff who visited their home and had a rota so they knew which staff member was due to visit. This gave them a sense of security. They told us new staff members were always introduced by existing staff before they began supporting them. The registered manager told us there was a stable workforce, which was confirmed when we spoke with staff and people using the service.

The registered manager was clear she would only accept requests for people new to the service if she had the resources to provide a safe and consistent service. Social care professionals respected her judgment. She was confident in her staff team's skills and commitment but knew not to overstretch them, which she said could

potentially impact on the quality of their care. She chose not to accept contracts where the care delivered was shared with another agency because she could not control the quality of care provided by the partnership agency.

The registered manager provided us with an example of how they had monitored the work of a care staff member to ensure they were working in a safe and caring manner. This approach was well documented and demonstrated her commitment to a high standard of care. Staff told us they felt confident they could report concerns to the registered manager, whether they were in connection to people's welfare or the practice of other staff members.

The registered manager understood their safeguarding roles and responsibilities. They explained the importance of working closely with commissioners, the local authority and relevant health and social care professionals on an on-going basis. This was confirmed in feedback from social care professionals.

Staff demonstrated an understanding of what might constitute abuse and knew how to report any concerns they might have. For example, staff knew how to report concerns within the organisation and externally, such as to the local authority, police and to the Care Quality Commission. There were clear policies for staff to follow. Staff records confirmed staff had received safeguarding training to ensure they had up to date information about the protection of vulnerable people.

People received their medicines on time and in a safe way. Several people told us care staff prompted them with their medication; they were happy with the level of support. Records for this task were up to date. Staff had received medicine training and competency assessments to ensure they were competent to carry out this task. The registered manager had been proactive in working with health professionals to ensure a person had medication prescribed in a manner which they could swallow, as she had recognised the risk of the person choking.

Risk assessments took place before a service was arranged for people requesting support. There were specific staff who carried out these assessments, and they were able to describe the process in detail. These assessments included potential risks to staff, such as whether there were pets in the house or if a person became anxious during personal

Is the service safe?

care. For example, the staff member told us how staff had been advised to be calm and gentle with a person living with dementia, who could become distressed, which could put staff at risk of being scratched or hit.

They also completed a comprehensive checklist to help identify risks such as trip hazards and slippery surfaces. People confirmed staff came to visit them before the

service started and care staff told us they knew when to report changes to the registered manager when people's circumstances changed, for example through reduced mobility. A person with complex needs commented in writing to the service "I cannot thank you enough for your help and compassion, and for finding solutions."

Is the service effective?

Our findings

People told us staff knew how to care for them; they said this was because staff knew them well. People said they had regular staff who cared for them and understood their care needs. For example, one person said “they know exactly what to do”. Another person, who was supported by a group of care workers because of their complex care needs, told us all the staff provided the same level of care and had a consistent approach.

Before people received any care and treatment they were asked for their consent and staff acted in accordance with their wishes. People’s individual wishes were acted upon, such as how they wanted their personal care delivered. People told us staff had the right skills and approach to care for them in the way they wanted. They told us staff checked with them how they wished to be supported. Staff were clear that they had to work at the pace of the individual. For example, two staff spoke with us about gaining the trust of one person who had been reluctant to accept help. They explained how they had gained the person’s confidence, which then enabled them to support the person with personal care. A social care professional praised the staff members describing them as “friendly and professional.”

The registered manager recognised the importance of the Mental Capacity Act (2005) (MCA) which enabled them to feel confident when assessing the capacity of people to consent to treatment. They understood which health and social care professionals to contact if they had concerns about a person’s capacity to consent to care. Part of their assessment paperwork included a prompt to consider and assess people’s mental capacity, which where appropriate would be shared with the local authority to work in partnership to protect people’s rights. Staff were clear they needed to gain people’s consent to care, and knew to report concerns to the registered manager if people’s mental health deteriorated.

The MCA provides the legal framework to assess people’s capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where

relevant. The provider described a best interest meeting they had attended to discuss reducing the risks to a person who lacked the mental capacity to recognise their risks of falls, which showed they understood their responsibilities.

Staff told us about a range of training, which included medicines management, food hygiene, infection control, first aid and how to move people safely. They said it was on-going and took place “all the time.” Standard training was supplemented by training specific to people’s care needs. For example, staff were positive about a course relating to good dementia care practice, which had provided them with practical skills.

There was an induction system in place, which was adapted by the registered manager to suit the skills and confidence of new staff members. For example, staff said they felt able to say whether they were ready to work alone or if they needed additional support. Work had begun to use the Care Certificate framework to induct new staff. Experienced staff confirmed new staff accompanied them as part of their induction. They recognised their responsibility to ensure new staff were ready to work unaccompanied. There was a strong sense of teamwork amongst the care staff, the registered manager and the staff based on the office to provide a safe and effective service. During the induction period the registered manager met with new staff to support them and assess their competency and understanding of people’s needs.

The registered manager recognised the importance of staff receiving consistent support, which was demonstrated through team meetings, written communication and supervision. Staff praised the support they received from the registered manager, which included regular supervision sessions. They said these sessions gave them space to discuss their training needs and to seek advice or support regarding the people they visited. Staff records confirmed this type of support happened on a regular basis.

Staff gave us a number of examples of the good communication, which took place between them and the registered manager, plus other office based staff. We saw how care staff looked at ease with office based staff when they discussed the needs of people they cared for. This included ensuring people had access to health and social professionals. There was mutual respect between staff groups and it was clear their goal was the welfare of the people using the service.

Is the service effective?

Staff came to the office to feedback concerns if people's health needs had increased. They told us they were listened to and appropriate action was taken by the registered manager and office based staff. During our inspection, a person came to the office and praised the registered manager for their help in responding quickly to a crisis situation for their relative.

During our inspection, we spoke with a person who sounded low and we were concerned they might not be well. The registered manager listened to our concerns and promptly checked with staff who had visited, contacted the individual and spoke with their family. She provided us with information that showed steps were in place to address the concern. The registered manager was clear about their responsibility to liaise with GPs; she provided examples when this had happened.

A person told us staff supported them to get ready for health appointments and prepare meals around hospital visits. They told us staff changed the times of their visits at their request to ensure they could attend numerous appointments. They were impressed at the flexibility of the staff to respond to their requests. People told us they were able to manage their own health care needs but were confident staff would assist them to contact health professionals if they needed support.

Most people we spoke with managed their own meal arrangements, but one person said staff checked how they liked their food prepared. Staff also told us how they supported a person with planning for meals and provided support for them to go shopping.

Is the service caring?

Our findings

People praised the caring attitude of staff. There were written compliments from people, which included comments such as “they have shown great efficiency and unfailing kindness” and “your cheery visits have lifted our spirits.” People told us the care staff were “very good...they would do anything for me”, “the girls are very good” and “they have always been very good to me.” These comments reflected people’s positive feedback to a survey carried out by the agency in 2015, which included the caring attitude and helpfulness of staff.

The providers told us how they had been shopping for Christmas presents for each person using the service. They said it was to ensure everyone, whatever their circumstances, had a present to open on Christmas day. They recognised some people chose them because it was a family business, which was recommended through word of mouth, and said buying presents supported this view.

Staff told us about their work and how they supported people. They showed an obvious pride in their job and a commitment to wanting to provide a good service. They were caring in their manner and spoke about people in a respectful and compassionate way. They were able to give us examples of how they maintained people’s dignity, which reflected what people had told us. For example, a person told us they were supported with personal care in a way, which meant they did not feel embarrassed.

Staff recognised how people needed to be able to maintain their independence and control over their lives. They knew it was vital to work alongside people rather than make decisions for them. For example, a staff member described their approach with a person who had complex care needs

and was sometimes reluctant to agree to personal care. They told us “I let him talk to me, rather than me talk at him.” They knew to soften their tone of voice and reduce the volume they spoke at, which helped put the person at ease and made them more responsive to accepting help.

Staff told us how they changed their style to suit the person they supported and to pick up on people’s moods. For example, a staff member described how they maintained a calm approach and explained gently what they were doing to help reassure a person living with dementia. A person told us staff did not rush them and went at their pace. The registered manager said she tried to match up the personalities and skills of staff with each individual. People’s positive comments about the staff who supported them, showed she had achieved this aim.

From our conversations with staff and people using the service, it was clear they had formed positive and caring relationships. Staff demonstrated empathy in their discussions with us about the people they supported. They recognised some people could find the need for support intrusive on their lives and so tried to work in a way which reduced this impact. A partner of a person receiving care said care staff recognised their own need for privacy. Social care professionals confirmed the helpfulness of staff and how they worked with them to help review people’s care needs. One person said staff were “very responsible and friendly.”

The registered manager spoke about the people supported by the agency in a caring and compassionate manner. She provided a strong caring role model to staff and was passionate about providing good quality care. This was confirmed by social care professionals, one of whom described her as “having a heart of gold.”

Is the service responsive?

Our findings

People received personalised care and support specific to their needs and preferences. Care plans reflected people's health and social care needs. People were clear they were consulted about their preferences and wishes before the care began. They confirmed either the registered manager or another staff member who completed assessments visited them to arrange their care package and assess their care needs. Staff said the registered manager and office based staff provided good quality information about the care needs of new people to the service. They said new people would always be visited before the registered manager agreed to provide a service.

People said they had a care plan in their home, which staff referred to and kept up dated. People had signed their care plans; one person said staff had read it out to them to ensure they understood what had been agreed and to check it was accurate. We sat with people and looked through their care plan with them. They confirmed the information reflected the care provided and captured their individual routine. Care files were well organised and daily records were current and written in a professional manner.

Care plans provided clear information so staff knew what they needed to do when they visited each person and on each visit. For example, where the person might be in their house and their normal routine. This included security issues regarding who was able to secure their home and who needed assistance from staff. They included people's preferences, and how they wished to be supported.

Social care professionals commented on the responsiveness of the agency when people's needs increased. They told us they trusted the professional judgment of the registered manager and the office based staff. One social care professional said they were "honest" and as a result they respected their views on whether people needed more or less care. The registered manager shared examples when this had happened.

People were provided with a copy of the complaints procedure, which set out the process which would be followed by the registered manager. During the inspection, additional contact details relating to the ombudsman were added to the service's complaints information to ensure people were informed about the role of other agencies. People were made aware of the complaints process when the agency started their package of care.

The registered manager explained how a complaint had been responded to; there was evidence of it being dealt with in line with the service's complaints procedure. It had been responded to promptly and the person reimbursed for some items that had been damaged. People told us the registered manager and office based staff were approachable and kept in contact with them. They said they felt able to share concerns directly with them. Staff also recognised their responsibility to raise concerns about the quality of each other's work to ensure people experienced a good standard of care.

Is the service well-led?

Our findings

There was a registered manager in post who was supported by staff based at the office. People, social care professionals and staff said the registered manager and office staff were “friendly”, “professional” and happy to help them. People showed us their service user guide, which contained information about how to contact the office. It was written in a clear and informative style. The guide made a commitment to person centred care, and to work in partnership with people and their representatives. We found this to be the case when we spoke with people and staff about the standard of care.

Feedback from people using the service confirmed they had been consulted about their care and had been involved from the beginning in line with the objectives in the service users’ guide. People and their relatives spoke positively about the registered manager and how the office based team worked well with them. One person said they liked being able to call the agency’s office and to be recognised by staff, who knew them well. They said this reassured them.

People said they had completed surveys to share their views on the service; they told us they had no concerns about sharing their opinion and felt listened to. The agency’s compliments file contained a range of positive comments, including praise for end of life care where people were made “comfortable” and performed a “wonderful job” by staff. Relatives also felt supported, which was confirmed when we spent time in the office and heard feedback from relative to the registered manager.

Social care professionals said the registered manager and her team of staff worked in partnership with them to achieve the best outcome for people. One social care professional commented staff were “so approachable” and would always respond to referrals in a timely manner. They told us if they had a query about a person’s well-being or service, they always received a full clear explanation of decisions made or the care provided. They were confident the agency staff always considered risk and told us office staff were skilled at asking the right questions to ensure they could reduce or remove the risks to people and staff. They praised the leadership skills of the registered manager saying she was “very good at her job” and good at

reassuring people who were anxious about accepting support. Another social care professional said the registered manager and their team were “very professional, totally honest and trustworthy.”

Staff said they were well supported in their role. The registered manager gave feedback to staff about their performance and highlighted the importance of their professional approach. Staff felt valued by the registered manager and in return they recognised the value and impact of their role on the people they cared for. In their discussions with us, staff showed they were committed to the ethos of the agency and recognised the strengths of the registered manager and the agency. One staff member said they would never work for another care agency because they did not believe they could be better treated or supported.

Staff said there was good team working and an open culture at the service. One staff member said there was “brilliant support” from colleagues, staff based at the office and the registered manager. Another staff member said the registered manager was always available and “when you need her she’s there” and “can’t fault her.” The registered manager had listened to staff feedback and changed the style of staff meetings to smaller team meetings to enable less confident or less experienced staff to participate. Staff were positive about this change and felt it provided them with a comfortable forum to share good practice and learn from one another.

The training schedule for staff was well managed. It ensured staff were competent with safe practices to work with people. This included investing in staff being trained in moving and handling techniques in order to train other staff. This step had been taken to ensure new staff had their training needs met promptly to enable them to deliver care safely. Staff said there was always training available and they were able to make suggestions about training to enhance their own development.

The registered manager and her office based staff recognised the potential in staff. The registered manager provided an example where staff had needed additional support to gain care qualifications. The office team recognised this investment of time would benefit the staff member because they were a “brilliant worker”, which showed there was a person centred approach towards staff, as well as people using the service. Office based staff were also encouraged to develop their skills and potential in an

Is the service well-led?

environment committed to training. The registered manager provided a strong role model by completing on-going training and development to expand her skills and knowledge.

There were systems in place to monitor the quality of the service. People said the registered manager or office based staff contacted them either by phone or by visiting them to check if they were satisfied with their care. Care staff told us the management team arrived unexpectedly to monitor their practice, and records confirmed this practice. Experienced staff, who provided shadow shifts for new staff, said their views were sought on the competency of new staff.

Surveys had been sent out in 2015 and the result collated. We discussed the style of the questions in the survey. The registered manager decided to consider if the twice yearly survey could be adapted to provide more variety of topics to encourage a higher response rate, which was currently 50 percent of the people using the service. The registered manager showed us a letter sent to people using the service with the detail of the collated responses. The surveys asked specific questions about the staff members' punctuality, friendliness, helpfulness and adherence to the

care plan. This demonstrated the organisation recognised the importance of gathering people's views to improve the quality and safety of the service and the care being provided.

The registered manager said there were no staff disciplinary issues but could provide examples where staff performance had been monitored. This included increased supervisions and refresher training for the individual. Staff were confident their feedback about each other's performance would be listened to and acted upon. For example, the registered manager used a weekly staff newsletter to remind staff about good practice, such as relating to medicines administration, based on her observations and feedback from others. Staff confirmed they received this newsletter and were positive about the role it played in maintaining high standards. Staff said they benefited from regular supervision, which was reflected in staff records, but also commented they could also request additional support. Staff praised the understanding of the registered manager in relation to personal issues, and felt her care of them helped them to work well.

The service was well-led by a registered manager who provided a strong positive role. This meant staff were well supported, social care professionals trusted the service and people using the service felt respected, listened to and well cared for.