

Staff Line Home Care Limited

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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

This inspection took place on 15 June 2016 and was announced. The registered manager was given notice because the location provides a domiciliary care service. This was to ensure that members of the management team and staff were available to talk to. This is the first inspection since the service moved from their previous address which was in Barking.

There was a registered manager in post. 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.

Staff Line Home Care Limited provides support with personal care to adults living in their own homes. At the time of our visit they were providing personal care to 180 people and had around 80 staff working for them.

People were safeguarded from the risk of abuse as the service had systems to identify the possibility of abuse and stop it occurring. Staff had attended safeguarding training and were able to explain the different types of abuse and what action they would take if they were concerned that abuse or neglect was taking place.

Before newly recruited staff started employment the provider undertook all necessary employment checks. There were enough staff to ensure people received care and support as they needed it.

Each person had a care plan outlining how they needed support and how they liked to be helped. We saw referrals were made to health care professionals for additional support or guidance if people's health changed.

People were supported to take their medicines safely as part of their care package. We have made a recommendation about the recording of administration of medicines.

People knew who to speak with if they had any concerns they wished to raise and felt this would be taken seriously.

People were treated with respect and their privacy and dignity was promoted. Staff were caring and responsive to the needs of the people they supported. Where included in their care package, people were supported to eat and drink enough.

Staff had good understanding of the requirements of the Mental Capacity Act (2005) and what they should do should a person lack the capacity to make a decision.

Staff sought people's consent before working with them and promoted their independence. People were supported to make choices and involved in the care and support they received. They were encouraged to be part of the local community.

The provider had quality assurance and audit systems in place. From discussions with the registered manager, it was clear that they routinely reviewed practice to improve the care and support provided to people who used the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were protected from abuse because the staff knew how to identify and report concerns.

Risks to people and staff were assessed and reviewed regularly.

The provider undertook all necessary checks before new staff began work for the service. There were enough staff to provide the support people required.

People were supported by staff to take their medicines as prescribed by their doctor.□

Is the service effective?

Good ●

The service was effective.

Staff understood their role and responsibilities and were supported by the registered manager to maintain their skills through supervision, appraisals and training.

The registered manager and staff had a good understanding of their responsibilities under the Mental Capacity Act 2005. People were supported to make decisions and choices in relation to their care and support.

People received additional support when it was required from other professionals and staff monitored and responded when their health needs changed.

People were supported to eat and drink sufficient amounts to meet their needs.

Is the service caring?

Good ●

The service was caring.

People were supported by staff who were kind and respectful and they were encouraged to maintain their independence.

People were treated with compassion by staff who knew their

needs and preferences and their privacy and dignity were maintained.

Is the service responsive?

Good ●

The service was responsive.

People received care and support that was personalised to meet their individual needs. They were involved in planning their care and were supported to access the community.

People felt comfortable to raise any issues and felt their complaints would be dealt with promptly.

Is the service well-led?

Good ●

The service was well led.

The registered manager was approachable and worked with the staff to ensure people were supported appropriately.

People benefitted from a staff team that worked well together and felt supported.

The registered manager had an on-going quality monitoring process to identify areas of improvement required within the service. Where improvements had been identified there were actions plans in place.

Staff Line Home Care Limited

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.

Before the inspection, we reviewed the information we held about the registered provider, including previous notifications and information about any complaints and safeguarding concerns received. A notification is information about important events which the registered provider is required to send to us by law.

During the inspection, we reviewed people's records and a variety of documents. These included ten people's care plans and risk assessments, ten staff recruitment files, staff training, staff supervision, 30 medicine administration record (MAR) sheets, quality assurance records and 30 satisfaction surveys. We also looked at records relating to how complaints were managed. We spoke with the registered manager and the nominated individual.

After the inspection we spoke with ten people using the service, eight relatives and ten members of staff to obtain their views of the service.

Is the service safe?

Our findings

People told us they felt safe with the staff when they were in their homes. One person said, "I feel very safe with the carers [staff], they are always nice." Another person said, "I am very happy with the girls and have no concerns." A relative told us they felt their loved one was safe. People and their representatives commented positively about the service and the staff.

We saw the service had policies and procedures for dealing with allegations of abuse. Staff had received safeguarding training and knew how to recognise the signs of abuse and what actions to take if they felt people were at risk. This meant staff had the skills and knowledge to help maintain people's safety and protect them from the risk of abuse. Staff were aware of their responsibilities to report any concerns they might have. Details of how to report safeguarding concerns were included in the staff handbook that all staff had been issued with. Staff were also encouraged to report any concern they might have about their personal safety for example should they experience any form of abuse during their work. This all helped to ensure people as well as staff were safe.

The service had a whistle blowing procedure in place. Staff were confident to use it and knew their concerns would be taken seriously by the management of the service. They were also aware that they could contact other external agencies if needed. A staff member said, "If I have any concerns about someone, I would speak with my manager."

The management team carried out risk assessments to identify any risks to people, or staff, when providing care and support. Care plans contained detailed risk assessments which included information about the person's home and living environment, identifying potential risks for staff to be aware of. For example, there were risks assessments where people used an aid to mobilise or to transfer. This gave staff guidance on what action they should take to reduce risks when carrying out any moving and handling tasks or assisting people to mobilise. Staff were aware of these risks and knew what action to take to minimise the risk. They knew about people's health needs and ensured they were safe when carrying out any task. Staff were encouraged to report any new risk they might find when visiting people in their home or the surrounding environment. One relative told us that during the first visit from the office staff, they carried out a thorough assessment which included any risk to their loved one. One staff member told us, "I always ensure the person is safe before leaving to do another person."

People were protected by appropriate recruitment processes. We looked at the recruitment records of staff and found the necessary pre-employment checks had been completed such as, proof of identity, evidence of conduct in previous employment and Disclosure and Barring Services (DBS) checks. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups, including children. This helped to ensure people were not exposed to staff who had been barred from working with people in need of support. Staff confirmed that they had an interview and a number of checks were done before they started to work for the service and this included if they were allowed to work in the UK.

People felt there were enough staff working in the service to care and support them with their needs. They told us they were supported by the same staff members most of the time unless the staff were not well or on leave. People and their relatives mentioned to us staff were usually on time for their visits, however, if they were going to be late the office staff would call them to let them know. One person told us, "I have the same girl that comes to see me, she is very caring." A relative said, "We never had a missed call." Another person told us, "I always get the same staff who come and she is always on time, sometime a little early but never late." Staff felt there were sufficient numbers of staff to support people and that they had enough time to care and support people with their needs. People told us they did not feel rushed by the staff. We saw records which confirmed people generally had the same staff, who provided care and support to them.

People were supported with their medicines if they needed assistance or prompting. There was guidance in people's care plans to inform staff how much support people needed with their medicines. One person said, "The girls make sure I take my tablets before they leave." Staff had received medicines training to ensure people were safe with regards to medicines management.

We sampled some medicines administration records (MAR) and found they were signed by staff to indicate the person had taken their medicines. However, we noted some gaps and discussed this with the registered manager who informed us that sometimes staff would write in the daily records that the medicines had been taken by the person but not on the MAR sheets. We recommend that the registered manager uses only the MAR sheets when medicines had been administered to avoid any errors, missed or overdose of medicines which could put people at risk. Staff told us that they always checked people had taken their medicines before leaving. One staff member said, "I always remind the clients to take their tablets as it is very important for them to have their medicines." People were happy with the way staff helped them with their medicines and did not raise any concerns with us.

Is the service effective?

Our findings

People were happy with the care they received and their relatives also commented positively about the care provided. They felt the staff knew what they were doing. One person told us, "I am very happy with the way the carers look after me." A relative told us, "They [staff] know what they are doing" and added that they felt staff had the necessary skills.

People received care from staff who had the knowledge and skills needed to carry out their roles and responsibilities effectively. Staff told us they received training which helped them to do their job and records we saw confirmed this. They were positive about the training received and said they felt supported by the management of the service. One staff member told us, "The training is good." Another said, "The training is good and this helps me with the work I do."

Staff were required to complete training in areas such as; safeguarding adults, medicines management, food hygiene and moving and handling. Additional training had been provided and included dementia awareness, customer service, confidentiality, assessing needs and care planning.

Staff told us they had regular supervision with their manager to discuss their work and any training needs. From records we noted that staff had monthly supervision and a number of areas were discussed such as people's needs, any concerns, and any personal development. During each session staff were asked to answer some written questions on a specific topic for example infection control. This helped to ensure they kept themselves updated with their skills and knowledge. Staff felt this was helpful to them. Other ways of providing supervision sessions were for a member of the office team to observe staff when they were providing care and support to people in their home.

When new staff members started work for the service they completed an induction programme which included working alongside a more experienced member of staff. We saw each new staff had an induction pack that they had to complete during their induction period and this was signed by themselves and a member of the office staff. One staff member said, "The induction was very good, you learn a lot of things." The registered manager told us that new staff would not be allowed to work on their own until they felt confident to do so. This was confirmed by staff we spoke with.

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.

The registered manager was aware of their responsibilities in relation to the Act and told us there was no one who currently used the service who needed support to make decisions or who needed an application to the court of protection. The court of protection is a superior court of record created under the Mental Capacity Act 2005. It has jurisdiction over the property, financial affairs and personal welfare of people who

it claims lack mental capacity to make decisions for themselves. The staff had received training and had a good knowledge of the main principles of the MCA.

People told us they were supported to make decisions and felt they were in control of their care and support. They said staff always asked for their permission before providing them with care and support. Staff explained to people what they were going to do before carrying out any support with care needs. One person said, "Yes, they [staff] always let me know what they are going to do." Another person told us, "[Staff] always ask me before giving a wash." People were encouraged to make choices in areas such as what they would like to wear, which food they would like to eat or if they wanted a shower instead of a bath.

Some people required assistance with eating and drinking as part of their package of care. Staff supported them to eat and drink enough in accordance with their care plans. People were happy with the way staff prepared their meals for them and did not raise any concerns with us. Staff were aware of people likes and dislikes and would offer them a choice when preparing their meal. Where staff had concerns about people not eating or drinking, they brought it to the attention of the office staff sought advice from the appropriate health professionals.

People were supported by relevant health and social care professionals to ensure they receive the care, support and treatment that they needed. We saw a number of examples where the registered manager had contacted other professionals to ensure people's needs were met fully. People confirmed they were supported by other healthcare professionals. Staff were aware of when to seek emergency help and this helped to ensure people's health care needs were met.

Is the service caring?

Our findings

People were happy with the care and support they received. They told us the staff were kind and caring. Relatives were also happy with the care and support provided by the service and said staff were caring and looked after their loved ones well. One person said, "The girls are very nice." One relative said, "I would not know what to do without them, they are very helpful." Another relative told us, "It is a good agency."

People told us they were treated with kindness and respect. They said staff took time to speak with them when they were supporting them. One person said, "The carers [staff] always check if there is anything else I want them to do before they go." One relative told us, "The staff are very caring and always respectful when they come to see mum." People and their relatives felt staff had developed a caring and supportive relationship with them. A member of staff told us they treated people the way they would like to. Staff were aware of people's needs and this ensured people were provided with the care and support they wished.

People told us staff respected their privacy and dignity. One person told us, "They always knock on the door before they come in." Another person said, "They [staff] make sure I am covered when they are giving me a wash." Staff gave us example on how they maintained people's privacy such as ensuring the doors were closed and curtains drawn when providing personal care.

At the time of our visit no one was using an advocate. We noted however there was no information available about advocacy if people wanted to use the service. The registered manager must ensure people had the relevant information on how to access an advocate. Advocates are trained professionals who support, enable and empower people to speak up.

Staff supported people to maintain their independence as far as possible. Care plans contained details of what people could do for themselves and where they needed support. One person told us, "The staff always encourage me to wash my face and they do the rest."

People told us they had been involved in planning the care and support staff gave to them when they visited. We saw people had signed their care plans to confirm their involvement and agreement with the contents. One person said, "Everything was discussed with me before the carers [staff] started coming to see me." Relatives confirmed they were involved in the care planning process too. People were encouraged to discuss their care with the management of the service, for example, if they were happy with the time staff visited them.

People's right to confidentiality was protected. Staff understood the need to respect people's confidentiality and understood not to discuss issues in public or disclose information to people who did not need to know. They were aware of the policy on confidentiality contained in the staff handbook. All personal records were kept in lockable cabinets in the office which were kept locked when not in use. Any information that needed to be passed on to staff was written in the "red book". This was a record kept in each person's home and staff wrote the tasks they had carried out so that the next staff coming in could see what care and support had been provided.

Is the service responsive?

Our findings

People commented positively about the care and support they received and felt their needs were being met. Before a person started using the service an assessment was carried out to identify what their needs were. We saw that people had been involved in their assessment and in planning how their support would be provided by care staff. From the assessment a care plan was devised. This was shared with people and their representatives to ensure they were happy with its contents. The registered manager explained that for most people they received a care plan from the local authority care manager which helped them to carry a thorough assessment during the first visit.

We looked at people care plans and found they contained detailed information about how staff were to support them. The care plans reflected people's individual care and support needs. People's individual likes and preferences in the way they wanted things done were also included. Staff had a good understanding of people's backgrounds and lives and this helped them to support them.

We saw the office staff carried out regular reviews to identify if the care and support being delivered continued to meet people's needs. For example, if staff needed more time to complete their tasks, this would be brought to the attention of the registered manager who then contacted the appropriate person who was funding the care package. Where any changes in people care needs had been noted, this was documented in the person's care records and the staff informed. Staff said they were notified of any changes in a person's care needs by the management team.

The registered manager told us that reviews took place every 12 months or more frequently if there was a change in a person's care and support needs. People and their relatives confirmed this happened.

People were supported to go out into the community with staff to places of their choice such as shopping and the gym. One relative told us, "The staff take [person] shopping or they do other activities with him." Staff ensured people carried on doing things they like if it was part of their care package. This helped to ensure people were not socially isolated.

People and relatives told us they were happy with the service received from the provider and they did not currently have any concerns. One person told us, "I will phone the office if I want to complain." Another person told us, "I had some small issues before but they got sorted out and I am very happy now with the agency." A relative told us, "The office deals with things quickly so I do not have any complaint." People were confident their concerns would be acknowledged and responded to in a timely manner. There was a procedure in place informing people and their relatives on how to make a complaint and this was included in the service user's guide. People felt they could speak with staff and tell them if they were unhappy with the service. Staff were aware on how to respond to concerns raised by people and to report them immediately to the office staff.

We saw complaints had been acknowledged, recorded and had been satisfactorily resolved. People and relatives told us the office staff came to see them on a regular basis to check if they were happy with the

service and did not have any concerns.

We noted the service had received a number of compliments. One example was from a relative who had written, "We wanted to say a big thank you to all who looked after Mum." Another wrote, "I would just like to take this opportunity to express to you that after an indifferent start with [staff] and [staff] caring for my father, the improvement has been outstanding. There are two very nice young ladies, everything they are asked to do they do without question and are a credit to Staff Line."

Is the service well-led?

Our findings

People using the service said that the management team was very helpful. The service had a registered manager in post and they understood their role and responsibilities. They always took a keen interest in the welfare of the people who would be using the service and had a good relationship with the staff, people using the service and/or their representatives. They were aware of the requirement to inform the Care Quality Commission, where a notification needed to be submitted. A notification is information about important events which the registered provider is required to send to us by law.

People, relatives and staff felt they could approach the registered manager if they needed to talk about something. Staff told us the management team and office staff had an open door policy and felt they could see them either formally or just for a chat. One staff member told us, "I find the staff that work in the office very approachable, I've never had any issues." Another staff said, "The manager is nice, I can talk to her, even on personal issues I might be having."

Staff understood their roles and responsibilities and who they were accountable to. We saw that when staff members had not performed as expected the registered manager had taken appropriate action and called them to the office to discuss the issues that had been identified. The outcome of those meetings was either the staff needed further training or further supervision.

The office staff carried out regular spot check on staff to ensure people were receiving care and support as they had requested or agreed. During their visit, for example they checked the amount of time the staff stayed in the person's home or the way people were being transferred or being helped to mobilise. Staff confirmed that their practice was monitored regularly by the office staff.

Staff meetings took place on a regular basis. One staff member said, "We discuss a number of things during the meeting and they are very useful to attend." We saw the provider had kept a record of staff meetings and made these available to staff. Staff told us they could discuss any issue they might have during these meetings, for example the care needs of people or training needs.

People were given the opportunity to have a say in what they thought about the quality of the service they received. Quality assurance survey forms were sent to people on a regular basis to assess their satisfaction with the service. We looked at 30 surveys and most people were happy with the care and support they received. There was an action plan in place where people had commented on any improvement. This helped to ensure the registered manager continued to improve people's experiences when they used the service.

Feedback from people were also sought when office staff carried out home visits. One person told us, "The office staff regularly visits and asks if I am happy with the service."

There were systems in place to monitor the quality and safety of the service. These checks included areas such as staff files, staff training, care plans, daily records, MAR sheets and risk assessments. Where the need

for improvement had been highlighted action had been taken to improve and rectify the issues. This demonstrated the service had an approach towards a culture of continuous improvement in the quality of care provided.

The service worked closely with other external professionals, including local GPs, social workers and district nurses. This helped to ensure people needs were met.