Community Careline N W L Limited

Community Careline NWL Ltd

Inspection report

Unit 3, Grange Farm Business Park
Grange Road
Hugglescote
Leicestershire
LE67 2BT

Tel: 01530262688

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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 our inspection on 28 February 2017. The inspection was announced.

Community Careline – North West Leicestershire is a domiciliary care service providing care and support to people living in their own homes. The office is based in Hugglescote Leicestershire. The service provides support to people living in surrounding towns and villages. They support people with a variety of care needs including physical disabilities, mental health needs and general care and domestic needs. At the time of our inspection there were 94 people using the service.

The service had a registered manager. 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 told us that they felt safe using the service. They felt safe because they were confident in the care staff's ability to look after them and to promote their safety. Staff knew their responsibility to keep people safe from harm and abuse. They followed the provider's guidelines to support people and report any concerns they had on people's safety and wellbeing.

The provider completed relevant checks which ensured that care staff had the right skills, experience and were safe to support people. Care staff were available to support people at the times agreed in their care plan. Staff were assigned to support the same set of people in order to maintain consistency of care and positive relationship between people and their care staff.

Staff were provided with the training they required to carry out their role effectively. Staff were equipped with the skills they required to meet people's needs. People spoke positively of staff expertise in looking after people living with dementia and similar conditions. They supported people in accordance with the Mental Capacity Act (MCA) 2005.

Staff supported people to meet their nutritional needs. They also supported people to access health care services when they needed this.

People told us that staff were caring and supported them with kindness and compassion. They also treated people with dignity and respect.

People's care plans reflected their individual needs and preferences. Their care was provided in a person centred manner. The provider listened to feedback from people using the service and their relatives. People told us that staff acted promptly on their feedback.

People told us that they were satisfied with the service they received. Staff felt supported in their role which

enabled them to deliver a good standard of care. The provider had effective procedures for monitoring and assessing the quality of service that people received.

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 from abuse and avoidable harm. They knew how to report any concerns they had about people's safety.

People were confident in staff's ability to support them in a safe manner.

People received the support they required to take their medicines.

Is the service effective?

Good

The service was effective.

Staff received an effective induction and training that equipped them with the skills they required to look after people.

People were supported in accordance to the relevant legislation and guidance. Staff sought their consent before they delivered support.

Staff supported people to monitor any changes in their health and promptly referred them to health care professionals when required.

Is the service caring?

Good

The service was caring.

Staff treated people with kindness and compassion.

Staff actively involved people in decision about their care and support and enabled them to be as independent as possible.

Staff treated people with dignity and respect. They were respectful of people's belongings and home.

Is the service responsive?

Good

The service was responsive.

The care people received was centred on their individual needs.

People's care plans reflected their preferences and showed that staff supported them according to their preferences.

People were aware of how to complain about the service. The provider dealt satisfactorily with people's feedback.

Is the service well-led?

Good

The service was well led.

The provider frequently sought the views of people using the service, their relatives and staff.

Staff had a clear understanding of the standards expected of them. They were supported by their managers to meet those standards.

The provider had quality assurance systems in place to monitor the quality of care that people received. We saw evidence that these systems drove continuous improvement in the service.

Community Careline NWL Ltd

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.

This inspection took place on 28 February 2017. The inspection was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in.

The inspection consisted of one inspector and an expert by experience (ExE). An ExE is a person who has personal experience of using this type of service or caring for someone who uses this type of service. Before the inspection visit we reviewed information we held about the service. This included previous inspection reports, and notifications sent to us by the provider. Notifications tell us about important events which the service is required to tell us by law.

We used a variety of methods to inspect the service. We spoke with 10 people who used the service and their relatives. We also spoke with three care staff members, the provider and the registered manager. We reviewed the care records of four people who used the service, people's medication records, staff training records, three staff recruitment files and the provider's quality assurance documentation. We also contacted the local authority who paid for the care of some of the people that used the service to get their views about the service.

Good

Is the service safe?

Our findings

People felt safe when they used the services of Community Careline – NWL. They were confident in the care staff's ability to keep them safe. People unanimously told us that there had been no experience of accidents when staff supported them. A relative commented, "It feels safe and [person] is relaxed with [care staff]."

Another reason people told us they felt safe was because staff upheld high standards of hygiene when delivering care. They told us that staff were equipped with personal protective equipment which they consistently used when they provided support in people's homes. A relative told us how staff safely supported their loved one with their mobility needs and ensured that they used equipment correctly. They said, "They have to use a hoist so there are two staff who call. They seem well trained."

Staff we spoke with demonstrated that they understood what would constitute abuse of people. They knew how to recognise and report abuse and avoidable harm. They involved other professionals such as social workers where they detected that a person may be abused. Staff promoted people's safety by ensuring that they secured people's homes after each visit. Where applicable, they ensured people had access to life lines or phones so that they could easily alert others for support when needed.

The provider assessed the risks that may be associated with people's care. We found though that the risk assessments were not comprehensive and were focused mainly on environmental factors staff may experience while at people's home. We brought this to the attention of the management team who told us that they would work on improving the quality of their risk assessments. We did not see that the risks assessments had adversely impacted on the quality of care that people received.

The provider employed sufficient numbers of staff to meet people's needs. Care staff were deployed as agreed in people's care plans. People were happy with the punctuality of care staff. A relative told us, "[Care staff] are on time but sometimes a bit late, but it does not cause any difficulties. Sometimes they phone if it's a good while. We have a bit of leeway on times."
Another said, "They've not let [person] down. They are mostly on time and they are helpful." Other comments included, "They are mainly on time." A care staff told us, "I feel there is enough staff to cover the hours we've got currently."

The registered manager provided people with a rota so they knew which member of staff to expect. A relative told us, "They send a list so we have notice at least of who is calling." Another relative told us, "They send us a rota, it gives us a bit of notice."

We reviewed staff records which showed that the provider had safe recruitment practices. They completed relevant pre-employment checks which ensured new staff were safe with the people who used the service. These records included evidence of good conduct from previous employers, and a Disclosure and Barring Service (DBS) Check. The DBS helps employers make safer recruitment decisions and helps prevent the employment of staff who may be unsuitable to work with people who used care services. This meant that safe recruitment practices were being followed.

People who required support with their medicines received them as prescribed by their doctor. A relative told us, "They [care staff] do [person's] tablets and count them out ok, there have been no mishaps. They make a note [of support provided with medicines]." Another relative told us, "They do prompt her though with her pills and tablets and write a note and the time. We can communicate each way and the same four carers are on the ball." Other feedback included, "Her [person] medication is done ok and noted, including the times and what she takes." The provider had policies which guided staff to support people with their medicines in a way that complied with relevant regulations and guidance. We found that staff who supported people with their medicines had received the training they required to carry out this task.

Good

Is the service effective?

Our findings

People were confident in the skills and experience of their carer to provide effective care. A relative told us, "They've been excellent for us and they are well enough trained." Another relative said, "They seem well trained. The new ones started and they are getting trained." We received several comments on staff skills and expertise displayed when supporting people living with dementia and similar conditions. A relative told us, "They are between very good… and excellent. Well trained in dementia."

Staff complimented the training they received. They told us their training equipped them for the requirements of their role. New members of care staff went through a period of induction. They told us that this consisted of classroom system learning and spending time with more experienced staff whilst supporting people. A care staff told us that the duration of their induction lasted, "Until staff felt ready." Another care staff said it lasted, "Until one is confident and your mentor is confident you have the skills."

The Mental Capacity Act (MCA) 2005 provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Staff we spoke with had a good understanding of MCA. They involved people in their care and ensured that they had gained their consent before they provided care. People's care records promoted staff to seek and gain consent from them. The records of support that people received showed that they gave their consent to the care that they received. Staff completed assessments of people's capacity to make their own decisions. These assessments specified decisions which people may require support to make and those they could make independently. This meant that staff had the information to provide people with support to make decisions where required.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. Applications to deprive a person of their liberty must be made to the Court of Protection. We checked whether the service was working within the principles of the MCA. None of the people who used the service required applications to the Court of Protection.

Where required, care staff supported people to meet their nutritional needs. Depending on people's individual circumstances, support with eating and drinking was provided by their relatives or by care staff. The level of support people required to meet their nutritional needs were recorded in their care plan. A relative told us, "They [care staff] do food, it's nicely done. They leave it tidy." Another relative told us, "We do her [person's] plan of food and they [care staff] stick to it. She eats ok and they encourage her to eat and we do as well."

Staff were proactive to respond to any changes in people's health and supported them to access health services when required. A relative told us, "If mum has had a fall, they get the paramedics. [Care staff] sat

with her. Once when she was with them and she collapsed, the carer responded right and called for an ambulance and alerted us. They alert us if anything is wrong and did so today and the district nurse has had a look and it will get checked." Another relative told us, "They have alerted us to get the doctor if it's needed." People's care records showed that staff recorded any changes in their health needs which care staff referred to ensure that they provided the right level of support at any subsequent care visit. The format of the care records were such that they reminded care staff to check the records for updates reported by other care staff.

Good

Is the service caring?

Our findings

People spoke positively of the caring attitudes of the care staff. A relative told us, "They are very good. Good carers. [Staff name] in particular is really good, one of the main regulars and the others are ok as well."

Relatives told us that care staff carried out their role with empathy and compassion, and had forged positive and trusting relationships with people that used the service and other family members. A relative told us, "[Provider] has some absolutely amazing girls now, and they are great with mum and they understand her dementia issues. Her mood swings can be up and down and they can get her out of this because they have more influence. They are so positive. We have a good relationship with them." Another relative told us, "They [care staff] get on well with [person], she loves them to bits. Yes, she looks forward to seeing them. She loves them. It cheers us up."

The provider promoted positive relationships and developed staff knowledge of people's needs by ensuring that where ever possible, care staff were deployed to support the same set of people in order to maintain consistency. This also helped staff understand the person's routine and build a positive relationship with the person they provided support to. A relative told us, "[They have] mainly regulars - one person at a time and they stick with them. There is low staff turnover. My husband has dementia so it's a key point. The care is done between about three people. One girl is the main carer and the others do the rest." A care staff told us, "I usually look after the same people." Another care staff told us, "Normally the same carers get sent to the same set of service users."

People were supported to be as independent as they wanted to be. We reviewed people's records which showed staff enabled people to maintain their independence where possible. People's care records stated how staff could support people to remain independent. Daily records of care showed that staff empowered people to retain any skill they may have. Some of the ways they did this was through encouragement and providing supervision where needed.

People were involved in decisions about their care. Staff sought people's preferences when they provided care. Care records showed that people had signed to show their involvement and agreement to the content of their records.

People were treated in a dignified manner. A relative told us, "They [staff] did try to ensure dignity when [person] was washed on the bed. They were polite and respectful care staff. "

People and their relatives told us that staff were respectful of them and their home. A relative told us, "They leave it [home] tidy. They don't leave a mess for me. They ask if they can do anything before they go." Another relative commented, "They are considerate in the house and they also put me at ease as well."

Good

Is the service responsive?

Our findings

People received support that suited their individual needs. They told us that the provider was responsive to any changes in their needs and took steps to meet those needs. A relative told us, "They are flexible if I ask." Other comments we received included, "They have always been really really helpful and if [person] is in hospital they will pick it up straight away, very flexible to getting it underway [following hospital discharge]." And "They take the full time and don't rush the care and point out things like a rash."

Staff assessed people's needs before they started using the service. At the assessment meetings, information such as people's needs, their preferences and dislikes were recorded to ascertain if the provider was able to offer the right level of support required. This information is used in the care plan to guide staff when supporting people. Care plans were comprehensive and included information such as people's preferences which allowed the reader to build a picture of the person as an individual. They included records which confirmed that staff met people's needs as stated in the care plan. A care staff told us, "I think we provide person-centred care. I support a client who is the same age as me. We can provide such care because we have the time, you don't feel like you are clock-watching. You have seen the care plans – it describes how each person prefers to receive their care. There's a copy of that in people's homes."

Care plans were reviewed regularly to reflect any changes in needs. People who used the service and their relatives had contributed to the development and review of their care plan. A relative told us, "There is a care plan with times, all reviewed last week; all agreeable." Another relative told us, "We've used them [Community Care Line] since about a year. They went through the care plan and it was agreeable, she [person] loves them all. She is happy as well." Another relative commented, "They met us about the care plan and it was agreeable to us - times etc. were all ok.

Staff supported people to engage in social activities and maintain links with their local community. A care staff told us how they regularly supported a person to engage with their community and access the community in ways they had previously been unable to do.

People had opportunities to feedback their experience of the care they received. They knew how to raise any concerns or complaints they may have. They told us that the provider and registered manager took any complaints seriously and took steps to address them. A relative told us, "They did it wrong once due to a sudden illness and the carer did not get in and they said sorry and have acted on that. That was about a year ago." Other comments we received from relatives included, "Yes they've taken [feedback] on board. They are reliable now. I cannot fault them for this now." And, "I have no complaints except when or if they run too late between calls. They are now better, so they took it seriously and acted on it." We reviewed a record of compliant received at the service and saw that the registered manager dealt with it appropriately.

Good

Is the service well-led?

Our findings

People and their relatives were confident in the leadership of the service. They were satisfied that the service was well-led. They told us that the standard of care they received was of a high quality and that they would readily recommend the service to other people. A relative told us, "I would rate them between very good and excellent. They treat [person] like a family member. There is a wide range of ages - they have both older to younger staff in their team. They are like a little team all are very thoughtful." Other comments included, "I would recommend them. They've been excellent." And, "They are overall very good."

Staff were confident in the quality of care they gave to people. All the care staff we spoke with were confident that the service they delivered was to the highest possible standard and would be happy themselves to receive the level of care they delivered. A care staff told us that they would rate the standard of care they delivered as 10/10. They went on to say, "If I have a loved one that required care, I would want Community Careline – NWL to look after them."

The service had a registered manager. It is a condition of registration that the service has a registered manager in order to provide regulated activities to people. The registered manager understood their responsibilities to report events such as accidents and incidents to the Care Quality Commission.

The leadership team consisted of the registered manager and provider. Staff told us that the provider and registered manager supported them to meet the standards expected of them. They told us that they had easy access to senior staff should they require their support. A care staff told us, "They've got a fantastic open door policy. I think they are good managers. I think they are good because they do the job. I've been out on double-up calls with [registered manager] and with [provider]. Their leadership style is to lead by example. It is also good for them to see what we are doing. It is nice when people who expect a standard of care have that floor experience, it makes it easier to go to them for support." Another care staff said, "[Registered manager] and [provider] are very lovely to work for. They are very supportive. They are good at sharing information." Another care staff described the leadership team as, "Supportive and approachable."

Staff were supported through regular supervision which included face to face meetings with a senior staff member and observations during care delivery. They told us that they used this to also review performance and make improvements where required. They also told us that they received relevant handover information from senior staff where there had been changes in people's support needs. This meant that staff had the knowledge and support to provide a high standard of care. Staff told us that another way the registered manager encouraged them to provide a good quality service was by recognising when staff had provided outstanding care and ensured that they received positive feedback where applicable.

The provider had systems and procedures for assessing and monitoring that they provided a good quality of service. The provider's quality assurance procedures consisted of regular home visits and telephone contacts to check that people were satisfied with the service they received.
A relative told us, "They sometimes come out and see how they are working and ask me about it." Other comments from relatives included, "They do go through things. [Registered manager] takes it very seriously.

And, "We've done a review [relative's name] met with [provider] about it all every four months to check things."

Another way the senior staff checked the quality of care was by unannounced monitoring of the service that care staff delivered to ensure that it met the high standards expected. The provider and registered manager regularly spent time working with care staff in people's homes. They told us that they used this as an opportunity for performance management for care staff and quality checks for people using the service. A relative told us, "They've not had to ring to check up but [registered manager] comes and does an odd shift so knows what's what." The provider told us, "Because we are out working, service users are not hesitant to call us because it in not 'office' rather [registered manager] and [provider] . When we get a new package of care we try and be the first on the call so that we get to know the service user."

The provider also completed annual survey's where people provided feedback about the service. We reviewed the responses to their 2016 survey and saw that most people rated the quality of care as very good or excellent.