

Foray 577 Limited

Community Care Line Services

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 Care Line Service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults and younger adults in Amber Valley, Bolsover, Chesterfield and North East Derbyshire. Not everyone using this service receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of our inspection 264 people were receiving a service.

On our last inspection in August 2016 the service was rated as requires improvement as improvements were needed with how people were supported to make decisions where they needed help; how risks were assessed and how the quality of the service was reviewed. On this inspection we found improvements had been made.

The service had a registered manager in place at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Improvements had been made to ensure that people felt safe and were happy with the care and support they received from staff. Risks to people's health and wellbeing were now assessed and this was reviewed to ensure people were assisted in a safe manner. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. People were able to make decisions about how they wanted to receive support and when they needed help, decisions were made in their best interests.

The staff understood how to protect people from harm and knew how to raise alerts if they were concerned about people's welfare. People received assistance to take medicines and records were kept to ensure that this was done safely. There were safe recruitment procedures in place to ensure new staff were suitable to work with people. Staff were provided with opportunities to develop their skills and knowledge to support people effectively.

Staff felt supported by the registered manager. People could comment on the quality of service provision and were informed about improvements the provider planned to make. The staff worked in partnership with other professionals to maintain the care and support people needed.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People felt safe and risks associated with their everyday care were identified and managed to keep them safe. Staff were suitably recruited and understood how to protect people from harm and poor care. Medicines were managed to ensure people were supported to take what they were prescribed and infection control procedures were in place.

Is the service effective?

Good ●

The service was effective.

Staff were supported to gain the skills and knowledge they required to care for people. Staff understood the importance of supporting people to make decisions and where people lacked capacity, decisions were made in their best interests. People were encouraged to eat the food they enjoyed and staff ensured they had access to drinks.

Is the service caring?

Good ●

The service was caring.

People and staff had developed good relationships with staff who they knew well. Staff were kind and showed an interest in people whose needs they knew well. People were supported to maintain their dignity and privacy.

Is the service responsive?

Good ●

The service was responsive.

People's support plans reflected their preferences and staff understood what was important to them. Support plans were reviewed to ensure they reflected the care people wanted to receive. People had been provided with information about raising concerns or complaints and felt they would be listened to.

Is the service well-led?

Good ●

The service was well-led.

Effective systems were in place to check the quality of the service and drive continuous improvement. There was a positive culture within the service and staff felt supported by the management team. People were encouraged to share their experiences of the service.

Community Care Line 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.

The provider was given two days' notice to ensure staff were available in the office. The inspection site visit activity started on 4 June and ended on 7 June 2018. It included telephone calls to 27 people and 3 relatives. We also spoke with six care staff, the registered manager and provider. We received information from the local safeguarding team, two social care professionals and commissioners of the service. We visited the office location on 7 June 2018 to see the registered manager and to review care records and policies and procedures. One inspector carried out this inspection with the support of two experts by experience. An expert by experience is a person who has knowledge and experience of using care services.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We looked at six people's care records to see if these were accurate and up to date. We also looked at records relating to the management of the service including quality checks.

Is the service safe?

Our findings

On our last inspection we found people were not consistently kept safe from risks associated with their health conditions and personal care needs. People's care records did not always include relevant information about risks to their safety and how to protect them from avoidable harm. On this inspection we found improvements had been made.

Risks to people's safety had been assessed and staff knew how to provide support to reduce the risk of harm. Where people had sore skin, the staff knew how to help them to move to prevent further harm and the support plan included a body map to clearly identify the areas of risk. Equipment to help people change position had been provided on advice from the occupational therapist and nursing team and the care records detailed how support was provided. One member of staff told us, "We can only use new equipment once the occupational therapist has been out and completed a plan and we know how to use this safely." The support plan also included whether there were any known infection control risks. Personal protective equipment such as gloves and aprons were available and the assessment highlighted whether additional equipment was needed including arm protectors, as staff wore short sleeved uniforms. One member of staff told us, "Where we are told about any known infection risk, we have arm protectors that staff can wear and after care is delivered these can be disposed of safely, reducing the risk of cross infection."

People felt safe when they received care and felt there were suitable numbers of staff to provide them with the agreed care. People had a small team of staff who provided their support and they knew who was expected for each call. Staff confirmed they had regular care calls and felt there was enough staff to meet people's needs and provide a safe service. One person told us, "I definitely feel safe; the staff are like friends and I can talk with them." Another person told us, "The staff are very trustworthy and they always re-lock my front door."

Support plans included information about how to contact important people in the case of any emergency and there was an on call procedure should staff or people need support when the office was closed. There was a contingency plan in place to ensure people received care in the event of disruption caused by adverse weather. One member of staff told us, "We work really well as a team and each person has been assessed to identify how critical their call is. We may need to prioritise calls if we are unable to reach them if it snowed and we also contact family members." Another member of staff explained, "Some of us have cars that are more suitable in bad weather and we will collect staff and help them to get to people, so they can still receive care and be safe."

Staff knew people well and described how they may recognise possible abuse or neglect. Staff understood what may constitute abuse and understood the procedure to follow to report concerns. The staff felt confident these would be dealt with and one member of staff told us, "If we are worried about anything, then we tell them at the office and it gets reported and acted upon." Another member of staff told us, "We have the number to call if we want to call directly and report anything; this was all covered in the training." The provider had informed us of incidents that had taken place and they had liaised with the local authority where appropriate to take action to prevent possible further harm.

People were supported to take their medicines and had creams applied where this was needed. One person told us, "I tell them what my meds are for. There is a list and they stick to the procedure." Another person told us, "They do my cream and dressings correctly and fill in the booklet. They apply cream to my legs and wear gloves all the time." When there were medicine errors, the staff contacted the area co-ordinator or the registered manager and sought medical guidance to ensure people were well. The coordinators managed specific geographical areas within the service. The provider reported that this gave continuity of care as there were small localised teams of staff who were responsible for all aspects of care. Medicines were recorded on a printed medication administration sheet (MAR) and staff told us these were checked against any new medicine people received, to ensure it was accurate. Where medicines were prescribed without a MAR, these were hand written and checked for accuracy by a second member of staff. Some people had 'as prescribed' medicines and when these were needed staff recorded the reason why on the MAR. The MAR sheets were reviewed each month to ensure they were completed as required; where it was identified that people were receiving 'as required' medicines on a regular basis, the registered manager explained that this was reviewed with the GP to determine whether this was needed as a regular medicine.

The provider recognised errors and reflected on situations to make on going improvements. For example, the registered manager had identified that when care visits were to be reinstated following an admission to hospital, staff were individually contacted to ensure they were able to carry out support calls rather than rely on messages, which may not be received in time. Following an incident they also recognised that when people were discharged from hospital, it was important that the staff remain with the person who used the service, until a relative arrived at their home to ensure this was a safe discharge.

When new staff started working in the service, recruitment checks were carried out to ensure they were suitable to work with people. We saw that staff's suitability for the role was ensured by obtaining references, having a police check and confirming the validity of their qualifications, including previous experience and training.

Is the service effective?

Our findings

On our last inspection we identified that improvements were needed with how people were supported to make decisions when they no longer had capacity. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the provider was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met and found that improvements had been made.

Some people were able to make decisions about their care and people confirmed that consent was sought and they signed their care records to evidence this. Where people may lack capacity, assessments had been completed to show where people lacked capacity to make particular decisions and how this had been ascertained. New care records had been developed to enable other people to record how they may make decisions in their best interests. Staff had received training to understand MCA within their induction and knew that when people no longer had capacity, decisions could be made in their best interests. One member of staff told us, "It's important we speak with them and gather the views of family or friends. We may not be the best people to make that judgement about what people want; we should take into account what they used to like and do and close family and friends can help with that."

New staff received an induction into the service and this included training to meet the specific support people would need. Following their induction, staff shadowed experienced staff for two weeks. One member of staff told us, "Any new staff will watch what we do and get to know people. When they feel more comfortable, after their induction they start to work with people and we watch what they are doing so we know they do it properly. When new staff start, they only tend to do calls where there is another member of staff so they can become more confident before they start to work on their own." New staff without a care qualification were supported to complete the care certificate which sets out the common induction standards for social care staff. It has been introduced to help new care workers develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care. Where staff had an existing qualification, a competency assessment was completed to ensure they had the skills necessary to provide support to people in their home.

Staff were provided with opportunities to develop their skills and knowledge. One member of staff told us, "The training opportunities here are very good. We have a mixture of on line training and training in the office. If we don't know how to help people with a specific condition, then we get training first so we know what we are doing." Where people had a specific health need, staff received training to enable people to receive the support they needed. For example, some people had a stoma; this is an opening at the front of the stomach made through surgery. It allows faeces or urine to be collected in a bag on the outside of the

body. Staff had received training to care for the site and change the bag safely. One member of staff told us, "We had training so we knew what to do. The nurse showed us how we needed to carry out the care and how to change the bag, so I was confident in doing this care."

The registered manager checked that staff had the skills and knowledge to meet people's care and support needs. Staff were observed carrying out care and support in people's home as part of the supervision and appraisal system. One member of staff told us, "We never know when the co-ordinators are coming out. They come and check that we are doing everything right; whether we are wearing gloves and aprons, wearing our uniforms and doing everything right. They write up a report and we sign to say whether we agree. If there was ever a problem then they would discuss this with us."

People retained responsibility for managing their health care and staff knew about people's health needs and the support they needed to keep well. If a person was unwell, staff would contact their GP for them if they requested this. One person told us, "The staff wouldn't leave me if they thought something was wrong." Another person told us, "The staff are very observant and notice things; they advise me if they think I should call the doctor." Where changes were identified, the staff raised this concern with health professionals. One member of staff told us, "One of the benefits of having a small team of regular staff visit is that you notice if things have changed and know when something isn't right. If we are worried at all then we just call their doctor and make sure they are well."

People had choice and flexibility about the meals they ate and were responsible for providing their food for staff to prepare. People chose what they wanted to eat and staff helped to prepare this. We saw people had commented on how they wanted their food to be prepared and worked with staff to ensure it suited their individual preferences. One person told us "I can have anything I want for breakfast; toast, porridge." Another person told us, "I eat what I want and they get me a drink; they always check I have enough to drink."

Is the service caring?

Our findings

People were supported by staff who were kind and caring, knew their likes and dislikes and got to know them as a person. People who used the service had a regular team of staff who visited them. People told us they felt at ease with these staff and were confident they knew how to provide the care and support they wanted. One person told us, "The carers are absolutely brilliant; very good and kind, they are like friends. They listen to you if you have problems. They know me and what I like and don't like." Another person told us, "I am very pleased with the staff and I can have a laugh and joke with them."

People were happy with the way staff supported them and told us the staff were kind and compassionate. One person told us, "The staff are very good and very pleasant, helpful and kind, always willing to help. Even in the snow and bad weather they turned up and it was steep. I can contact them if I have any problems."

Staff understood the importance of treating people with respect and did not discriminate based on people's protected characteristics and people's privacy and dignity was respected. When organising support the registered manager took into account people's preferences. The provider had an equality policy and staff understood that people's support was based on their individual needs. People were asked if they preferred to be supported from staff of a specific gender. One person told us, "Everything really works and they really care for me. I know all the carers."

Where personal care was delivered, people told us the staff took time to ensure they were covered to respect their privacy. People told us; "I had not had personal care before but the staff made me feel comfortable.", "The staff respect me and I am quite happy." And "They are very good with my dignity and respect." Another person told us, "The staff are very kind; we get on like a house on fire. They are brilliant and I can't complain; I highly recommend them." People were supported to maintain relationships with family and friends and staff recognised people's rights to have and maintain personal relationships. One member of staff told us, "We are there for the person and their family and friends. We always remember we are in their home and speak and are respectful to all people. We know how important family are to people."

People commented that staff respected their rights to retain their independence. One person told us, "I like the way the staff help me out. They know it takes time for me to do what I need to, but I don't feel rushed and they let me keep my independence." Another person told us, "It can be difficult having care from other people, but they do everything in such a way that they make you feel comfortable."

Information about people was kept securely in the office and staff kept personal information about people confidential. The registered manager ensured that confidential paperwork was regularly collected from people's homes and stored securely at the registered office.

Is the service responsive?

Our findings

On our last inspection people felt improvements were needed to ensure they had a consistent staff team to support them. On this inspection we found improvements had been made. People felt the staff that supported them, understood their needs and were capable of delivering the service that they required in their preferred way. They told us they had greater consistency with who supported them and usually received support from staff who they knew and who arrived within the agreed timeframe. One person told us, "I have the same core team. They are usually on time depending on car parking. They come within half an hour or less but I am happy." Other people told us, "They all come round about the same time, within half an hour." And "The weekly contract always says allow up to half an hour for arrival and that's when they arrive."

People received information about which staff would provide their care each week in a rota. One person told us, "I get a rota each week which tells me who is coming. It's important to me because I want to know who it is and I feel safer if I know. One social care professional confirmed people received information about which staff were providing people's support. They wrote, 'They receive a rota in advance about which staff are visiting, which is important to them.'

On our last inspection staff had mixed views about care records having enough information to be able to understand people's needs. On this inspection we found improvements had been made. People had agreed how they wanted to be supported and had a copy of their care records and support agreement in their home. People told us the support had been agreed with them when they started using the service and during any review. One person told us, "I have everything written down about what I want. Staff come and visit me and ask if I'm happy with everything and if I still want things to carry on the same way or to do anything different." We saw the review included seeking information about what was needed to make people feel safe and whether they were provided with choices about their care and shown respect. Where changes were needed the plan was updated. One person told us, "If something happens and I need something to change, or my medicine is different; I just call them at the office and they come round and the next day and sort it all out for me. It all runs very smoothly."

People were confident their concerns would be responded to and knew how to raise any concerns and make complaints if needed. We saw where any complaint had been received, this was investigated and recorded. The provider had considered how all information could be reviewed to be more accessible for people with a learning disability or sensory impairment and planned to implement new documentation that was meaningful for people.

People were supported to pursue activities and interests that were important to them. People were invited to social events and the provider had recently organised a barbeque and there had been organised trips to Carsington Water and Matlock. The service had a vehicle and could arrange transport for people so they could attend any event. The staff also told us how they had provided Christmas meals for people who did not have any family to visit them. The provider reported this reduced isolation and encouraged people to socialise. Some people were helped with their cleaning or staff accompanied people when out; for example

when shopping and going to a local pub. During these support visits, personal care was not provided and therefore this support is not regulated by us.

At the time of this inspection the provider was not supporting people with end of life care, so therefore we have not reported on this.

Is the service well-led?

Our findings

On our last inspection we identified that the provider had systems to monitor and review all aspects of managing the service, however these were not always effective or accurate. On this inspection we saw improvements had been made.

The quality assurance system had been reviewed and the registered manager carried out quality checks on support plans. This included whether people had received a review of their support plan, had capacity assessed where needed, risk assessments were completed and whether there was a record of medicines people had prescribed. A system was in place to record whether people received their support on time and for the agreed time and daily records were monitored to check they were completed and recorded the care people received. Where incidents or accidents occurred, these were reported to the office and reviewed to identify any patterns or trends. The registered manager ensured that we received notifications about important events so that we could check that appropriate action had been taken.

The service had a registered manager and people who used the service knew who the registered manager was. The staff told us the registered manager was accessible and approachable and dealt effectively with any concerns they raised. The staff felt the registered manager and care co-ordinators were supportive and one member of staff told us, "If anything happens, you just have to call the office and they will support you. If they need to, they will cover any calls so you can stay with people." The staff told us they enjoyed working with other members of the staff team and one member of staff told us, "If we are struggling, staff from other teams will come and support us. We are a very close team and always there if anybody needs more support." Another member of staff told us, "I am extremely happy with the support I get."

Staff were provided with opportunities to attend staff meetings where they could speak with other colleagues and receive support. Staff meetings were organised at different times to enable staff to have an opportunity to attend. One member of staff told us, "They try and organise them so we can meet up but if we can't then we get a copy of the minutes so we don't miss anything."

People were encouraged to share their experiences and give feedback to the provider and registered manager about the service. We saw that people and relatives had been sent surveys so they could give feedback to the provider. People were also visited by co-ordinators or field co-ordinators to review their care and to enquire about the quality of the service. We saw the last survey was positive and comments included; 'If I have a complaint they are rapidly resolved.' 'My carers are lovely; very professional.' '[Name] is always involved in all decisions and actions.' And 'I am grateful to Careline for the loving attention I receive every day.' Where improvements were noted these were also identified. We saw following the survey, the registered manager identified that some people needed new service user guides where they no longer had a copy of the complaints procedure and that interim reviews were needed where people had raised concerns; this was to review the number of staff who visited people who needed a large packet of care. Where improvements were needed, action was taken.

Social care professionals said they felt the service worked well in partnership with them and where

improvements were identified; they were enthusiastic to make any changes. One social care professional reported, 'The service provides a personalised service and there are good communication links with the area coordinator, who always responded to any changes in a quick and efficient way to ensure people's needs are met.'

It is a legal requirement that a provider's latest CQC inspection report is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their rating within their office and on their website.