Care Help Line (West Midlands) Ltd

Care Help Line (West Midlands) Ltd

Inspection report

72 Binley Close
Shirley
Solihull
B90 2RB
Tel: 01217082999
Website:

Date of inspection visit: 28 April 2015
Date of publication: 02/06/2015

Ratings

Overall rating for this service	Requires Improvement
Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Requires Improvement
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Overall summary

Care Helpline (West Midlands) Ltd is a domiciliary care agency which provides personal support to people in their own homes. At the time of our visit the agency supported 90 people.

We inspected Care Helpline on 28 April 2015. The provider was told we were coming so they could arrange for staff to be available to talk with us about the service.

We last inspected the service in August 2014. After that inspection we asked the provider to make improvements in certain areas of the service as they were not meeting their legal requirements. These areas were, care and welfare, supporting staff and monitoring and assessing the quality of the service. The provider sent an action

Summary of findings

plan to tell us the improvements they were going to make. At this inspection we found some improvement had been made, but there were still areas that required further improvement.

The service did not have 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. The provider had recently recruited a manager but the person had since left the service. The provider told us they would be applying to register as the manager of the service.

People and their relatives told us they felt safe using the service. Care workers were trained in safeguarding and understood how to protect people from abuse. There were processes to minimise risks to people's safety however these procedures had not been consistently implemented. Checks were carried out prior to staff starting work to ensure their suitability to work with people who used the service.

Managers and care staff understood the principles of the Mental Capacity Act 2005 (MCA) and people were asked for their consent before care was provided. Most people told us staff had the right skills and experience to provide the care and support they required.

People told us care workers respected their privacy and were kind and caring. There were enough suitably trained care staff to deliver care and support to people. However, people had different experiences about consistency of care workers. Some people said they had regular care workers who arrived on time, other people didn't know who would be coming and often had to wait over the agreed time for the care worker to arrive**.** Some people told us staff did everything they needed before leaving, but others said some care workers rushed to finish and move on to the next person.

Care plans and risk assessments contained relevant information for staff to help them provide the personalised care people required.

Most people knew how to complain and information about making a complaint was available for people. Some people said they were not always confident their concerns would be listened to as messages left for the office staff were not always responded to. Most staff were confident they could raise any concerns or issues with the managers, knowing they would be listened to and acted on.

There were processes to monitor the quality of the service provided and understand the experiences of people who used the service. This was through communication with people and staff, checks on records, returned surveys and a programme of checks and audits. However these procedures were not consistently implemented.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was not consistently safe.

People told us they felt safe with their care workers and staff understood their responsibility to report any suspected abuse. There were procedures in place to protect people from the risk of harm, including a thorough staff recruitment procedure. Office staff were not always aware when care workers had not arrived to provide people's care.

Requires Improvement

Is the service effective?
The service was not always effective.

Several people did not have regular care workers and said the times care workers arrived was very inconsistent. Care workers received 'on line' training to support them in carrying out their role, but their competency was not checked to make sure they could put this into practice. Staff understood the principles of the Mental Capacity Act 2005 and people's consent was requested before care was provided.

Requires Improvement

Is the service caring?
The service was not consistently caring.

People were supported by staff who they considered kind and caring, but several people did not know what care worker would arrive to provide their care. Staff respected people's privacy and dignity and where possible promoted their independence. People received support from care workers that understood their individual needs.

Requires Improvement

Is the service responsive?
The service was not consistently responsive.

The service people received was based on their personal preferences and how they wanted to be supported. People were involved in decisions about their care and staff were kept informed about changes in people's care. Most people knew how to make a complaint, but several people were not confident the service would respond to their concerns.

Requires Improvement

Is the service well-led?
The service was not consistently well led.

The service did not have a registered manager. Most people told us they were satisfied with the service they received from Care Helpline, but several people had experienced late calls. There were processes to monitor the quality of service people received, but these had not been consistently implemented.

Requires Improvement

Care Help Line (West Midlands) 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 28 April 2015 and was announced. We told the provider we would be coming so they could ensure they would be in the office to speak with us and arrange for us to speak with care staff. The inspection was conducted by one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using, or caring for someone who uses this type of care service.

We reviewed the information we held about the service. We looked at the information received from our 'Share Your Experience' web forms and the statutory notifications the service had sent us. A statutory notification is information about important events which the provider is required to send to us by law. We also reviewed the information in the provider's information return (PIR). This is a form we asked the provider to send to us before we visited. The PIR asked the provider to give some key information about the service, what the service does well and improvements they planned to make.

Before the office visit we sent surveys to people who used the service, their relatives and staff. We also contacted people who used the service by phone. We spoke with 13 people, (nine clients and four relatives) and surveys were returned from 23 people, nine relatives and two staff. During our visit we spoke with two care workers, a care co-ordinator, the marketing manager and the provider who was also managing the service. We contacted the local authority contracts team and asked for their views; we were told improvements had been identified from their last visit which they continued to monitor. They had also received some recent concerns from social services about late and missed calls to people.

We reviewed three people's care plans and daily records to see how their care and support was planned and delivered. We looked at other records related to people's care and how the service operated including, medication records, three staff recruitment records, the service's quality assurance audits and records of complaints.

Requires Improvement

Is the service safe?

Our findings

All the people we spoke with said they felt safe with their care workers. Returned surveys showed people who used the service felt safe from abuse or harm and staff knew what to do if they suspected abuse.

Staff we spoke with had completed training in safeguarding adults and had a good understanding of what constituted abuse and their responsibility to report this to the manager. Two care workers told us how, in the past, they had reported suspicions to the office and their concerns had been referred to the local authority for investigation. Care workers said they knew how to contact the local safeguarding team as the contact details were recorded on the front of each person's care plan.

There was a procedure to identify and manage risks associated with people's care, including risks in the home or risks to the person. Staff knew about people's individual risks to their health and wellbeing and how these were to be managed. Records confirmed that risk assessments had been completed and care was planned to take into account and minimise risk. For example, staff used equipment to safely support people when moving them from their bed to a chair and undertook regular checks of people's skin where they had been assessed as at risk of developing pressure sores.

At the time of our visit 90 people used the service and the agency employed 47 care staff. There were sufficient care staff to meet the needs of people, however some people told us they had experienced very late or missed calls. One person said, "Several weeks ago the morning carer did not arrive for my mother's early morning visit." Another said, "On a few occasions carers have been over two hours late for calls." Late or missed calls could put people at risk. We discussed this with the provider who told us, they had recently identified the system that alerted office staff when care workers had not arrived at people's home was not sufficiently adequate. The provider told us they would be sourcing an alternative system to make sure late calls were quickly identified and responded to.

Recruitment procedures ensured staff were safe to work with people who used the service. Staff told us they had to wait until their Disclosure and Barring Service (DBS) and reference checks had been completed before they started working in the service. Records confirmed staff had a DBS check and references before they started work. We noted that health declarations were no longer requested during recruitment. A health declaration is required to make sure the applicant is able to fulfil the tasks required and so the provider can make any necessary adjustments if they are needed.

We looked at how medicines were managed by the service. Most people we spoke with administered their own medicines. One person said, "I take my tablets but they [care workers] cream my legs which they record in my book." Where people needed support, it was recorded in their care plan. Not all the people who were assisted to take medicines had a risk assessment completed. Staff should know why people required medicines administered, so they support people appropriately. Care staff we spoke with said they had received training to make sure they knew how to administer medicines safely. The provider's medication policy stated that staff should have their competency to administer medicines checked after their training and at regular intervals to ensure they continued to do this safely. There was no evidence that competency assessments were being completed in accordance with the policy.

There was a procedure to check medicine records to make sure there were no mistakes. Completed medication administration records (MAR) were returned to the office for checking and filing. We found this needed improvement. We looked at completed MARs for three people and found on two records there were unexplained gaps. There was no evidence the records had been checked and the gaps identified and followed up to ensure people were receiving their medicines as prescribed.

Requires Improvement

Is the service effective?

Our findings

People and relatives, who completed our survey, told us care workers had the skills and knowledge to meet their needs. However, one person responded, "There are a number of carers that I believe have the correct skill sets and provide the correct level of support and care, however there are a few who I do not believe have the correct training."

Nine of the thirteen people we spoke with by phone described the care as "very good", or "exceptionally good". Two people were not convinced the care workers were well trained.

Staff received training considered essential to meet people's health and safety needs. This included training in supporting people to move, medication and infection control. All staff surveyed told us their induction prepared them for their role before they worked unsupervised. They told us they received the training they needed to enable them to meet people's needs, choices and preferences. We were told by the provider and staff we spoke with, that all training was completed 'on line' [on the computer]. We asked the provider how they checked staff's learning to make sure they understood how to put the training into practice. We were told each training programme had a question section at the end that the care worker completed and they had to attain a certain level before a certificate was issued. There were no further checks on people's learning to make sure staff had retained the information. We also found staff competency for giving medicines was not checked even though the providers medication policy stated it should be assessed regularly. The provider said they would implement competency checks for on line training. The provider information return (PIR) told us there had been a recent recruitment of an 'assessor and verifier' to work with care workers in the community to evaluate the effectiveness of the training.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and to report what we find. The MCA protects people who lack capacity to make certain decisions because of illness or disability. The provider told us there was no one using the service at the time of our inspection that lacked capacity to make their own decisions. Care workers had been trained in the MCA and understood the relevant requirements of the Act. For example, staff knew they could only provide care and support to people who had given their consent. People told us care staff usually asked if it was alright to carry out the tasks required.

Although people were generally happy with the service, several people had experienced late or missed calls. Comments from people included, "We are concerned that although start and finish times were agreed with my [relative] and the family when we began using this service, the start times over the last few months have increasingly become later. This makes it difficult when my [relative] has visits from family and friends or appointments have to be made." Another said, "With regard to time keeping there is always the odd occasion when they may be late. There is always a good reason as to why they are late."

Due to limitations with the electronic monitoring system, late and missed calls were not being identified quickly. One person told us they were expecting a bath and their care worker had not arrived for over two hours. The provider told us they were looking into how this could be rectified as a matter of urgency.

The provider told us they had identified the need to change the way calls were scheduled and allocated, so that staff had regular care rounds with the same clients. At present staff said they received their call schedules daily, by phone the night before. Although care workers had regular hours they did not have allocated clients, which did not provide continuity for people using the service. The provider had recently appointed another care co-ordinator who had started to reschedule calls. The new care co-ordinator was experienced in working in home care and understood the importance for people to have consistent carers and regular call times.

Most people we spoke with had help from their care worker with meals. People said they chose what they ate themselves and the care worker put it in the microwave. All the people we spoke with said they were able to get a drink themselves or a family member was available to do this. No one we spoke with was dependent on the care worker to provide all their food and drinks.

All the people we spoke with managed their own healthcare or relatives supported them with this. Care

Requires Improvement

Is the service effective?

workers said they would usually inform their family if people were unwell, but they would phone the GP or district nurse if they had immediate concerns about someone's health.

Requires Improvement

Is the service caring?

Our findings

The majority of people we spoke with told us care workers were friendly, caring, maintained their privacy and treated them with dignity and respect. Comments included, "Good communication, compassionate and caring." "They are like good friends, we chat all the time", and, "We have a good laugh". One person told us, "One day my [relative] fell out of bed early in the morning and the carer rang first for the paramedics and then the family. The carer stayed with my [relative] until the paramedics took them to hospital. The carer then rang me to say which hospital they were taken to." Another said, "All the carers I have so far met have treated my [relative] with patience and consideration while I have been there, which can be difficult as my [relative] is very cantankerous at times."

People had different experiences with consistency of staffing. Some people said they had regular care workers, others said they had lots of care workers. Comments included "I would prefer the same person every visit but understand that this isn't always possible because of staffing at the agency," and "I never know in advance who is coming. I have lots of care workers but I do know all of them." Care workers told us they preferred to have regular clients as this helped them get to know people's likes and preferences. Care workers told us they knew people well enough to identify any changes in people's support needs or general health.

Some people told us they did not receive their care around the times expected and care workers tended to rush. One person told us, "They are always in a rush to get to the next client." Another person said they waited over two hours for their care worker to arrive to give them a bath. Most of the feedback from staff indicated they were allocated sufficient time to carry out the calls although one staff member said they sometimes struggled to complete all the care tasks required in the allocated time. The staff member told us they had not spoken to the office about this, but told us they would.

Care workers we spoke with had a good understanding of people's care and support needs. We were told, "I have time to read care plans and I always make time to talk with people when I've finished. It's important to make people feel valued; we are sometimes the only people they see all day."

People told us they had been involved in planning their care. They said their views about their care had been taken into consideration and included in their care plans. People said the service helped them maintain their independence and where possible they were supported to undertake their own personal care and daily tasks. We saw staff held review meetings with people to ensure the care provided continued to meet their needs.

Care workers understood the importance of maintaining people's confidentiality. Care workers told us they would not speak with people about other clients and ensured any information they held about people was kept safe and secure.

Requires Improvement

Is the service responsive?

Our findings

People told us their support needs had been discussed and agreed with them when the service started. We were told the service they received met their needs, but did not always meet their choices and preferences about times of calls. A relative told us, "The times were set at the beginning to meet the needs of [family member] but this seems to have been ignored lately."

People told us care workers understood how they liked to receive their care and support and it was easy to make changes to this if they needed to.

We looked at the care files of three people who used the service. Plans were individualised and provided care workers with information about the person's personal history, their individual preferences and how they wanted to receive their care and support. Care plans were reviewed annually or as needs changed, the provider told us they had appointed a 'reviewing officer' to carry out reviews to ensure the care provided continued to meet people's needs. People and their relatives were involved in reviews of their care to make sure their views were taken into consideration.

The provider information return completed by the provider told us, "At the assessment stage we gather information from each individual, along with family members. The assessment asks about their current life, past experiences, and what their expectations are. Care plan and risk assessment are put together following the needs assessment. Care plans detail what the individual can do and where the care worker needs to give support." We found these processes were taking place.

Care workers told us their work and travel schedule meant they were unable to arrive at their calls on time. One care worker explained, "We don't get travel time on our work schedule. If we finish a call at 10am the next call is scheduled to start at 10am, which means you are late. This just gets worse as the day progresses." The provider told us they were adding travel time as staff work schedules were updated.

Staff told us if there was an unexplained delay, for example traffic hold ups, they may arrive later than expected. Staff said if they were likely to be delayed they either phoned the person or asked the office to let people know they were running late. However, we found this procedure was not always followed. One person told us, "The office didn't phone me I phoned the office when my care workers were late. The office contacted the care worker and then phoned back to say they would be with me shortly."

Most people and their relatives knew they could telephone the agency's office if they wanted to make a complaint or raise a concern. Only half the people felt the office staff would respond well to their concern. Staff said they would refer any concerns people raised to the manager or staff in the office, but they were not always confident concerns would be dealt with effectively.

We asked how complaints were managed. We were given a computer print-out of the complaints received. Although the complaint had been recorded, there was no information about the action taken, the process or the outcome of the investigation. Recording of complaints should be more robust to evidence that complaints have been responded to and investigated thoroughly.

Requires Improvement

Is the service well-led?

Our findings

Most people were satisfied with the service they received, however some people said the response from the office could be improved. Comments included:

"My carer is very good however I can't say this about the office. Recently no carer came. I rang the office twice; twice I was cut off, twice I left messages on answer machine. No one rang me about this, in the end I cancelled this call. My carer arrived an hour later, not her fault."

"Several weeks ago the morning carer did not arrive for [relative], although several members of the family tried for about 3 hours to contact Care Helpline on both the office number and the out of hours number the phone constantly rang out and we were unable to contact anyone."

"Initially the provision of services went well and was fairly reliable; however, over time there have been a number of issues over the service being provided. These include more and more frequent changes in personnel, great variances in the times that the carers arrive; missed visits; failure of those in charge to respond to concerns raised despite reminders that a response was awaited."

We discussed people's comments with the provider. We were told there had been a problem with the office phones recently, but they said that would not have accounted for all the comments we received. The provider told us they had identified a need for a receptionist as the amount of calls to the office had increased. They had also recently appointed a reviewing officer to assist with assessments and care reviews and two 'keyworkers'. The 'keyworkers' were currently undergoing an induction to the service and would then be allocated people they would be responsible for visiting weekly to check they were satisfied with the service they received. The provider was confident these additional staff roles would make sure concerns were picked up so they could be dealt with quickly.

Some people told us they were asked for their views and opinions about the service during reviews and telephone calls. Other people said they had received a questionnaire from the service asking about their care. The provider told us they had recently sent a survey to everyone who used the service were disappointed that only six had been returned. We looked at the returned surveys and saw that everyone was happy with their care workers but two had made comments about late call times. The provider had contacted the two people concerned and had addressed their concerns. For example the times of calls had been changed for one person as they had requested.

The service did not have a registered manager. It is a condition of the providers registration to have a registered manager in post. The provider had recently recruited a manager but the person had left. The provider told us they would be applying to register as the manager of the service.

Staff we spoke with told us they felt supported by the provider and staff in the office. They were aware of the provider's whistle blowing procedure and were confident about reporting any concerns or poor practice to their managers and that their concerns would be acted on. However, information on surveys we received from staff, suggested not all staff thought they had enough support or that their concerns were listened to and dealt with. One staff member had responded, **"**The quality of care me and my colleagues deliver is of very good standard, but I feel let down and it reflects badly on my work due to the way the manager and office staff run things, particularly travel time. I feel staff are not listened to the way we would like."

The Provider Information Return told us, **"**Care workers are monitored in the work place including observations of interactions between individuals and how care workers treat each person. Outcomes are discussed at supervision and actions put in place**."** Records we viewed showed supervisions and observed practice observations were taking place, but staff told us these did not happen regularly.

Staff understood their roles and responsibilities and what was expected of them. They told us they had received a staff handbook when they started working at the agency that contained key policies and procedures, including a code of conduct which they had to follow.

The provider had systems and processes to monitor the service people received. We found these had not been consistently implemented. People were not always confident that concerns raised with the office would be responded to. Care files we looked at were disorganised and it was difficult to find the most recent information. The most recent care plan for one person was not available during our visit as a senior staff member had taken this home to complete. The system for auditing completed care records needed improvement. We looked at the returned

Requires Improvement

Is the service well-led?

care records for three people. There was no evidence that the records had been checked to make sure people had received their care as outlined in their care plan. There were gaps on medicine charts with no information to show these had been checked before they were filed. The provider could not be certain people received their care and support in the way they required.

There were regular visits to the service from Solihull contracts department to monitor the care and support provided. We contacted the contracts officer for the service and asked for their views on the service. We were told there were several actions identified from their last visit in February 2015 that they would be following up at their next visit.