RochCare (UK) Ltd

Community Careline Services

Inspection report

75-77 Drake Street
Rochdale
Lancashire
OL16 1SB

Tel: 01706643433

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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

This inspection took place on 9 and 11 May 2018 and was announced.

Community Careline Services (CCS) is a domiciliary care agency providing personal care to people in their own homes. It provides a service to adults and older people. When we inspected the service the service were supporting approximately 50 people across the borough of Rochdale.

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

During the last inspection of Community Careline Services in January 2016 we found there was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the Medicine Administration Records (MAR) did not contain all the prescribing directions to help ensure people received their medicines as prescribed, guidance was not in place to guide staff where variable dose or 'as required' medicines had been prescribed, and the medicines policy was out of date. Following that inspection the provider sent us an action plan informing us that they had taken action to ensure the Regulations had been met. During this inspection we found the provider had complied with the previously breached Regulations. Systems had been put into place to ensure all pain relief medicines were documented with dosage and prescribing times; the medicine policy had been updated and all staff were made aware of the level of support and documentation required when offering pain relief. The service was no longer in breach of this regulation and we found that all other regulations were being met.

People supported by Community Careline Services told us that they felt safe with the service. They said that staff understood and respected their need for security, and ensured that the items they would need when staff left their property were easily accessible. Staff demonstrated a good understanding of the risk of abuse, and took steps to ensure people felt safe in their own homes. Risks were evaluated and assessed in line with the people they supported taking their abilities, preferences and capacity into consideration.

There were enough staff. Safe recruitment procedures ensured that people were protected from unsuitable staff, and we saw that staff were employed in small teams which ensured that people supported by Community Careline services had consistent help and support from people they knew. The staff showed us that they knew the people they supported well and were knowledgeable about their needs. There was a low rate of staff turnover, and we saw that training opportunities helped people who worked for Community Careline Services to develop their skills and improve their knowledge.

We saw that staff had access to supervision and yearly appraisal but the service would benefit from more regular spot checks to ensure that staff worked in accordance with current best practice.

Care was delivered in a person centred way by caring and patient staff; people told us that they were made to feel like they mattered. Staff understood issues around capacity and consent, and people told us that their consent was always sought. Care and support was planned around people's needs and there was a degree of flexibility in how visits were planned to allow for people's changing circumstances and social activity.

Care records were comprehensive and gave a good indication of people's needs and how they liked them to be met. People were involved in reviews of their support and they influenced how their care was delivered. Dietary needs and health concerns were considered and taken into account when planning and delivering services. There was evidence of co-operation with health professionals to ensure that health needs were monitored and met.

People who used the service knew how to make a complaint if they were unhappy with their support. There were relatively few complaints, but any received were appropriately dealt with. Where errors or mistakes were made appropriate action was taken to minimise the risk of repetition.
Effective systems for monitoring the quality of the service were in place. Records showed that audits were undertaken on all aspects of the running of the service. There were also opportunities for people who used the service to comment on the care and support provided, and their feedback was used to make improvements in the way services were delivered.

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.

Suitable arrangements were in place to help safeguard people from abuse.

People were supported by consistent staff who knew them well and had been safely recruited.

Care records informed staff how to minimise risks in relation to people's health and wellbeing and assessments were undertaken around risks associated with general safety issues within people's homes.

Is the service effective?

Good

The service was effective.

Staff were well trained and were knowledgeable about people's needs.

The service co-operated with health and social care professionals to ensure people's needs were met in a timely manner.

People told us that staff always offered choice and asked for consent before providing support.

Is the service caring?

Good

The service was caring.

Care was person centred and focussed on the individuality of each person who used the service.

Staff were not rushed and spent time listening to people who used the service, and assisting them with day to day tasks.

People's privacy and dignity were respected.

Is the service responsive?

Good

The service was responsive.

People received the care and support they needed and were looked after in the way they liked.

The person was kept at the heart of all that happened.

Care plans reflected people's needs whist encouraging their independence.
The service acted to resolve and learn from complaints.

Is the service well-led?

Good

The service was well led.

The service had a manager who was registered with the Care Quality Commission (CQC).

Systems were in place to assess and monitor the quality of service provision, and the service had developed good systems to audit the quality of care provision.

The manager and registered provider understood their legal obligation to inform CQC of any incidents that had occurred at the service.

Community Careline Services

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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 inspection was conducted on 9 and 11 May 2018 and was announced. In line with our methodology we gave short notice of the inspection visit. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in the office.

The inspection team consisted of one inspector. Before this inspection, we reviewed notifications that we had received from and about the service. We had not asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well, and improvements they plan to make. We contacted the local authority commissioning team who were responsible for organising and commissioning the service on behalf of individuals and their families. This was to seek their views on how they felt the service operated.

During this inspection we visited and spoke with five people who used the service. We spoke with the registered manager, deputy manager, and six care workers. We observed how staff cared for and supported people. We reviewed six people's care records, three staff records, the staff training plan and weekly staff rotas and other records about the management of the service.

Good

Is the service safe?

Our findings

People told us that they felt safe. One person who used the service told us, "They [the staff] make sure I'm safe. Just knowing they are coming helps me and they keep a good eye on me to keep me out of harm's way. They make me feel very safe". A person who lived in sheltered accommodation told us, "I question the security of the building, but the staff make sure I'm safe in my flat. They know just what I need, and when they leave they always check everything I want is in easy reach, and leave a drink where I can get to it".

The staff we spoke with told us they were conscious of people's safety and welfare, and took steps to ensure that the people they supported were safe. They had received ongoing training in safe moving and handling procedures and followed guidance when using lifting equipment. Where people had difficulty answering the door to let care staff in, key safes were used. Codes were kept securely and staff had memorised the numbers.

The staff we spoke with recognised that safety was not merely about people's security, but also reflected on their personal well-being. They told us that they took time to listen to people's anxieties, and help to put their minds at ease. One care worker told us, "Some people like to have a natter. Even if we go over allotted time it's so important that people feel safe, so I make sure the person comes first. We can't rush, because that's when things go wrong". A person supported by the service was full of praise for the care staff, telling us the staff were, "Absolutely fantastic. They are brilliant all of them. We get on smashing, and they always have time for a chat. If I've got something on my mind they take time to listen."

All staff had access to the agency's Safeguarding Adults policy which provided guidance to the staff on their responsibilities to protect vulnerable adults from abuse. Staff told us that they were aware of these procedures and understood how to safeguard people from different types of harm. Staff we spoke to said they had received training about protecting vulnerable adults and discussed with us the signs that would alert them to potential abuse and the actions they would take. We looked at the service's safeguarding files and saw that where alerts or concerns had been raised, appropriate action was taken to protect the individuals concerned. However, there had been no incidents reported in the last twelve months. Where staff handled people's finances there were appropriate systems in place to regulate this, and the registered manager undertook monthly audits to ensure all money was accounted for.

The service had a whistleblowing policy. When we asked, staff told us that they were aware of the policy but had not needed to report any concerns. A whistle blowing policy allows staff to report genuine concerns with no recriminations. One told us they believed if they were to raise an issue with the manager that this would be followed up appropriately. They said, "If I saw something or was told by a [person who uses the service] about poor practice I'd ring the office immediately. I know they would be on to it straight away".

When we looked at care records we saw assessments identified risks to people, and care plans directed staff on how to minimise these risks. These included generic risks including safe movement, heating (including risks around gas supply, and use of hot water bottles) lighting, mobility, cooking, electricity, risks within the home environment, and entry and exit from the building. One care record we reviewed noted the risk

involved with reaching, noting the risk involved in placing heavy objects above wardrobes. People's mobility and dexterity were assessed, and where risk was identified appropriate care plans identified ways to minimise the risk and included advice from occupational therapists and the falls co-ordinator.

Where specific risks were identified we saw care plans gave detailed instruction to staff to minimise these risks. For example in one care record we saw risk of developing pressure sores, another identified the person had a tendency to keep items which could lead to a cluttered environment increasing risk of bumps and falls with action to minimise risk in accordance with person's wishes; a third identified a risk regarding the front door to the property. Each risk had been assessed with detailed care plans to instruct care staff to minimise the risk.

We looked at the recruitment procedures which gave clear guidance on how staff were to be properly and safely recruited. This helped to protect the safety of residents. We looked at three staff records. These contained the original application form that documented a full employment history and accounts for any gaps in employment, interview notes, three references, signed proof of identity and a recent photograph. Checks had been carried out with the Disclosure and Barring Service (DBS) before the member of staff began work. The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. This meant that checks had been completed to reduce the risk of unsuitable staffing being employed by Community Careline Services.

People supported by Community Careline Services told us that they were supported by a consistent team of staff and we saw there were enough staff to meet the identified needs of the people who used the service. Staff worked in small teams with a maximum of eight care workers over seven days. Rotas stayed fairly consistent, care staff were employed to work an early, a late or a weekend shift. This ensured regularity of service provision and minimised the number of care staff who visited each person on a weekly basis and minimised the risk of missed calls. Where people were unavailable to work, either through sickness or annual leave, gaps were generally covered by staff who were familiar with the people who used the service. Teams were based on geographical areas which minimised the time spent travelling between calls and care staff told us that they were allowed sufficient time to travel between visits and did not feel rushed. One care worker told us, "The work is do-able, and I absolutely love it. There is a good work life balance, and we can arrange to cover each other's shifts if necessary. Sometimes I'll be asked if I can cover for somebody but I don't mind, I don't think any of us do, because we know they will cover for us too and it keeps the continuity going".

People confirmed that staff arrived when they were expected, and that where possible they would be contacted if there were any delays. They told us that the service was responsive to their needs and gave examples of when their daily routines varied the service would respond to the change, so if they wanted a later or earlier visit the service would accommodate this. One person told us, "If my plans change, I can ring the office and they'll accommodate me, like if I'm going out, they might come at a different time".

On occasion, unforeseen events would mean rotas needed to be reorganised at short notice. For example one care worker told us that due to emergency hospital admissions and other events they had changed their visit pattern to accommodate all the needs of the people whom they supported; "We do this sometimes and [registered manager] is very good at changing things around but only with clients permission and as long as it doesn't affect medicine administration". All call times were logged to ensure that staff arrived at each call as required, and people told us that staff were punctual, arriving at the time agreed.

At the last inspection we found the Medicine Administration Records (MARs) did not contain all the

prescribing directions to help ensure people received their medicines as prescribed, guidance was not in place to guide staff where variable dose or 'as required' medicines had been prescribed, and the medicines policy was out of date. This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the service had a detailed medicine management policy and procedure in place that gave guidance to staff about the storage, administration and disposal of medicines. The document also referred to the different levels of support staff were able to provide to ensure people received their medicines as prescribed. Records showed that staff received training and competency assessments before they were permitted to administer medicines.

The medication administration records (MARs) that we looked at explained which medicines needed to be given, when and why. They were filled in correctly. This showed that people were given their medicines as prescribed; ensuring their health and well-being were protected. If medicines had not been given as prescribed a written explanation was provided on the back of the MARs, for example, "Left out meds for [person] to self-administer as he is going to {social event] later and has cancelled visit" or if there was a discrepancy in administration this was noted and reported, for example, No [named medicine] in blister pack, label says there should be. Action taken: documented on MAR chart and informed office". The registered manager told us they contacted the pharmacy who admitted the error and provided the appropriate medicines.

Care plans indicated where medicine was stored, who was responsible for ordering and collecting and listed current medicines, and a contact log showed any changes in medicines.

Staff had received training around infection control and understood their roles and responsibilities to maintain high standards of hygiene. People who used the service told us that the care workers wore personal protective equipment (PPE) such as disposable gloves and aprons when delivering personal care to people. We saw staff were well presented and wore full care uniforms. During our inspection we observed one care worker disposing of PPE correctly after attending to a person's personal care needs. We also witnessed care workers calling in to the head office to collect antiseptic hand gels. The people who used the service that we spoke with confirmed to us that staff always washed their hands and wore protective clothing when attending to their personal care needs, and would always clean and put away any used crockery and cooking equipment after preparing meals.

Good

Is the service effective?

Our findings

People told us that they felt staff had the necessary skills and attitude to support them. One person told us, "My carers know their stuff, and they know me. They do things the way I like them to be done. I'm not a morning person, and they know that!"

We saw that the service had a clear induction process. Induction programmes allow newly appointed staff to understand what is expected of them and what needs to be done to ensure the safety of the people who use the service and of the staff. At Community Careline Services new staff without social care qualifications would complete the Care Certificate. This is a nationally recognised qualification and provides staff with the knowledge to ensure they provide compassionate, safe and high quality care and support. All new staff would spend some time shadowing experienced care workers, and during the first six months of their employment four induction reports showed their progress with emphasis on health and safety, case note recording and safeguarding, and observations of moving and handling. One care worker we spoke with told us, "I had a really good induction. At first I thought, 'I wonder if I can do this on my own; what if I forget something?' but it gave me confidence and I was given time to learn and get to know the people I work with".

The service set clear expectations for the staff and provided on-going training to ensure that staff had the skills to carry out their role. The registered manager showed us a training matrix, which mapped out the training staff have completed and helped to identify any training requirements. This showed that care staff had completed courses in mandatory subjects such as moving and handling health and safety, safeguarding vulnerable adults, handling and safe administration of medicines food hygiene, Infection control, fire safety, dementia awareness, nutrition and mental capacity. For each course, dates had been set for each care worker to receive refresher training within one year of completion. Two sessions each year for each course meant all staff had an opportunity to refresh their training, and we saw nearly all training was up to date. The matrix showed some gaps, but these were for people on long term sickness or maternity leave. The service also stored certificates on staff files to show any care qualifications staff had completed.

We asked the staff about their training and they told us that they found it useful. They told us that all training was delivered face to face which meant that it could be easily related to their work and the people they worked with. One care worker told us, "Training is really good. Sometimes, before we go, we feel we might already know it, but there is something each time to jog the memory, or learn something we didn't know. A lightbulb goes on!"

The service had a supervision policy which stated that care workers would be supervised on a three monthly basis. When we looked at staff files we saw that each person was receiving supervision from the manager or deputy managers. Clear signed and dated notes reflected discussion about work performance, training support and development, work targets and standards, and any personal needs. In addition, each care worker had a yearly appraisal, which gave an overview of their work over the previous twelve months which was scored and rated. We saw that positive comments were provided where there had been work improvement.

People were supported to have enough to eat and drink by staff who understood what support they required, and care records included details about any likes and dislikes people had. Those we spoke with told us that they enjoyed the food prepared by care staff. We asked staff how they ensured people had an appropriate diet, and they demonstrated a good understanding of dietary needs. A number of the people who used the service had been encouraged to buy slow cookers. This allowed the care workers to prepare meals during earlier shifts to serve at tea-time, and prevented a reliance on ready and frozen meals.

The service had systems in place to communicate with external agencies, including service commissioners, social workers and health service professionals. People's records included contact details for health professionals who may be involved in their care, including specialist nurses and general practitioners (GPs). Care plans showed attention to people's clinical requirements and people told us that staff were diligent in meeting their health needs. For example, one person told us how the care workers would regularly liaise with their health support worker and had supported them to report health concerns to their GP. This was indicated in the care records with evidence of follow up action.

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.

Staff were aware of the Mental Capacity Act and sought consent to support people. All the people supported by Community Careline Services at the time of our inspection had capacity and had provided written consent to their care and treatment which was recorded in their care plans.

We saw people's choices were respected, and that care staff did not use their role to impose their own values on people. One person who used the service said, "They always offer me a choice, always. I've got my routine and they follow it, but if I slack a bit they give me that push. I like it, it helps me out". A care worker told us, "all the people I work with have capacity, and can make their own decisions. We might not always agree but we respect that."

Good

Is the service caring?

Our findings

People told us that they felt genuinely cared for; one person said, "I am happy with the care I get, there is nothing I would change, always smiling. Nothing is ever a problem to them". When we asked people about their relationship with staff, they told us they got on well with them. One person said, "They are a wonderful team and I can't ask for anything better," and another told us, "They are absolutely fantastic. They are brilliant all of them. We get on smashing, and they always have time for a chat. If I've got something on my mind they take time to listen."

When we spoke with care staff they showed empathy and genuine warmth for the people they worked with. We saw that care was delivered with patience and compassion and there was an affinity between the support workers and people who used the service.

The care manager told us that when they recruited staff they looked for people who shared the same values, and looked for care workers who would understand the needs of people who used the service and respond to them in a positive way. One person supported by Community Careline Services told us, "The staff are my friends, because they really care about me"

Staff worked in small teams which helped them to get to know the specific needs and wishes of the people they worked with. This meant that people who used the service got to know the staff, and did not have large numbers of different care workers visiting each week. This allowed for positive, and person centred care with respect for people's wishes.

The cultural and religious backgrounds of people were always respected, and person centred care plans reflected people's values and cultural background, assisting them to maintain their lifestyle. Similarly, the religious customs of staff members were considered. For example, rotas reflected the requirements of Muslim care staff who were required to fast during the month of Ramadan, so they covered morning shifts rather than tea and evening visits.

When we visited people in their own homes we saw support was provided in a friendly caring and patient manner, with respect for people's privacy and dignity. People told us that care staff were never rushed. One told us that the changing nature of their condition meant the time taken to complete personal care tasks could vary considerably, but the care staff were always considerate and patient. We observed care staff allowed people to meet their own needs, providing prompts and assistance as this was required. Care staff felt that they were given enough time to provide the right support and that they were not rushed to complete tasks. One told us, "It's okay to stay a little longer when people have an off day. We can be flexible; sometimes we can stay ten minutes more if necessary; tomorrow they may be fine and won't need as much time. We'll let the next person know so they are reassured we are on the way. One person who was supported by Community Careline Services told us, "They spend time with me, I've got an hour and they use it well, they don't rush me and do a good job. We can have a laugh and a joke. They know how to treat me right!"

People told us that they were offered choice in the delivery of their care and support. We asked if people felt that they were involved in planning their care and the responses we received were positive. One person told us that care workers could sometimes be assertive, but, they felt that this was sometimes needed, and that if they weren't pushed, they would become more independent. They told us, "They make sure I stay independent. They give me a list of jobs, like washing, and leave me to get on with it." This person gave an example of how they were encouraged to complete domestic tasks such as emptying bins, but told us that when tasks became too difficult they would provide help and assistance.

Good

Is the service responsive?

Our findings

Community Careline Services supported people in their own homes with a variety of tasks including personal support, meal preparation, supporting people to take their medicine and other activities of daily living. One person told us, "I am happy with the ladies in red, they do a good job". They told us that when they arrived at their home, staff would check notes from the previous visit for any changes or tasks needing completing, and ask them what needed to be done.

Staff told us that they worked well as a team to ensure people were supported according to their needs and preferences. The service was well coordinated, so for example, there was little waiting for a second member of staff when they required 'double ups' where two support workers were required, such as for moving and handling. Staff worked in close geographical proximity which restricted the amount of travel time required between visits, and meant that staff could arrive at people's homes at the expected time. Unexpected or unforeseen circumstances could delay their arrival, but people told us that if staff were going to be late they would always get a phone call to let them know. If there was an emergency or staff encountered issues on their round, they were supported. The senior managers operated an on call system to ensure back-up cover would be available.

When people started with the service an 'induction plan' detailed personal details hours and frequency of visits and provided an indication of their needs. A full assessment completed in the person's home then planned delivery of support which was mindful of their personal care, wishes and aspirations, and needs or support with activities of daily living. A full care plan would then be drawn up to include their needs, likes and preferences.

We looked at six care records where we saw that care plans provided good instruction to staff and demonstrated knowledge of the person's abilities and supports in their own home and wider community. They were written in a person centred way which promoted independence where possible. Comprehensive and detailed notes reflected people's values and encouraged staff to maintain routines where people were no longer able to manage. For example, putting the radio on to a station of the person's choice. General notes provided a detailed plan for each visit with tasks broken down to ensure each was completed in line with the person's requirements, for instance where a person was at risk from falls staff were directed to ensure their walking frame was within easy reach and that appropriate footwear was worn. When we spoke with care staff they were aware of people's preferences as recorded in care plans. Information was held in a format which was well prepared and easy to understand, with tasks clearly presented, and gave a clear understanding of the person and their life history. There was evidence that people who used the service were involved in planning their care and they confirmed this when we spoke with them. We saw that assessments were carried out with the individual concerned, and their families if the person agreed and they had signed to say that they agreed with their package of care. They told us that they felt they had a voice in service delivery, and that if their circumstances changed their care would be reviewed accordingly.

Each person and their representatives was invited to an annual review of their care and support needs. We saw records of reviews, which noted any changes, and areas for improvement. Where issues were identified,

appropriate follow up action was taken to provide a better quality of service. For example, one review identified staff were spending too much time completing tasks concerning activities of daily living, so the routine was amended to allow greater emphasis on providing social and emotional support without detriment to the general household duties identified in the plan. Another identified more efficient methods of communicating with family members. At review, any achievements made by the person were recorded, along with any changes to the person's social and recreational activities. The service recognised that likes and dislikes can change over time and this was also reflected in reviews.

Where people's needs changed the service responded quickly and appropriately. For example, if people were unwell any concerns were reported and followed up. Examples included treatment for infections, and a request for a falls assessment. The care records we looked at included evidence of consultation with the person's GP, district nurse and dieticians.

Staff recorded a summary of each visit. Reports were clear and well written providing useful information about interventions around activity, food and drink, personal care provided and an indication of the person's mood and demeanour.

The service had a complaints and compliments policy available in the main office and included in the service user guide provided to each person who used the service. We saw that where complaints had been made they were investigated thoroughly and dealt with appropriately, with investigation notes and actions recorded. Where mistakes had been made by the service an apology was given with an explanation, and action was taken to prevent future reoccurrence Copies of the complaints, and copies of the outcome letter were stored on file. When we spoke with people who used the service, they told us they felt confident to express their views and could always talk to a staff member or a member of the management team if they had any problems. They told us that they had seen the complaints policy and knew how to make a complaint. If they wanted to raise a concern of their own then they were confident that the issues would be addressed. One person told us, "If I needed to complain I'd get on the phone to the office, but I've never had to. All the carers know what they're doing and do it well with a smile".

The service supported people when receiving end of life care. We saw cards sent from relatives of people who had been supported by the service with heartfelt thanks from relatives following the death of their loved ones. One person we spoke with told us how the service supported their relative to have a dignified and comfortable death. They said, "They were absolutely fantastic. The carers made my relative] comfortable and got the support they needed. They were so supportive for me too, and made sure I was okay".

When we spoke with staff they talked fondly about people who died. One care worker explained how they supported a person to die at home, in accordance with their wishes; rotas were amended to provide more time to support person and to ensure they died with dignity, and to provide support for bereaved family members.

Good

Is the service well-led?

Our findings

All the people we spoke with regarding Community Careline Services held the service in high regard. One person told us, "It's well managed, from top to bottom. [The staff] all know what they're doing and how to do it well". We saw the service had received a large number of compliments from relatives of people who used the service. One read, "I can only praise the delivery of care and the care team…. The pressure has been lifted off us, I can now feel confident to go about my business without worrying about [my relative]", and another, "It has been so helpful that we have a reliable agency to liaise with who knows [this person] very well". A care worker remarked, "If my Mum or Dad needed home care there isn't one member of staff I wouldn't be happy with. They are all genuine carers. If I were to leave I would not go to another company, this is the best." The service had clear person centred values that placed the people who used the service at the centre of their service provision.

It is a requirement under The Health and Social Care Act that the manager of a service like Community Careline Services is registered with the Care Quality Commission. When we visited the service had a manager who had previously worked for Community Careline Services and registered as the manager in 2010. She showed a clear understanding of her role and was aware of her responsibility to pass on any concerns about the care being provided, including notifications to the Care Quality Commission (CQC) and local authority commissioners. She was able to demonstrate an understanding of equality, diversity and human rights without compromising the service's delivery of compassionate and dignified care.

She was supported by two deputy managers. When we asked, care staff all spoke positively about the support they received from the management team. One told us, "If ever I have a problem it will be sorted out quickly. I can tell 'em anything". They told us the registered manager was approachable and supportive, but was clear in her expectations regarding service delivery, and when we looked at staff records we saw issues of poor performance were tackled in supervision. Another care worker told us that the managers would listen to any concerns they might have about their work and work patterns, but might not always agree with them. They told us, "Their focus is always on the service user. They listen to what I have got to say, but if it's not best for the service user they will give their reasons and explain why. That helps me too".

The service also sought feedback from people supported by Community Careline Services. Staff completed feedback sheets on a weekly basis, detailing any issues or concerns raised by the people they supported during the previous week. The service also conducted yearly customer satisfaction surveys. We looked at the most recent survey which was conducted in late 2017. This was comprehensive and covered issues such as standards of care delivery, information provided about the service, accessibility of managers, and any issues about the care plans. Most of the comments were positive and expressed satisfaction. For example, "The carers have been very accommodating of [my relative's] shower preference times". Where issues were identified there was appropriate follow up, for example, a person who did not have a 'phone reported that they were anxious if carers were late arriving, so staff were instructed to call the warden at the sheltered home where the person lived.

The registered manager had developed a system to audit all aspects of service on a weekly monthly or

longer basis. Reports covered staffing, training, audits of reviews and care plans, incidents, and complaints. Where errors or concerns were identified these were investigated to prevent any future occurrence, and identify areas for improvement.

We saw that all policy and procedures had recently been updated to ensure that they conformed to the most recent guidance, best practice and legal requirements. We were shown a copy of the service's business continuity plan which showed how the service could continue to operate if there was an extreme emergency.

We checked our records before the inspection and saw incidents that CQC needed to be informed about, such as safeguarding allegations, had been notified to us by the registered manager. This meant we were able to see if appropriate action had been taken by management to ensure people were kept safe.

From 01 April 2015 it has been a legal requirement of all services that have been inspected by the CQC and awarded a rating, to display the rating at the premises and on the service's website, if they have one. Ratings must be displayed legibly and conspicuously to enable the public and people who use the service to see them.

We found that the previous rating was displayed in the main office.