

Northern Community Care Line Limited

Northern Community

Careline Services

Inspection report

Community Care Line Services
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Date of inspection visit:
02 December 2019
05 December 2019

Date of publication:
09 January 2020

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Northern Community Care Line is a domiciliary care agency providing personal care to people living in their own homes. At the time of our inspection the service was providing personal care to 50 people.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

Improvements were needed to the management of people's medicines to ensure they were safe. Risk assessments were in place, but we noted staff were not always recognising or recording potential risks to the people they supported. Peoples usually received their calls on time. Staff had received safeguarding training and were aware of the action they needed to take in the event they had any concerns.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. New staff were supported, and staff received supervision and checks on their performance. Staffs' compliance with training was improving but improvements needed to be made to the training matrix to ensure it was accurate.

People and their relatives told us staff were caring and kind. Staff maintained people's right to privacy and treated them with dignity and respect. People felt able to express their views and be involved in decisions about their care and support.

Care records were person centred and included relevant information to ensure staff could provide care and support which met their needs. Care records included information about how people communicated. People were aware of how to complain. We saw complaints were recorded and responded to.

Feedback about the service from both people, relatives and staff was positive. The registered manager had continued to make improvements to the service, but we identified systems of governance were not sufficiently robust or effective to ensure the service was fully compliant with all the regulations. Although the service did ask people and staff for feedback, improvements needed to be made to ensure the system and method provided everyone with the opportunity to engage in the process.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 17 December 2018). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At

this inspection, enough improvement had not been made and the provider was still in breach of regulations. The service remains rated requires improvement. This is the second consecutive inspection the service has been rated requires improvement.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to the management of medicines and governance. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well led findings below.

Requires Improvement ●

Northern Community Careline Services

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of one inspector and an expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced.

We gave the service notice of the inspection. This was because we needed to be sure that the registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority commissioning and safeguarding teams. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to

give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection-

We spoke with the registered manager and the deputy manager. We reviewed a range of records. This included four people's care records and four staff files in relation to recruitment and staff supervision. We also looked at a variety of records relating to the management of the service, including policies and procedures.

We also spoke on the telephone with six staff, four people who used the service and two relatives.

After the inspection

We requested further information from the registered manager to validate the evidence found. This was received, and the information was used as part of our inspection.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as required improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

At our last inspection the provider had failed to ensure the management of people's medicines was robust. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- Where people needed support with their medicines staff completed a medicine administration record (MAR). There were unexplained gaps on each of the six MAR's we reviewed, although the number of gaps had significantly reduced in the more recent MAR's we looked at. We also noted a hand-written entry on one person's MAR. The entry was not easily seen, there was no record who had made the entry or why.
- The registered manager told us prior to a new monthly MAR being printed a member of staff checked the details the service held with the person's GP. On the day of the inspection the registered manager was unable to locate this evidence. Therefore, we were unable to check the information on people's MAR's matched their current prescription.
- Staff had commenced additional medicines training during 2019 although at the time of the inspection not all staff had completed this. The registered provider's medicine policy noted staff should refresh their medicines training annually. This had not been adhered to. Prior to the commencement of this additional training, of the 23 staff listed on the training matrix, ten staff had not refreshed this training for over two years.
- An assessment of staffs' competency was completed, although not all this information could be located on the first day of the inspection.

We found no evidence that people had been harmed however, systems were not robust enough to demonstrate medicines were safe and effectively managed. This placed people at risk of harm. These concerns demonstrate a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management

- Care records included a range of risk assessments, although risks to people's safety and well-being were not always recognised. For example, we noted the falls risk assessment for one person did not include the risk of bleeding caused by a specific medication they were prescribed. The shortfalls we identified were

brought to the attention of the registered manager at the time of the inspection.

- Where people required staff to use a hoist to transfer, care records included sufficient detailed information to keep people and staff safe.
- In the event of a severe disruption to the service, for example, heavy snowfall, a system was in place to ensure people at higher risk of harm were prioritised. However, the document was not reflective of the current people who used the service.

Staffing and recruitment

- There were systems in place to ensure the recruitment of staff was safe. This included checking candidate's employment history and obtaining references.
- People told us their calls were not missed and staff were usually on time. One person told us, "The care workers always turn up, if they are late they will call me." A relative told us, "They have always turned up, but the time varies." We reviewed four people's call times and saw staff had arrived around the time they were scheduled.
- Staff told us they were busy, but the rotas were generally well planned. Where there was a shortfall, for example, staff sickness, they told us they office would normally ask them if they could pick up extra calls. The deputy manager told us rotas were planned geographically to reduce traveling for staff and reduce the risk of staff being late for calls due to traffic.
- The service used an electronic call monitoring system which was monitored by the office-based staff. In the rare event a call had been missed, we saw action had been taken to reduce future risk.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "I have no safety concerns at all with my care workers."
- Staff had received safeguarding training and were aware of the action they needed to take in the event they had any concerns about people's safety or welfare.
- The registered manager understood their responsibility in ensuring people were safe.

Preventing and controlling infection

- Staff told us personal protective equipment was available from the office.
- Staff were able to tell us when they used gloves and aprons to reduce the risk of infection for people and themselves.

Learning lessons when things go wrong

- The registered manager demonstrated a culture of transparency and recognising the opportunity to learn lessons in the event things went wrong.
- There was a system in place to record and analyse accidents or incidents, providing opportunity for lessons to be learned and reduce future risk.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Both the registered manager and deputy manager told us the service would only accept new care packages if they had capacity and could meet the person's needs.
- When a new care package was accepted, an assessment of the person's needs, and preferences was completed. This information was then used to develop people's care and support plans.
- Care records were reviewed and updated annually or in the event a person's needs changed.

Staff support: induction, training, skills and experience

- People and their relatives felt staff were sufficiently skilled. People and their relatives told us, "They do know what they are doing" and "The care workers are good, they do know what to do. I have no complaints in this area."
- Staff we spoke with confirmed they had received training and were positive about the quality of the training they had received.
- At our previous inspection there was still a significant amount of training staff needed to complete. At this inspection we saw a number of staff had been enrolled on additional training. Some staff who had commenced employment in recent months were still completing their allocated training. The matrix did not detail the time frame for training to be updated and was not always an accurate reflection of the additional courses staff had recently completed. Following the inspection, we provided feedback to the registered manager regarding this.
- New staff were supported with induction, training and shadowing a more experienced member of staff.
- Staff were now receiving regular supervision and spot checks on their performance.

Supporting people to eat and drink enough to maintain a balanced diet

- Some people received support to make drinks and meals. One person told us, "The care workers will give me a drink or make toast for me. Otherwise I do the rest myself." Another person said, "My care workers ensure I have evening? drinks. Most of the food is in the freezer, they just need to microwave the food. This is done correctly, I have no concerns."
- Care records noted if people needed staff to support them with meals and drinks. At the time of the inspection the service did not support anyone who needed a textured diet. Staff were aware of people's cultural preferences regarding their diet.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported if they were unwell. One person told us, "They certainly do have the skills and understanding, if I do not feel well they recognise this straightaway, they then support me."
- Peoples care records included basic information about their medical histories. Contact information for relevant health care professionals was also recorded.
- We saw evidence the service liaised with other healthcare professionals if required.
- Staff felt there was sufficient communication between them and the office-based staff. Information was shared via telephone calls or through the application staff had on their phones to access their rota.

Ensuring consent to care and treatment in line with law and guidance

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- A relative we spoke with said, "They [staff] do respect my relative's freedom."
- Staff received training in mental capacity and the registered manager understood their responsibility regarding this legislation. We saw evidence of a capacity assessment in one of the files we reviewed although staff had not recorded the specific decision it related to. The registered manager told us they had new capacity assessment documentation which they were going to implement in the coming weeks, where appropriate.
- Care records included a record of people's consent to the care and support they were being provided with. It was clear from speaking with staff, people were offered choices regarding their individual care and support.
- At the time of the inspection the service was not supporting anyone who had a deprivation of liberty authorisation in place.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us their care workers were caring and kind. Comments included; "I am extremely happy with my care workers, they are always chatting and kind to me", "They are the caring kind. They have a joke and laugh with me. I look forward to seeing them" and "Kind, caring, they are like friends not care workers doing a job."
- People were supported by staff who knew them well. This evident from conversation with both the office-based staff and speaking to care workers on the telephone.
- Care records included information about people's likes, and religious or cultural needs and preferences.

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives told us they felt listened to. One person said, "The care workers listen to me, they make me feel part of the relationship." Another person told us, "Everything is dealt with by the senior care worker, they may have contacted my relative, but I have been through the plan with my senior care worker."
- Staff supported and encouraged people to make decisions, for example, what to eat and what to wear.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. People told us, "They always respect what I like and dislike. I have a good team" and "The care workers are brilliant, always giving me respect and dignity. They are not care workers, they are my friends." A relative said, "All the staff including the management are kind and caring. When they come to see me, they are always respectful and always give me dignity."
- Staff were able to describe the steps they took to maintain people's privacy and dignity. For example, closing doors and curtains, covering people with towels and asking family members to leave the room while personal care was being undertaken.
- People were encouraged to retain their independence. One person told us, "They always let me be independent where I can." Another person told us, "I am an independent person, so they know what I can or cannot do."
- Confidential personal information was stored securely.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences, Meeting people's communication needs; Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care records clearly noted information about people's communication needs. This included their preferred language and any aids they may need to assist them, such as glasses or hearing aids.
- Each of the care records we reviewed was person centred and provided enough information to enable staff to provide effective care.
- Staff told us a copy of peoples care records were retained in people's homes. Staff also told us care plans were up to date and reflective of peoples care and support needs.
- A record of the care and support provided at each call was made. This included the date, time and name of staff completing the call, although staff did not routinely record their full name. The registered manager told us they had recently changed the format of the daily record sheets. The new format included a section for staff to record where they had reported any issues to the office.

Improving care quality in response to complaints or concerns

- People told us they knew how to complain. One person said, "I am aware of the procedure, but I have never had to use this, my care workers are good." Another person told us, "I have the telephone number, but I have never needed to use it. Any issues I have, management and care workers deal with it straightaway."
- A record was retained of complaints received. information included details of the complaint as well as action taken to address the issues raised.

End of life care and support

- At the time of the inspection, no one was receiving end of life care. Care records included a section for staff to record peoples end of life wishes if they chose to discuss this with staff.
- The registered manager was aware of how to access additional advice and support in the event a person required end of life care.

Is the service well-led?

Our findings

Well led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider had failed to ensure systems of governance were robust and effective. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- The registered provider had minimal oversight of the service. A record of their visits was completed by the registered manager. We saw a visit record had been completed for January, April, June and September 2019. There were no other records of the provider visiting, monitoring or assessing any aspect of the service they were providing to people. None of the visit reports highlighted any of the shortfalls we identified during our inspection.
- Regular audits were now being completed on the daily records completed by staff and peoples MAR's. The audits evidenced a reduction in the number of gaps in staff's records. However, the audits did not check the MAR matched the persons current prescription and had not identified concerns we identified with people's medicine records.
- The registered manager had completed an audit tool four times during 2019. We noted the audit was used to record the systems in place to achieve compliance, for example, the training matrix, but did not provide a measure of compliance or reflect progress in achieving compliance. This had been identified at our previous inspection and what been discussed with the registered manager at that time.
- The register manager had implemented several spreadsheets to provide oversight of various aspects of the service. These were not always updated. For example, we saw two staff names had not been added to a matrix which evidenced when senior staff had completed performance observations with staff. And as previously highlighted in this report, the training matrix was not reflective of staffs current training.
- Many of the documents we requested to see as part of the inspection had been filed in a variety of different places. This meant they were not easily located. The registered manager recognised this was an issue and told us they needed to change and improve their filing systems.
- The registered manager had a timetable of which audits were to be completed and when. Where the service had been inspected, for example by the local authority, the registered manager had implemented an

action plan. The registered manager used this to monitor the progress in addressing issues raised.

- This is the fourth consecutive inspection the service has failed to achieve an overall rating of good. This demonstrates systems and processes of governance were not being operated effectively.

We found no evidence people had been harmed however, there had been a repeated failure to ensure systems and processes were established and operated effectively to assess, monitor and improve the quality and safety of the service provided. This placed people at risk of harm. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The people and relatives we spoke with they did not think they had been asked to complete a survey. One relative said, "I do not recall filling in a questionnaire, but I may have been given a call for my opinion."
- We reviewed 21 feedback surveys completed dated January, June and October 2019. All the surveys scored the service either excellent, very good or good for all categories. It was not always clear if the survey had been completed by a person who used the service or by a member of staff on their behalf. This issue had also been identified at our previous inspection. The results from the surveys had not been collated and the registered manager was unable to locate the spreadsheet they used to track which people or relatives had been approached to give feedback.
- There were 12 staff surveys dated June 2019 and a further 11 in a file dated October 2019. When we looked at the contents of the October file we saw a number of the surveys were copies of the completed June 2019 survey. Blank surveys were left for staff in the staff room for staff to complete when they attended the office. There was no system in place to ensure all staff were offered the opportunity to provide confidential feedback.
- The registered manager had implemented 'employee of the month' during 2019, although there was no formal process to evidence how a member of staff achieved this. A record of which staff had received the award since its implementation was retained on the electronic management system.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People told us they were satisfied with the service they received from Northern Community Care Line. Comments included; "I am very happy with my service, I have no complaints or issues whatsoever", "It is the best service that I have ever had. I am really lucky to have this company" and "A good service all around. The care workers make an effort to get to know me... you hear about care, I am very lucky. I am looked after well. We have a great relationship; the girls are really good and management very approachable." A relative commented, "It is not a bad service, they keep me in the loop and my relative is reasonably happy."
- All but one of the staff were positive about the service and the registered manager. One of the staff we spoke with told us, "Love it, I love my job... [Name of registered manager], I can't fault her, she is really supportive."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Staff were confident any concerns raised and reported to the management team would be listened to and addressed.
- The registered manager was aware of their responsibilities in submitting statutory notifications to us in line with their legal responsibilities.

Working in partnership with others

- We saw evidence the service worked in partnership with the local authority and other relevant health care professionals to support peoples changing needs.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|--------------------|---|
| Personal care | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The management of people's medicines was not always safe. |
| Regulated activity | Regulation |
| Personal care | Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes were not established or operated effectively to assess, monitor and improve the quality and safety of the service provided. |