Lifeline Health Limited

Community Lifeline

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

We carried out an unannounced inspection of the service on 18 October 2016. Community Lifeline is a domiciliary care service which provides personal care and support to people in their own home. There were 64 people who received the regulated activity of personal care at the time of our inspection.

There was a manager registered with the Care Quality Commission (CQC). 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.

People felt safe and were supported by staff who knew how to keep them safe and understood their responsibilities to protect people from the risk of harm. Risks to people's health and safety were managed. Plans in place to identify and reduce the risk to people's safety contained sufficient detail to inform staff how they should minimise the risks. There were sufficient numbers of staff to meet people's care needs and staff were recruited safely. People received the level of support they required to safely manage their medicines.

People were supported by staff who received appropriate induction, training, supervision and a yearly appraisal. Staff were fully supported by management. People's rights were protected under the Mental Capacity Act 2005. People received the assistance they required to have enough to eat and drink. External professionals were involved in people's care as appropriate.

People were treated with kindness and compassion by the staff. People reported positive and caring relationships had been developed between themselves and the staff. People felt able to contribute to decisions about their care and were involved in the planning and reviewing of their care and how they wanted their care delivered. People were treated with dignity and respect by staff who understood the importance of this.

People received the care they needed and staff were aware of the support each person required. Care records were written in a person-centred way that focused on people's wishes and respected their views. Care plans provided information for staff so people could receive personalised care. A complaints process was in place, and people felt able to make a complaint and felt staff would respond in a timely manner.

The service promoted a positive culture that was person-centred, inclusive and open. People and their relatives described communication with the service as good. Staff felt supported by the management. All staff felt the registered manager was approachable and listened to their views or concerns. People were encouraged to share their experience about the service and feedback on those experiences. There were a number of quality assurance processes in place that regularly assessed the quality and effectiveness of the support provided.

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.

Staff knew how to keep people safe and understood their responsibilities to protect people from the risk of harm.

Risks to people's health and safety were managed. Plans in place to enable staff to support people safely contained sufficient detail on how to minimise identified risks.

There were sufficient numbers of staff to meet people's care needs and staff were recruited safely. People always received the level of support required to manage their medicines safely.

Is the service effective?

Good

The service was effective.

Staff received appropriate induction, training, supervision and a yearly appraisal. People's rights were protected under the Mental Capacity Act 2005.

People received the assistance they required to have enough to eat and drink.

People were supported to maintain good health and had access to healthcare services when they needed them. Referrals were made to healthcare professionals when required.

Is the service caring?

Good

The service was caring.

Positive and caring relationships had been developed between staff and people who used the service.

People were involved in the planning and reviewing of their care and making decisions about what care they wanted.

People were treated with dignity and respect by staff who understood the importance of this.

Is the service responsive?

Good

The service was responsive.

People received the care they needed and staff were aware of the different support each person required. Care records provided information for staff to provide personalised care.

A complaints process was in place and people felt able to make a complaint and confident that staff would respond in a timely manner.

Is the service well-led?

Good

The service was well-led.

People and their relatives were involved in the development of the service.

Staff told us they would be confident raising any concerns with the management and the registered provider was meeting their regulatory responsibilities.

There were systems in place to monitor and improve the quality of the service provided.

Community Lifeline

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.

We visited the service on 18 October 2016, this was an announced inspection. We gave notice of the inspection because we needed to be sure that the registered provider would be available. The inspection team consisted of two inspectors and one expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we held about the service. This included information received and statutory notifications. A notification is information about important events which the provider is required to send us by law.

We contacted Healthwatch, the local authority and the local safeguarding team for their views on the service.

During our inspection we spoke with seven people who used the service, five relatives, five members of care staff, the administrator, the care coordinator, the deputy manager and the registered manager. We looked at the care plans of five people who used the service and any associated daily records, such as the daily log and medicine administration records. We looked at three staff files, as well as a range of records relating to the running of the service, such as quality audits and training records.

Good

Is the service safe?

Our findings

The provider had procedures in place to help staff protect people from avoidable harm. The systems in place helped to identify the possibility of abuse and to reduce the risk of people experiencing harm. One person said, "I feel the care is safe." Another person said, "I feel safe. The main thing is they [staff] are very careful about things. In case you might fall over [for example]." One relative told us the staff provided safe care and were "very careful with [name of family member] and do not rush them, as they take their time to walk."

Staff we spoke with identified the different types of abuse that people could experience and knew who to report concerns to. One staff described an occasion where they noted a person's behaviour was different than normal. They said, "This was a trigger for me to explore with the person further. From the information I received I escalated this and reported to my manager." Staff told us and records we saw confirmed staff had received safeguarding training. This ensured the risk of people experiencing harm was reduced.

The registered manager told us the process that staff were to follow when raising safeguarding concerns. We saw where potential safeguarding issues had been raised with the local authority and appropriate action had been taken by the service to minimise any risk to the person.

Assessments of risks to people's health and safety were carried out and regularly reviewed. One person was at risk of falls. Their risk management plan included sufficient detail to show how staff should support this person safely. The plan outlined any potential dangers, risks, and looked at ways to minimise these risks. Another person was at risk of their catheter being dislodged. Instructions and guidance to how staff should manage this risk were in place. The deputy manager told us they had identified other guidance relevant for people with diabetes or multiple sclerosis to ensure staff were fully aware of the risks to people.

Through information that was shared with us we identified a concern where a person was at risk as staff were moving them in an unsafe way. The registered manager addressed this issue before the end of our inspection and told us they would be providing further training in this area for staff who were responsible for this person. This told us the service responded to risk to ensure people were kept safe.

The service had plans in place to ensure that people would continue to receive care in the event of incidents that could affect the running of the service, for example, severe weather conditions. This meant that people would not be left without support in such an emergency. The service had a 24 hour call system in place and there was a procedure in place to ensure management could be contacted should the need arise.

People were satisfied with the amount of staff who provided their care. One person said, "There has never been an occasion when staff have not turned up." One relative said, "We have regular staff. My relation requires two staff to assist them and we always get two staff to provide care." Most staff told us there were sufficient numbers of staff to ensure people received the care they needed. All staff we spoke with told us there was a process in place to make sure calls were covered in the event of staff absence.

We saw copies of the staffing rota, which identified the number of staff on duty on the day of our visit. The registered manager told us how they managed the staff skill mix on each shift and regularly reviewed staffing levels to make sure the service adapted to people's changing needs. They told us they would also provide care, if there were any shortfalls in the staffing levels, so that people continued to receive care.

Robust recruitment processes were followed. Staff we spoke with and records we viewed confirmed staff employed had been subject to robust and relevant checks to ensure they were suitable to work with people. Staff files we looked at identified staff had completed an induction and appropriate processes had been followed to help ensure staff employed were safe to care for people.

People received the level of support required to manage their medicines safely. Some people were responsible for their own medicines and this was clearly recorded on their care file.

Staff confirmed they were responsible for administering medicines to some people they cared for and that they had completed training on medicine administration online. One staff member told us there were no written protocols that they knew of in relation to medicines that could be taken "as required." Another staff member said there were protocols for PRN or as required medicines. They told us about a person who was not able to communicate verbally, but said they used a technique to check if the person required medication 'as required', such as paracetamol.

During our inspection we identified two concerns with the way medicines had been handled. One was in regards to the recording of medicines and the other in regards to the procedures for PRN medicines, 'as required.' We discussed these concerns with the registered manager. They told us they would address these concerns with staff immediately and amend their medication policy. which they did before we completed the inspection. The registered manager sent an email to all staff with an update on medicine procedures and what action staff must take immediately. We received a copy of the email for our records. We also received a copy of the new medicine policy. We found clear procedures and protocols had been put in place and that the medication policy had been updated.

We found people received the support they required from staff to safely manage their medicines. Care plans clearly described the different levels of support people needed. Staff had also completed training in medicine administration.

People's care plans contained information about what medicine they were taking and the daily notes stated that staff had administered people's medicines, which meant people had received their medicines as prescribed. However, staff did not always complete the medication administration records (MAR) to confirm people had taken their medicines as prescribed. We saw copies of the records that were kept in the person's file. The MAR charts were audited to make sure people received their medicines safely. When gaps appeared in a person's MAR chart the registered manager followed this up and took appropriate action to address these issues. This showed that where there was a risk this was addressed and people received their medicines safely.

Good

Is the service effective?

Our findings

People were supported to have their needs assessed and their preferences and choices met by staff who knew how to care for them effectively. People were supported by staff who had the necessary skills and knew the people they cared for. One person said, "I think the staff are trained, because of the way they do things." Another person said, "I feel the staff are trained, they [staff] know what to do and what I want."

Staff described the training they had completed and confirmed they had opportunities to undertake specialist training for their role, such as dementia awareness and first aid. One staff member said, "I have done loads of training. Most have been online courses, for example medication, safeguarding, Mental capacity Act (MCA) and health and safety." They went on to tell us that they had completed training to use equipment and that outside trainers came to the service to provide training or they attended a local care home to ensure they were using the equipment correctly. Records showed staff had received training as part of their induction and they had attended a wide range of training, for example moving and handling, safeguarding and equality and diversity to ensure they had the skills and knowledge to do their job.

The registered manager told us new staff had completed the new care certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. This certificate also offered existing staff opportunities to refresh or improve their skills.

The service encouraged staff to go the extra mile. The registered manager gave examples of when this had happened. For example, staff completing additional shopping deliveries in between visits. This showed us they provided effective care to meet people's needs.

Staff told us and records confirmed they had received supervision and appraisals on a regular basis and felt the management was supportive. The registered manager had systems in place to ensure staff were supported and able to share good working practices. Staff who were inexperienced shadowed a more competent and experienced member of the team. Care coordinators told us staff were observed and checked to make sure they provided good care for people. This was demonstrated with records of spot checks. These are checks carried out to make sure staff are competent and efficient in their role. We looked at staff files and found spot checks and discussions had taken place. Systems were in place to monitor when staff had completed their training. The system also identified where shortfalls had occurred and when refresher training was needed.

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 told us they were asked permission before staff provided any care and support. One person said, "Staff always ask permission and understand my needs." Staff ensured that care was provided only with the

person's consent. Staff told us that people's capacity was checked during their six monthly review of care. One staff member told us if a person refused personal care, they were unable to provide that care. They also talked about considering people's best interests and how this was managed and recorded. Another staff member said, "We give people a choice for example, show people two pairs of trousers and watch their reaction. We also read the care plan and check what and how the person wanted care provided. I encourage people and look after their best interests."

Staff told us the people they supported had the mental capacity to make decisions about their own care and support. They told us that they had received online training in the MCA and demonstrated they understood the principles of this legislation. The registered manager told us the MCA was also covered as part of the care certificate training.

We checked whether the service was working within the principles of the MCA. From the sample of care records we looked at we found that people had the mental capacity to consent to their care and support. Where people lacked capacity the service had implemented best interest meetings to ensure appropriate care was delivered. Staff told us they assumed that people had capacity however they still monitored people regularly for changes. This told us the service was working within the principles of the MCA.

Where required people were supported to eat and drink and maintain a balanced diet based on their needs and preferences. One person said, "Staff prepare my breakfast." A relative told us the staff prepared meals and made tea and coffee for their relation when needed. Staff were aware of people's nutrition and hydration needs. One staff member said, "We always leave fresh water and juice before we leave and remind people to drink. We advise people to drink more in hot weather. We also pass information on to the next member of staff especially if the person was not hungry at the lunchtime call." The staff member also told us if a person refused to eat for several meals they would follow procedure and report to the office. Staff were aware of people who required special diets such as blended food if they had a problem swallowing.

Care plans we looked at identified people's nutritional needs and if they required any special dietary requirements. One care plan identified that a person lived with diabetes and that their condition was managed by careful monitoring of their diet. The registered manager told us if they identified a person wasn't eating and the person had given their permission this would be raised with the family members. They said that food and fluid charts would also be completed if they found a person was at risk. We saw people had a completed nutritional needs assessment. Where required people had food and fluid charts in place.

People were supported to maintain good health. People gave permission for staff to contact healthcare professionals such as a GP or district nurse if their needs or condition deteriorated. Staff knew how to raise concerns if people's health or welfare deteriorated. One relative told us staff informed them when their family member was having difficulty with mobility. They said, "The staff in the office contacted me and told me they had made a referral to an occupational therapist." Staff described how they monitored people's skin. One staff member said, "We do not deal with pressure areas as this is the district nurses' responsibility, but we do make referrals when needed."

The registered manager also told us the comment sheets (comment sheets were used by staff to communicate and record daily tasks) were used to exchange information between staff to make them aware of any concerns or changes to a person's needs. We saw referrals were made to external healthcare professionals when required.

Good

Is the service caring?

Our findings

People were encouraged and supported to develop positive caring relationships with staff and with their friends and relatives. People and their relatives told us staff were kind and caring. People told us they had a good relationship with the staff who provided care. One person said, "I do not have the same care staff every day, but there is a regular team of staff who care for me. They [staff] are all very friendly and helpful." Another person said, "The staff look after me very well, they are very kind to me."

Staff told us how they involved people in everyday decisions about their care and how they provided choices to them. They discussed how they communicated with people effectively. One staff member gave us an example of how they communicated with a person living with dementia. They told us how they would talk to the person and stay calm. They said, "If the person kept repeating a question I would answer them each time." Another staff member told us about a person who could not communicate verbally. The staff member described the different techniques used to make sure the person was making their own choices.

The registered manager told us people who used the service were the focus of everything they and their staff did. They planned person- centred care and obtained sufficient information to enable them and the staff to understand the person they cared for. The registered manager also told us the care coordinators were aware of the compatibility of people and the staff providing the care. They gave one example where communication had broken down between the person and a member of staff. The registered manager told us they removed the staff member and introduced another member of staff which the person was happy with. This told us personal relationships were important for people and the service responded when there were concerns.

People were supported to express their views and be actively involved in making decisions about their care and support. People told us they had been involved with care reviews and relatives had discussed their relation's care needs, where appropriate. This enabled people to say how they wanted staff to provide their care and support. Staff told us how they involved people in everyday decisions about their care needs. Care records we looked at showed how people wanted their preferred care provided. This showed us that people had been given the opportunity to make choices about their care.

People who used the service had information available to advise them on what they could expect from the service. This also included information about independent advocacy services if a person felt that they required additional support. An advocate is an independent person who expresses a person's views and represents their interests.

People received care and support that respected their privacy and dignity. People told us how staff ensured their privacy and dignity was protected by keeping doors closed and curtains shut when providing personal care. All the people we spoke with told us they were treated with dignity and respect. People felt staff respected their wishes when providing care. They said the staff respected them as an individual and used their preferred name when speaking to them. All the people we spoke with said that staff were very respectful. One person said, "I am respected, treated with dignity and the girls are very kind."

Staff gave examples that showed they were respectful of people's privacy and ensured their dignity was maintained. One staff member said, "To make sure people keep their dignity I use a towel to cover them up." Another staff member said, "I cover people's private areas to ensure they are dignified at all times."

The registered manager told us they had systems in place to monitor and make sure staff treated people respectfully and with dignity. They said that they were in frequent contact with people who used the service by telephone to gain their feedback to make sure they received excellent care, and this was recorded.

Good

Is the service responsive?

Our findings

People's care and support was planned and arranged and they were actively involved in making decisions about their care and support. People and their relatives told us that initial assessments of care were completed with them. They also agreed the service discussed their care on a regular basis. The service carried out care plan reviews and updated people's care records if their needs changed.

We found assessments were undertaken to identify people's support needs and care plans were developed to outline how these needs were to be met. These were reviewed on a regular basis and changes were made if needed. The registered manager explained that went to assess people they discuss what support they need and this included the frequency and times of visits.

Staff said there were care plans in the homes of people who used the service. Care plans we viewed were person-centred and showed people's preferences and wishes had been discussed and assessed. This included consideration of people's religion and spiritual needs. We found information about people's life history, interests and hobbies. People's short and long term goals were recorded.

The registered manager told us of the systems in place that reviewed people's care packages. From the sample of care records we looked at we found people had participated in review meetings periodically throughout the year. Where people had requested a change to their care package we saw that this had been responded to and changes made.

People were encouraged to access activities in the local community. Staff told us people had access to transport, so they could go out in the local community to attend day services or go on trips. One staff member said, "We take people swimming sometimes and they go to groups for people living with disabilities."

The provider enabled people to share their experiences, concerns and complaints and acted upon information shared. People we spoke with and their relatives commented that if they had a concern or complaint they would speak to the staff and contact the office or the registered manager if necessary. All people we spoke with told us they had no complaints about the service provided.

Staff were aware of the complaints procedure and what their role and responsibilities were. They told us that, if possible, they would resolve any concerns raised with them. If they could not resolve the concern they would speak with the registered manager.

We found that the provider had a complaints policy and procedure and that this was shared with people that used the service as part of the statement of purpose. There was a system in place to record and monitor complaints. The registered manager told us they had not received any formal complaints in the last 12 months, but any concerns were recorded and addressed. We saw there was a complaints and concerns log in place.

Good

Is the service well-led?

Our findings

People told us that the service was good and that they would recommend it to others. One person said "They provide a good service and I would thoroughly recommend it." All the relatives we spoke with said that it was a good service. Staff we spoke with said the quality of the service provided was good. One staff said, "I wanted to work for this company. Everyone is working to the standard they should be to provide efficient care."

The registered manager told us they sent questionnaires and we found the feedback from these were positive. We found comments from one person that the care staff were excellent.

Staff were aware of the provider's whistleblowing policy and procedure. A whistleblower is protected by law to raise any concerns about an incident within the work place. Staff told us they would not hesitate to use the policy if required to do so.

The service promoted a positive culture that was person-centred, inclusive and open. All the people we spoke with felt the service was well run. One person said, "The office staff are helpful." Another person said, "I think the service is well run as it seems to be efficient and all staff know what they are doing." One relative told us the service was well run and said, "I got to know the people in the office. They have been care staff and promoted, so they know how to provide good care. I am quite satisfied with regards to the care provided by [the service]."

A registered manager was in post. Staff told us they felt supported by the management. One staff member felt the support was consistent. They said, "We can contact the office or on call duty phone line at any time." They also said they were supported by their line manager. One staff member said, "The manager is fine, I like her. I think she is very approachable." Another staff member said, "The office staff are really helpful and any problems are sorted out."

Staff told us they very rarely had a team meeting usually only if there was a problem or concern. Another staff member said, "There were team meetings on how to better the care." They told us they discussed what people needed and if there were any problems. We saw that staff meetings had taken place and the registered manager had clearly set out their expectations of staff. Staff roles and responsibilities were discussed at those meetings.

People were asked their opinions about the care and support they received. People told us there were opportunities to feedback about the service. One person said, "I have received a questionnaire about the service and responded as requested." A relative told us they had received a questionnaire that asked what they thought of the service. They told us they had responded.

Registered persons are required to notify CQC of certain changes, events or incidents at the service. Records showed that we had been notified appropriately when necessary.

The registered manager monitored the quality of the service by speaking to people to ensure they were happy with the service they received. Records we viewed showed us checks and reviews had taken place. Staff files confirmed management completed unannounced spot checks. This was to assess how well they provided care, that they were wearing the correct uniform, and that they were competent in the support they provided.

Staff were aware of the reporting process for any accidents and incidents. The registered manager showed us how these were recorded and gave examples of action that had been taken to reduce incidents from reoccurring.

The service had quality assurance systems in place which included audits to check if MARS were being completed correctly, staff files included the appropriate documentation and where there were gaps took action to address any issues.