

Community Careline Services Medway Limited

Community Careline

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

Community Careline is a domiciliary care agency providing personal care to people living in their own homes. At the time of the inspection 38 people were accessing the service. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service and what we found

People and their relatives were positive about the support they received from the service. Comments included, "They can't do enough, they are friendly amazing people." And, "I always felt good knowing that [my relative] was in safe hands."

However, at the last inspection we identified a number of concerns about how safe, effective and well-led the service was. At this inspection the majority concerns had not been addressed and a number of improvements were still needed.

Quality assurance systems were not robust enough to drive forward improvement. Audits of records and people's care had not always identified the concerns we found at the inspection. Where issues had been identified these had not always been addressed. The registered manager and provider continued to have regular meetings. However, these meetings had not sufficiently focused on improving quality and actions had not been taken in a timely way.

Staff did not to always have the information they needed to reduce risks to people's health and wellbeing. Risk assessments were not to always be in place. Some risk assessments continued to be missing important information. The management of people's medicines continued to need improvement to ensure they were always administered as prescribed. Improvements were needed to infection prevention and control policies and practices. Essential recruitment checks had not always been carried out.

People's needs were assessed. However, there continued to be limited information for staff in relation to people's health needs. Staff had not undertaken training in some areas such as epilepsy and diabetes but supported people with these needs. Staff were also not up to date with their refresher training.

People were supported to eat and drink safely. Where people needed support to access health care this was in place. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. However, the policies and systems in the service did not always support this practice as the registered manager had not checked to ensure relatives had power of attorney in place.

Staff knew how to identify and report abuse. Staff were confident the registered manager would report on concerns raised. Incidents were recorded and actions were taken to reduce re-occurrence. However, there

continued to be no systems in place to monitor trends and patterns. There were enough staff to support people.

Staff were positive about the support they received and were regularly supervised and felt listened to. There had been surveys for people and their relatives and staff to seek their opinion on the service. The service continued to work in partnership with healthcare professionals.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was Requires Improvement (Published on 11 September 2019) and there were breaches in three regulations.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection not enough improvement had been made and the provider was still in breach of regulations. The service remains rated requires improvement.

The service has been rated requires improvement for the last three consecutive inspections.

Why we inspected

We carried out an announced comprehensive inspection of this service on 01 August 2019 to the 12 August 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, good governance and checks to ensure that fit and proper persons were employed.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements. The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has not changed. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Community Careline on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to safe care and treatment, staff recruitment, staff training and the management of the service at this inspection. We took enforcement action against the provider in respect to safe care and treatment and the management of the service.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning

information we may inspect sooner.

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 always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

Details are in our well-led findings below.

Inadequate ●

Community Careline

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of two inspectors and one Expert by Experience who spoke to people on the telephone. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave a short period notice of the inspection. We needed to be sure the provider or manager would be in the office to support the inspection. We also needed to arrange to speak with people and for documents to be sent to us.

Inspection activity started on 17 May 2021 and ended on 26 May 2021. We visited the office location on 19 May 2021.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to

send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with seven people and five relatives about their experience of the care provided. We spoke with eight members of staff including the provider, the registered manager, senior care workers and care workers.

We reviewed a range of records. This included five people's care records and reviewed multiple medication records. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at further medicine records and quality documentation. We looked at updated information sent to us by the service such as the updated training matrix and new competency forms.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Requires Improvement At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly mitigate the risks relating to the health and safety of people. This was a continued breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider continued to be in breach of regulation 12.

- Staff continued not to have the information they needed to support people safely with risks to their health. At the last inspection we raised concerns about information missing in the guidance for staff in relation to one person's infrequent seizures. The guidance now instructed staff to move the person in the event of a seizure if their airway was obstructed. However, there was no guidance for staff to consider what other circumstances in which they might need to be moved. We spoke to staff about this and not all staff knew what to do in the event the person had a seizure. There was no information for staff on what the person's seizures looked like and the care staff we spoke with were not able to tell us this.
- We found a number of other risk assessments were not in place which put people at potential risk of avoidable harm. For example, one person used a medicine which could increase the risk of bleeding. There was a notice in the care plan stating the person was taking the medication and 'At risk of heavy bleeding'. However, there was no further information such as signs the person might have internal bleeding or what to do if bleeding occurred.
- Some risk assessments had not been put in place since we raised concerns about this at the last inspection. For example, at the last inspection we there was no risk assessment in relation to one person's asthma. At this inspection we found the same concern. The staff we spoke with gave inconsistent answers about what medicine the person would use if they had an asthma attack. However, staff told us the person's asthma was stable.
- Staff told us one person was at risk of sepsis. However, there was no information in the person's care plan in relation to this to alert staff to what to look out for and how to respond. Sepsis is an extreme reaction to an infection. It is life threatening and people's health can decline quickly.

The provider had continued to fail to robustly mitigate the risks relating to the health and safety of people. This placed people at risk of harm. This was a continued breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 for the third consecutive time.

Using medicines safely

At our last inspection the provider had failed to ensure people's medicines were managed safely. This was a continued breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found the provider had not made enough improvements in this area and were still in breach of regulation 12.

- Practices were not always followed to ensure people's medicines were safely managed.
- Medication administration records (MARs) continued to be missing essential information. For example, at the last inspection we found that staff did not record the times 'as and when' (PRN) medicines were given when they needed to. There was the potential risk that people could be given PRN medicines too close together. At this inspection staff continued not to record the time and the risk remained.
- The information on PRNs was limited. For example, there was not always information on when this medicine should be offered or the effects the medicine would have for some people's pain medicines. Not all MARs for PRN medicines included the minimum length of time between doses.
- Staff were not up to date with medicines administration training. Two members of staff had not completed training in medicines at all. Both staff were working alongside other care workers. However, the registered manager could not assure us that they were appropriately supervised whilst the medicines were given. Immediately after the inspection we were sent evidence that both had now undertaken the necessary training been assessed as competent.
- Medicines competency assessments were not robust and continued to not always been done consistently. Some staff members had not been recorded as having been observed for over a year. Assessments were often undertaken by senior care staff. Staff had not been trained in undertaking these assessments. There was no structured process for the assessment, and it was not always clear if practice had been observed. Immediately after the inspection the registered manager sent us a new form which included structured questions and completed assessments for all new staff.

The provider had continued to fail to ensure people's medicines were managed safely. This was a continued breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 for the third consecutive time.

- Some improvements had been made since the last inspection. MARs were complete and there were no unexplained gaps. Information on how to dispose of pain patches safely was now in place.

Staffing and recruitment

At our last inspection the provider had failed to ensure that recruitment processes were robust and safe. This was a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider continued to be in breach of regulation 19.

- Staff continued not to be safely recruited. There continued to be gaps in people's employment history. References were not consistently obtained from the staff members most recent employer.
- Staff files had not been effectively audited since our last inspection to address the concerns found in relation to gaps in people's employment history.

The provider had continued to fail to ensure that recruitment processes were robust and safe. This was a continued breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- At the last inspection we found the questions asked at interview did not check the applicant's suitability for the role. As this inspection we found the interview questions had been improved and now focused on areas such as experience and values.
- There were enough staff to support people. The service had struggled with staffing during the winter due to the Covid 19 pandemic. However, at the time of the inspection this had improved and the majority of the feedback from people was positive. Comments included, "No issues on time they are absolutely outstanding." And, "Mostly, yes [they are on time]. It has gotten better recently."

Preventing and controlling infection

- We were not assured that the provider's infection prevention and control policy was up to date. There was a lack of information in the policy on key areas. For example, there was no information on how often personal protective equipment (PPE) needed to be changed or how it was disposed of.
- We were not assured that the provider was making sure infection outbreaks could be effectively prevented or managed. For example, some staff members did not know how to dispose of PPE correctly. This put staff at risk of transferring infection.
- People told us that staff wore PPE when supporting them. However, the providers' policy included that staff could wear visors instead of masks if they were exempt from wearing a mask on medical grounds. This exception was not in line with Government guidance. A member of staff had been wearing a visor instead of a mask prior to the inspection. We raised this with the registered manager. Immediately after the inspection we received evidence this had been addressed.

The provider had failed to ensure that the risk of the spread of infection was mitigated effectively. This was a continued breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 for the third consecutive time.

Learning lessons when things go wrong

- At the last inspection we found there was no process in place to monitor incidents to check for trends and themes and to learn lessons. This was an area for improvement. At this inspection the registered manager told us no system had been put in place to address this.
- The staff we spoke with were aware of how to report accidents and incidents. Where accidents and incidents had occurred and were recorded these had been dealt with appropriately.

Systems and processes to safeguard people from the risk of abuse

- Staff knew how to protect people from the risk of abuse. Not all staff had completed refresher training in safeguarding children and adults. However, the staff we spoke with knew how to identify concerns and how to report these. One staff said, "I am absolutely confident that [the registered manager] would deal with it."
- Where concerns had been identified these had been reported to the local authority as appropriate and action had been taken.
- People and their relatives told us they felt safe. One relative said, "If I didn't think they were doing their job properly I wouldn't have them in."

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

At our last inspection the provider had failed to ensure care records were always accurately kept to make sure people's needs were met. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider continued to be in breach of regulation 17.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Initial assessments of people's needs were completed. However, the identified health needs of people continued not to be always used to develop an effective care plan. For example, one person's care plan stated they had a condition which could cause a build-up of fluid. There was no further information about this condition to provide staff with the information they needed.
- Where people's needs had been assessed as having changed, care plans were not always updated. For example, one person's moving and handling plan stated they had to limit time sitting in a chair to four hours. The person's needs had changed, and the care plan had not been updated.
- During the assessment of people's needs there was no evidence they were asked if they had needs relating to protected characteristics under the Equality Act 2010, which includes sexuality, gender and culture. However, when we spoke to people no one identified they had any needs in this area which were unsupported.

The provider had continued to fail to ensure care records were always accurately kept and complete to make sure people's needs were met. This was a continued breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 for the third consecutive time.

Staff support: induction, training, skills and experience

- Staff training needed to be improved to ensure staff skills and knowledge were up to date. At our inspection in August 2018 we found staff were not up to date with their mandatory training. At our last inspection in September 2019 this had improved. At this inspection staff were once again not up to date with these areas of training.
- Staff had been provided access to online training in areas such as safeguarding adults, infection prevention control and medicines administration. However, not all staff had completed this training and the registered manager did not have sufficient oversight of this. We raised this with the registered manager at the time of the inspection who then put in a deadline for staff to complete the training they had been

assigned. After the inspection we received an updated training matrix which showed staff had started to complete more of the training.

- At the last inspection we found that staff had not undertaken training in relation to people's specific needs. For example, where people had catheters, epilepsy or diabetes. The provider had told us they would arrange the additional training as soon as possible. However, at this inspection we found this had not been fully addressed. For example, some staff members had completed training in catheter care, but no staff had completed training in epilepsy or diabetes.

The provider had failed to ensure staff had completed appropriate training as necessary. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Supporting people to eat and drink enough to maintain a balanced diet

- Not everyone needed support with eating and drinking. Where people needed support they told us it was in place. Comments from people and their relatives included, "They always ask what I want for breakfast" And, "Whenever I have gone around there are always three drinks there for [them]." People also told us they were asked what they wanted to eat and drink and offered choices.
- Where people were at risk from choking while eating and drinking guidance from health professionals had been sought. There was information for staff on what the person could or could not eat. There was information on how to identify concerns and what to do if concerns arose. Staff were aware of this guidance and were supporting people in line with guidance.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Most people arranged their own access to healthcare or had support from their family to do this.
- Where people needed support to access healthcare, they told us staff had provided this support. Comments included, "About three weeks ago I was poorly, and they called an ambulance." And, "They have had to call the GP for medication, and they do all that".
- Where healthcare professionals such as district nurses were involved in people's care staff were aware of this and there were systems in place to share relevant information in relation to the person's health.

Ensuring consent to care and treatment in line with law and guidance

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

People 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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- Most people were able to make decisions for themselves. People and their relatives told us staff asked for permission before providing care for them. One relative said, "Yes [staff asked permission], they know [my relative] likes to be reassured, so they do talk."
- The staff we spoke with knew when people had capacity, they had the right to make unwise decisions for themselves.
- However, where relatives had stated they had power of attorney for people and were legally able to make

decisions on people's behalf the registered manager had not checked this was in place. This was an area for improvement.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now deteriorated to Inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider failed to have effective systems to monitor the quality and safety of the service. This was a continued breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found the provider had not made enough improvement in this area, and they continued to be in breach of regulation 17.

- The provider had failed to learn lessons and make improvements to the service. This was the third inspection and at all three inspections Safe, Effective and Well-led has been rated less than Good. We identified a number of breaches of the regulations at the last two inspections that had not been addressed. For example, in medicines management and the management of risks.
- Areas identified as needing improvement at the last inspection had not been addressed. Staff training had not been improved and there was no system in place to analyse trends of incidents to drive forward learning.
- The provider continued to meet regularly with the registered manager. However, the progress of necessary improvements to the quality of the service had not been sufficiently monitored.
- Care plans were regularly reviewed. However, the system to check they were up to date remained ineffective. Care plans were confusing, and information was not always easy to find. For example, we found one care plan included three documents all with different information about the number of pain patches one person was using.
- Medicines Administration Records (MAR's) continued to be checked each month. These now identified any reason for gaps in the MAR's. However, they were not robust and had not picked up on the issues we identified at the inspection.
- At the last inspection we found people's daily records were regularly checked but it was not clear what was being checked. We also found gaps in records. At this inspection we no longer found gaps. However, what was being checked remained unclear and continued not to be recorded. Some daily notes included very little information. The registered manager was aware of this but it had not been resolved.
- There was a lack of monitoring and oversight with staff training and recruitment. For example, the registered manager had checked staff had valid car insurance for business use, however, this was not checked on an annual basis to make sure the correct insurance was still in place. Whilst the right to work in

the UK was checked, this was not monitored to make sure this had not changed.

- Complaints were responded to and action taken. However, there was no system in place to monitor low level complaints and analyse them for trends.

The provider had continued to fail to have effective systems to monitor the quality and safety of the service. This was a continued breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 for the third consecutive time.

- Circumstances had led to issues with office staffing levels. The registered manager had been covering multiple roles including delivering care to people during the winter peak of the Covid-19 pandemic. They had limited time to focus on improving the quality of care. Immediately after the inspection the registered manager told us how the provider planned to address this by increasing office resources.
- The provider understood their responsibility to submit notifications to CQC as required by law. The rating was on display as required and could be viewed by people and their relatives.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- During the inspection we did not identify any incidents or accidents at the service which qualified as duty of candour incidents. A duty of candour incident is where an unintended or unexpected incident occurs which result in the death of a service user, severe or moderate physical harm or prolonged psychological harm. When there is a duty of candour event the provider must act in an open and transparent way and apologise for the incident.
- The registered manager understood the need to be open and transparent when such incidents occurred and understood their duty of candour responsibilities.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager told us staff morale had improved, and we found staff were happy in their role. One staff said, "Morale has improved. Staff are a lot happier."
- Staff received regular supervision and were positive about communication at the service. One staff said, "I feel really well-supported." Another said, "Communication – it is very good we support each other 100%."
- People and their relatives were mainly positive about the management of the service. Comments included, "They can't do enough, and I can't praise them enough, from the accountant to the receptionist. [The registered manager] is so approachable they are amazing." And, "Oh its mainly fine. When it's too busy they get a bit confused but overall, they are alright 9/10."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- A survey for people and their relatives to feedback about the service was undertaken on March 2021. Feedback was mainly positive. Where people had raised issues, these had been addressed.
- A survey for staff was undertaken in January 2021 which was positive. Staff told us, "I made some suggestions to one of the team leaders, I can't remember what it was, but I was listened to and that's why I like working here."

Working in partnership with others

- The registered manager continued to work alongside health and social care professionals to provide joined up care to people. For example, working with district nurses and occupational therapists.
- The registered manager had joined the registered manager network and told us they found it supportive.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider had continued to fail to ensure recruitment processes were robust and safe.
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had failed to ensure staff had completed appropriate training as necessary.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had continued to fail to robustly mitigate the risks relating to the health and safety of people. This placed people at risk of harm. The provider had continued to fail to ensure people's medicines were managed safely. The provider had failed to ensure that the risk of the spread of infection was mitigated effectively.</p>

The enforcement action we took:

We took enforcement action against the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had continued to fail to ensure care records were always accurately kept and complete to make sure people's needs were met. The provider had continued to fail to have effective systems to monitor the quality and safety of the service.</p>

The enforcement action we took:

We took enforcement action against the provider.