

Northern Community Care Line Limited

Northern Community Careline Services

Inspection report

Community Care Line Services
20 Oxford Road
Dewsbury
West Yorkshire
WF13 4LN

Tel: 01924455433

Date of inspection visit:

03 January 2018

04 January 2018

17 January 2018

18 January 2018

19 January 2018

Date of publication:

24 April 2018

Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

The inspection took place between 3 and 19 January 2018. The inspection was announced. At the previous inspection on 27 September and 4 October 2016, we found a breach of legal requirements in relation to staff supervision and training. We checked for improvements to demonstrate the registered provider was meeting the relevant requirement.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key question to at least good. At this inspection we found sufficient improvements had not been made.

Northern Community Careline Services provides personal care and support to adults and children living in the North Kirklees area of West Yorkshire. It is registered to provide a service to children 4-12 years, people with dementia, older people, and people detained under the Mental Health Act, people who misuse drugs and alcohol, people with a physical disability and younger disabled adults. CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. At the time of the inspection they were supporting approximately 80 people.

There was a registered manager who had been registered since 15 March 2012. 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.

Although people told us they felt safe, we found aspects of the service that were not safe. Risk assessments were not accurate or up to date and did not contain all the information required to reduce the risks to people using the service.

We found concerns about the way staff recorded the administration of medicines. Medicines policies and procedures to guide staff were not up to date to evidence the registered provider was following best practice. There was evidence not all staff had their training to administer medicines refreshed or their competency checked by a person with the necessary skills.

Staff recruitment was not robust. The reason for a gap in a candidate's employment history had not been recorded, there was only one reference in one candidate's file and another candidate's second reference did not match the referee on their application form, with no reason recorded for this. There was no evidence recent recruits had undergone an interview prior to taking up their post to ensure people with the right values and behaviours were employed to work with vulnerable people.

The registered manager told us no one at the service lacked capacity to consent to their care. Staff had not been trained in the Mental Capacity Act 2005 and were not aware of the principles of the act. Policies and

systems did not provide guidance to staff to ensure people were supported to have maximum choice and control of their lives. Staff had very limited knowledge about mental capacity when questioned. There was no written consent form in place to evidence people had agreed with and consented to care outlined in their care plans.

Not all staff had received the required training; supervision and appraisal records were of poor quality and did not follow nationally recognised best practice. Informal supervision was not recorded as had been agreed by the registered manager in their action plan following the last inspection.

Some people and their relatives told us care workers were kind and caring although we were told that this had not always been the case. People said care workers were respectful and mindful of their privacy and dignity at all times.

Care records in the office were kept in a locked drawer to ensure these remained secure and confidentiality had been discussed at induction. However, the registered provider used members of staff own personal mobiles to disseminate confidential information which the staff confirmed to us was not guaranteed to remain confidential. We recommend the registered provider follow recognised guidance in relation to ensuring information is kept confidential whilst using mobile devices.

The registered manager was not yet meeting the Accessible Information Standard and we have made a recommendation, the provider takes steps to meet this standard.

People's care plans, although updated and reviewed at least annually did not contain person-centred information and were missing essential information.

Records and information from people and their relatives showed not all complaints had been recorded. The registered manager lacked oversight of all the complaints and the recording and outcomes of complaints did not detail learning had taken place.

Most staff felt supported by the management team and they described the service as friendly.

There was a lack of systems and processes including regular audits which meant the registered provider was unable to identify where quality and safety needed to improve. Up to date nationally recognised guidance had not been implemented by the registered manager.

There was no evidence to indicate the registered provider had the oversight of quality at the service and we were not provided with any records of meetings between the registered provider and manager.

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months.

The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe. If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six

months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration.

For adult social care services the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not always safe.

We identified concerns around the recording of medicines administered by care staff.

Risk assessments did not identify all the risks to people using the service and were not completed well.

People told us they felt safe particularly when supported by their regular care staff.

Is the service effective?

Requires Improvement ●

The service was not always effective

Not all staff supervision, training and appraisals were up to date or were of good quality. Out of date supervision and training was an issue at the last inspection and not enough improvement had been made.

Staff told us they offered people choice whilst providing care and ensured people had everything they needed when they left their home. Although staff did not understand how to determine if people had capacity to consent to their care and treatment.

People were supported with meal preparation and told us they were offered choice in what they wanted to eat.

Is the service caring?

Requires Improvement ●

The service was not always caring.

People who used the service and their relatives spoke highly about the care staff supporting them and were positive about the way care and support was provided respecting privacy and dignity.

People's care plans lacked information to enable staff to provide person centred care including those with communication needs.

We were made aware that on some occasions not all staff had

been kind to people when providing care

Is the service responsive?

The service was not always responsive

People's care plans did not fully reflect their physical, emotional and social needs. They lacked information about their personal history, preferences, interests and aspirations.

Complaints were not always recorded and the service therefore missed the opportunity they were using complaints to drive improvements.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

There was a lack of robust and regular audits or systems to demonstrate the registered provider was assessing the quality of their service.

Not all notifications had been sent to CQC as required by law.

The registered provider had failed to display the latest rating on their website to ensure people could see how we CQC had rated the service provided.

Inadequate ●

Northern Community Careline Services

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.

This inspection commenced on 3rd January and concluded on 19th January 2018. The inspection was announced. We gave the service one day's notice of the inspection visit because it is small and the manager is often out of the office supporting staff, spending time at another location and providing care. We needed to be sure that they would be in.

The inspection team consisted of two adult social care inspectors. The team also included an 'expert by experience' who telephoned people and their relatives to get their feedback about the service. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

The inspection was informed by feedback from questionnaires completed by a number of people using services. We sent out 47 questionnaires to people using the service and 47 to their friends or relatives. We received 12 questionnaires back from people using the service and five from their friends and relatives. We sent one questionnaire to a health care professional. The provider submitted their Provider Information Return (PIR) form. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We had also received a "share your experience form" in which a relative raised concern about the care provided to their relation. We referred this information to the local authority.

We reviewed all the information we held about the service and requested feedback from other stakeholders. These included Healthwatch, the local authority safeguarding and commissioning teams. The local

authority shared the information they held about the service and Healthwatch told us they did not have any information in relation to this service.

Whilst on site at the service we spoke with the registered manager, the deputy manager and a senior care worker. Following the inspection we spoke with five people receiving a service and seven of their relatives over the telephone. We also spoke with eight members of staff over the telephone following the inspection.

We reviewed care records, policies and procedures at the service, training and development records. We also looked at six staff files including three staff that had been recently recruited.

Is the service safe?

Our findings

People using the service and their relatives told us they felt safe with the care staff. Comments received included, "I certainly do feel safe and comfortable with the care workers", "Yes I am safe and comfortable." and "They are wonderful, always feel safe with my care workers." One relative we spoke with told us their relation had not been provided with their medicines as prescribed and another relative had reported prior to the inspection that a call they had arranged had been missed. Of the 12 questionnaires we received back prior to our inspection, all confirmed that people using the service felt safe

As part of the inspection we checked records to see how medicines were managed for those people who needed such support. Nationally recognised guidance "Managing medicines for adults receiving social care in the community" had been published in March 2017 by the National Institute for Health and Care Excellence (NICE). The service had not updated its policy to reflect this guidance and they were using a policy dated 1998. This policy had been devised for a different service to Northern Community Careline Services and was not in line with current best practice. We guided the registered manager to the CQC registered provider website in addition to the NICE guidance, to enable them to update their policy to ensure their staff had up to date guidance to follow. The lack of an up to date policy to direct staff demonstrated a breach of Regulation 12 (2) (g) of the Health and Social Care Act

In addition, there was no record to evidence a complete and contemporaneous record for each person's medicine. For example, people's care plans did not always contain information about the medicines people were to be administered. There was no information detailing what the medicines were for, such as patient information leaflets. We found from reviewing records, care workers were not recording the medicine support given to a person for each individual medicine on every occasion and they confirmed this to us during our discussions. The service had recently started using medicines administration records (MAR's) in November 2017 as part of their contract with the local authority but we were told staff were not yet completing these for every person and we were only shown one which had been returned to the office. This was despite the registered manager telling us staff would bring them into the office on the second day of our inspection. This meant the registered provider could not evidence they were meeting the regulation in terms of accurate recording. Care records reviewed recorded 'prompted medicines' and did not detail the medication this related to. Staff also confirmed during our discussions, they did not always record the medicines they had administered and told us they often forgot to sign MAR sheets at the time they gave medicines. Staff did not always understand the principles of the MAR system and its safety features. For example we asked one care worker about missed doses or what they would do if a person refused a dose of prescribed medicine. They told us they did not know the formal process to follow and said they would note this down without escalating the issue.

Three of the care records we reviewed indicated staff were applying creams to people but there were no body maps or details of the cream recorded. When we raised this with the registered manager they had implemented a body map by the second day of inspection. There were no PRN 'as and when' protocols in place to guide staff on when to support people with these medicines and the signs and symptoms to look out for if the person was not able to communicate this. Although we were told all medicines were in blister

packs, on discussions with the registered manager and the deputy manager, this was not the case and there was no system in place to communicate a change in medicines, for example, if a person was prescribed a course of antibiotics. This demonstrated a breach of Regulation 17 (1) and (2) (c) (f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, as documentation did not constitute a complete and contemporaneous record for each person.

We checked how risks to people were assessed and their safety monitored and managed so people were supported to stay safe. The registered provider utilised an environmental risk assessment to ensure staff were protected from an unsafe environment.

Risk assessments related to risks to the person such as to their physical health, mobility, diet and nutrition but the level of risk such as high, medium and low was in most cases left blank. We noted some risk assessments did not contain person-centred detail about the individual they concerned. For example, one person had diabetes and the risks associated with this had not been highlighted and therefore, there were no recorded means of mitigating this risk. Another person had a pressure ulcer, bed rails, stoma and catheter but there was no mention of this in the risk assessment. People identified at high risk of falls did not have falls risk assessments and risk reduction plans in place. This meant the registered provider could not evidence they had identified and reduced the risk to people using the service.

Moving and handling risk assessments were in place and care plans identified how specific tasks were to be completed such as movement in bed, transfers in and of bed and transfers on and off a chair. However, in one care plan we looked at this information did not provide the guidance required for staff to follow. We saw evidence the person's needs had changed but their moving and handling risk assessment and care plan had not been updated. Equipment had been changed since the care plan had been written and therefore staff did not have the necessary information to guide their practice. This meant the registered provider was not updating risk assessments to accurately reflect people's current needs which put the person at risk of harm from poor practice by unfamiliar staff.

In addition, not all the assistive equipment staff used to support people was listed in their records and the registered provider did not keep a record of when equipment had received required checks, for example, the Lifting Operations and Lifting Equipment Regulations 1998 (LOLER) check. The Provision and Use of Work Equipment Regulations 1998 (PUWER) requires an employer to ensure equipment is suitable for the intended use; safe for use, maintained in a safe condition and, in certain circumstances, inspected to ensure this remains the case. There were no records to indicate the registered provider kept a record equipment had been checked and serviced. The registered manager told us staff would always check the labels for equipment such as hoists and check slings prior to use, but there was no record to confirm this. They also told us if there was any problem with any assistive equipment, the staff member would ring the community equipment service provider who would generally go out that day or the day after.

The examples in relation to the assessment and management of risk demonstrated a breach in Regulations 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked to see the records and analysis of accidents and incidents to see how the service learned lessons when situations did not go to plan. The registered manager told us there had been no accidents and incidents since the last inspection; therefore there were no records to analyse. It was not evident from our conversations with care staff that a formal, effective policy or process was in place for reporting incidents or accidents. For example three members of staff did not know what we meant by an 'incident' and two other members of staff said they would write this information down in the care plan of the person they were providing care for at the time. This meant there was no robust system in place to ensure all accidents and

incidents were escalated to ensure a thorough investigation to ensure lessons were learnt.

Recruitment practices were not robust. The recruitment policy was out of date and referenced legislation and standards that had been replaced by the Health and Social Care Act 2008. We found a blank recruitment checklist with the policy with a comprehensive checklist to sign when all the pre-recruitment checks and safeguarding checks had been completed. There was no such form in each of the three files we looked at for care staff who had been recruited in 2017. The files did not contain the date of interview or a copy of the interview questions to evidence the registered provider was following good practice in terms of recruiting staff with the right values and behaviours. Some of the staff we spoke with confirmed they had not had a formal interview. NICE guidance, "Home care: delivering personal care and practical support to older people living in their own homes" recommends registered providers have a transparent and fair recruitment and selection process that: uses values-based interviews and approaches to identify the personal attributes and attitudes essential for a caring and compassionate workforce, and ensures workers have the necessary language, literacy and numeracy skills to do the job. Staff confirmed they had not had their suitability checked through a formal interview process.

We found the registered provider could not evidence they had carried out thorough pre-employment checks. For example, we found one person had only one reference on file, and another person's referee had been changed from the person on their application form without a written explanation for this. One person had a gap in their working history and the reasons for this had not been recorded, although the deputy manager told us the reason verbally. All Disclosure and Barring Service (DBS) checks had been completed. The DBS helps employers make safer recruitment decisions and reduces the risk of unsuitable people from working with vulnerable groups. We fed back our findings to the registered to encourage improvements in this area. This demonstrated a breach in Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, as the process for assessing applicants were of good character was not robust.

The deputy manager showed us the electronic system which they used to determine the staff rota. This showed people were supported by a consistent team of staff. As part of their local authority contractual obligations, the electronic system had been set up to record and monitor the call times. The registered manager was currently not monitoring call times but the expectation was that this would be up and running by March 2018. Staff would be required to use their mobile phones to scan a barcode on the person's record when they arrived and left the property which could give the registered provider 'live' information in relation to the staff whereabouts. Four of the twelve people using the service who responded to our survey strongly disagreed/disagreed to the question, "My care and support workers stay for the agreed length of time" and 25% of people strongly disagree/disagreed to the question, "The care and support workers arrive on time." As one of the negative comments we had received prior to the inspection related to a missed call, we asked the deputy manager how they currently analysed information in relation to late and missed calls. They told us they did not have any missed calls and if a carer could not get to a person or would be late, they would telephone the person and in most cases the person would cancel the call, and not get charged for it. This meant there was no assurance people's assessed needs had been met. Calls had been missed, they were just not recorded.

Staff told us their workloads were manageable and they never felt rushed or stressed because they were given enough travel time between home visits. However some staff said it was difficult to get help when they encountered problems or delays. For example of the eight individuals we spoke with, only two had ever reported an incident. The senior team had not provided immediate support to either member of staff, who both said they had to manage the situation by themselves.

Staff came into the office on a weekly basis to collect their rotas for the forthcoming week and bring in the care records for the previous month. This provided staff with the opportunity to discuss issues with the

registered manager or deputy manager to ensure communication about people's needs to promote their safety. Staff gave varying feedback about safety-related communication. One individual said they received updates to people's care plans and medicines by text message. They said, "The texts go to my personal phone. It's completely inappropriate and unprofessional. What if I didn't get the text or someone else read it?" There were no risk assessments in place to evidence the registered provider had followed guidance laid down by the Information Commissioner's Office in relation to the use of personal devices at work.

We saw from the registered provider's training matrix, not all staff had received training in infection prevention and control. From the questionnaires sent out to people prior to our inspection 92% of people said, "My care and support workers do all they can to prevent and control infection (for example, by using hand gels, gloves and aprons) whilst 8% strongly disagreed/disagreed with this statement. This meant that although most people were happy with this aspect of their care delivery, there were some people who felt this could improve.

Is the service effective?

Our findings

At our previous inspection 27 September and 4 October 2016 we found some staff had not completed medication, first aid or infection control refresher training and staff were not receiving supervision to ensure they were practising in line with current requirements. This had demonstrated a breach of Regulation 18 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered manager sent us an action plan to detail how they would make improvements in relation to staff training and supervision. At this inspection we checked whether the actions detailed by the registered manager had been completed and whilst we found some had been completed, not all of their identified actions had been completed. Not all staff had received training in medication, first aid or infection control. We found the registered provider to be in continuous breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at the records in relation to induction, training, supervision and appraisal. We also checked whether the registered provider utilised current legislation, standards and evidence-based guidance to ensure they worked to current best practice. The NICE guidelines "Home care: delivering personal care and practical support to older people living in their own homes" recommends care workers receive supervision in a timely, accessible and flexible way, at least every three months with an agreed written record of supervision given to the worker. In addition, they recommend care workers' practice is observed regularly, at least every three months, their strengths and development needs are identified; and performance is appraised regularly and at least annually. We found they were not working to this guidance and staff were not receiving supervision every three months. Informal supervision or chats with the registered manager when staff visited the office were not recorded as outlined in their action plan and the supervision matrix provided at inspection did not confirm staff were receiving supervision at the required frequency every three months.

For example, during our previous inspection the registered manager told us staff appraisals were in the process of being completed so we looked at records in relation to appraisals. The training matrix showed all staff had received an appraisal in November 2016, but a copy of these appraisals was not in the three staff files we looked at during this inspection. The deputy manager found one staff member's appraisal form in a drawer and the registered manager provided a copy of the other two by email following the inspection. One appraisal had been signed by the member of staff in September 2016 but not by the manager and there were no manager comments. The two provided following the inspection were signed by both the registered manager and the two staff but had no manager comments recorded in each section, and did not follow nationally recognised best practice. We did see three appraisals all dated 21 September 2017 but the records showed they too did not follow best practice to include a review of workers' learning and development needs, and feedback from people who used the service and their carers.

At our previous inspection we found not all staff had received training to ensure they had the knowledge and skills to support people using the service. The registered manager sent us an action plan to tell us they would make improvements. We looked for evidence at this inspection to check these improvements. The registered manager provided us with a training matrix to detail when staff had completed training but this

was not accurate or up to date. The registered manager provided us with an updated version on our second date of inspection but this still showed not all staff had been trained. The training matrix, information provided following the inspection and from staff files contained conflicting dates and we could not be confident staff had received the necessary training. This also meant the registered manager did not have an overview of staff training and development.

The registered manager and deputy manager had completed Vocationally Recognised Qualifications (VRQ's) to level 5 and we saw evidence staff had signed up to some courses, such as common health conditions through a distance learning college, although dates were not provided when these courses were to be completed. The registered provider had recently been awarded a contract with the local authority to provide a care service, which enabled them to attend training through the local authority training department. The deputy manager told us they were booked onto the local authority Mental Capacity Act training.

We asked people using the service whether the staff who supported them had the knowledge, skills and training to care for them. From the questionnaires received 75% of people using the service responded positively to the question, "My care and support workers have the skills and knowledge to give me the care and support I need." Although 8 % strongly disagreed/disagreed and 17% responded that they did not know. This meant that some people supported did not have confidence in the skills and knowledge of the care staff supporting them.

Some of the staff we spoke with were not able to list or describe the training they had completed. We talked with them about this and one individual said, "We're just inundated with training all the time so it's hard to remember what we've done." Another member of staff said, "We've had training in dementia, Parkinson's and arthritis. Other than that I can't remember." The training matrix did confirm the majority of staff had received training in dementia and training on diabetes was ongoing. We saw a certificate for one member of staff who had attained level 2 in diabetes 27 September 2016. Senior care staff told us they had undertaken a train the trainer course to help them deliver training and supervision to colleagues and one member of staff had been trained to deliver moving and handling practical training.

Some of the care staff told us they had regular access to training courses that helped them provide better care. One member of staff said, "We've got to keep our fingers on the pulse and not just sit around making tea. We are looking after people and their lives and we need to keep up to date with things like the latest guidance for medicines." Staff also told us the registered manager supported them to identify new training as part of the supervision and appraisal process, including training to meet specific people's needs. For example, some staff told us they had taken training courses in tissue viability, catheter care, diabetes, cerebral palsy, dementia and motor neurone disease. Care staff also said the registered manager was proactive in providing training for specific needs when a new person came to the service, such as someone with a PEG feed. Although when we checked the training matrix staff training on PEG had been completed by six staff in 2015 and there was no evidence to confirm this training had been refreshed or their competency checked.

As it was not clear from the information in staff files they had received practical moving and handling training to accompany online training, we asked for the certificates for staff moving and handling training following the inspection. We received information following our inspection which contained certificates to confirm six staff had undertaken moving and handling training with their online training provider in November 2017. We received five certificates for staff who had completed practical moving and handling training on 22 November 2017 with the registered providers key trainer. There was no evidence to confirm which items of assistive equipment staff had been trained to use or staff had their competency checked following training. This meant the registered provider could not evidence all 19 staff had the required

training to move people safely.

The registered manager did not yet utilise the Care Certificate for staff who were new to care on commencement at the service, although they told us they intended to use it. The Care Certificate is a set of standards that social care and health workers adhere to in their daily working life. It is the minimum standards that should be covered as part of induction training of new care workers. Northern Community Care Line Services had their own induction booklet for staff but there were sections on these that had not been completed even though the registered manager had signed the induction off as completed. We asked staff how they had been supported in their role when they commenced employment. New staff told us they undertook a two-week induction that included one week in the office for practical training and a day of shadowing a more experienced care worker. Staff described this process varyingly and some individuals said they received different amounts of time for shadowing. For example one individual said they had one week of shadowing and another said they had one day. One member of staff said they joined a 'double-up' team, who provided moving and handling support, for one week to learn the correct use of equipment. Another member of staff said, "I'm not sure what my induction was really. I went out for a day with some other carers, maybe that was it." One member of staff said, "I can't remember the induction."

We asked care staff about spot-checks and received variable feedback. For example, one member of staff said they had received regular feedback based on their supervisions but that these were not documented, as they were informal. Other staff told us spot-checks from managers happened infrequently and randomly. One member of staff said they only underwent spot-checks if they asked for them. Another member of staff said they had undergone one spot check in the previous two years. One member of staff said they were always invited to the office for an informal catch-up and discussion after a spot-check to find out if they were doing well and whether they had any areas for improvement.

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. We checked whether the service was working within the principles of the MCA.

We found no evidence on inspection staff had received training in the Mental Capacity Act and there was no policy or procedure for staff to guide them in the event they were supporting a person who lacked capacity or who had fluctuating capacity. We did see a blank two stage capacity assessment in a file along with the MCA Code of Practice although there was no information on best interest decision making. The registered manager told us no one receiving a service lacked capacity to consent to their care and treatment and they had never undertaken a capacity assessment. The registered manager, the deputy manager and the senior we spoke with during the site visit were not clear of their responsibilities in terms of assessing capacity and told us this would be the responsibilities of the social worker or GP.

None of the staff we spoke with knew the level of mental capacity of the people they provided care for. One member of staff said, "I can't remember if there's anyone without capacity. Maybe some I haven't seen yet. If I come across someone I'd just follow the care plan."

Four members of staff did not understand what we meant by mental capacity and six members of staff said they had never heard of the MCA. One member of staff said, "I can't remember if I've done that. I don't think we have." Another member of staff said, "I've never heard of it" and another member of staff said, "I don't think we've done that yet." One member of staff said, "You mean people with dementia and stuff like that?" when we asked if they knew about the MCA and another individual said, "Maybe we've done MCA. I can't

remember what we have and haven't done."

Although we found no evidence during our inspection the service was not acting within the legal framework of the MCA, the lack of knowledge amongst staff about mental capacity caused us to question whether they would recognise whether a person lacked the capacity to consent to the care and support they were receiving.

There was a section on the care plan to tick whether a person had a Lasting Power of Attorney (LPA). This section was blank in all the records we reviewed. One relative had a Lasting Power of Attorney for property and finance according to the person led assessment carried out by the referring authority. The service did not use a consent to care form as evidence people had consented to their care and treatment, although we did see signed contracts. However, the registered manager showed us a consent form on the section day of our inspection they intended to use going forwards.

We asked people about the help they received with their meals and whether they were offered a choice of options. One person said, "They make me breakfast. This is just how I like it." Another person said, "Yes the food is prepared for me. The care workers are good; they make me what I like." A relative told us, "The care workers are brilliant. They make what my relative really enjoys to eat."

The registered manager told us they worked closely with the district nurses in the area. We saw no direct reference to referrals to other services and there was no evidence of this in the files we reviewed to confirm staff ensured professional advice was sought if they had observed a change in the person's wellbeing. We knew this had happened as we found references to contact with district nurses in relation to tissue viability and an assessment by the moving and handling team following contact from the service requesting a reassessment. We asked the deputy manager where the records of communication between the services were held for the person who had been assessed by the moving and handling team. They told us this had all been done by email although they had not attached a copy of these emails to the person's online records. They showed us this person's online record and confirmed this information was not recorded although they did say the online system had the capability to record this information, they were not using it to its full potential. This meant there was no accurate contemporaneous record of a person's care and support needs and further demonstrates our concerns in relation to poor record keeping.

Is the service caring?

Our findings

People using the agency told us, Northern Community Careline Services care workers were kind and caring. We received the following comments, "They are wonderful. Kind, caring towards me at all times", "They are very good, excellent. Like my best friends" and, "Really good, very pleasant kind, caring care workers." One person told us they were treated with dignity and respect and said, "The care workers do give me respect, dignity. They are also very kind." Another person told us, "They are good. I am quite happy with the care workers. They always treat me with kindness. They have a real caring attitude." A relative told us, "My relative is very fragile; the care workers are very compassionate, caring. They really look after my relative." Another relative told us, "They are brilliant, very kind, very friendly and respectful to my relative. [Name] really enjoys their company."

People and their relatives told us care workers promoted people's privacy and dignity and were respectful towards them. Staff we spoke with demonstrated how they provided care that supported privacy and dignity. For example staff said they paid attention to closing doors, using blankets and discussing personal care with people. This included asking people where they wanted to receive their care and whether they wanted the member of staff to support them in personal tasks such as using the toilet. Staff also said they spent time chatting to people whenever they could such as during personal care or when supporting them with other tasks. For example, one member of staff said they used any leftover time during home visits to sit and talk and provide some company to reduce the risk of social isolation. Care staff described how they used encouragement and gentle persuasion to support people in areas such as taking their medicine.

Care records we reviewed did not show people or their representative had been involved in developing and reviewing their care plans. There was a section on the care plans to detail who had been involved in the assessment but this had not been completed in any of the care plans we looked at. People had not signed their care plans, although they had signed the written contract agreeing to the terms and conditions of the agency. The registered manager showed us a consent form on the second day of our inspection to use going forwards.

Staff described how they provided person-centred care, including meeting individual needs and promoting independence. For example one member of staff said, "We make sure people don't just give up and become dependent. We want them to keep their independence as long as possible. Simple things like getting them to fasten their own buttons by saying things like, "Go on just try!" and encouraging them to have a drink for themselves." However staff did not always demonstrate a good understanding of the people they provided care for. For example only one of the care workers we spoke with knew if the people they cared for were living with dementia. One member of staff said, "I suppose some of them must have it. I don't know who though."

We found areas of good practice in providing care to people with cultural and religious needs. For example one care worker supported a person whose bed needed to face in a specific direction so they could pray. The individual told us they ensured the bed stayed in the right position and made sure they didn't do anything that would compromise the person's beliefs. This included using a jug instead of a flannel for

personal care and following any specific instructions or requests they were given. Staff told us they had completed equality and diversity training that helped them to be aware of people's individual needs.

We asked the registered manager how they were encouraging equality and diversity at the service. They told us, "Each client is treated as an individual, with dignity and respect." When we asked whether they could support people who requested a gender specific carer, the registered manager said they had no male carers working at the service and, "All our clients are happy with female carers." We asked how they supported people of diverse religious needs and the registered manager told us, "The Asian minority live with family so we don't do meal prep. Everyone is given a choice, from fresh veg to a microwave meal. It's the choice of the client. What they want to eat."

The service had an equality and diversity policy which although was not available on the first day of inspection, this was provided on the second day of inspection. On review of this information, the policy related to equality and diversity in a residential setting and not in a care at home setting, which meant it did not contain relevant information to guide staff and people using the service.

Other policies at the service referenced out of day legislation such as the Disability Discrimination Act and the Race Relations Act amongst others, which we mentioned to the registered manager. We also checked training records to see whether staff had received training in equality and diversity and found not all staff had received training in respecting and promoting people's diverse needs. The registered manager emailed us after the inspection to confirm staff had received equality and diversity training on 24 April 2017. This did not tie up with information we had collated at inspection in staff files, or on the training matrix provided. This meant it was difficult to determine whether staff had been trained in Equality and Diversity

We were not assured staff had the necessary training and skills to adapt their communication to be able to effectively understand individual needs. For example one member of staff said they provided care for someone who did not speak English. They said, "We use hand gestures and some eye contact. Some of the time I think we understand each other." This meant there was a risk a person's needs would not be met as a means of communication had not been determined.

Care records in the office were kept in a locked drawer to ensure these remained secure and confidentiality had been discussed at induction. However, the registered provider used members of staff own personal mobiles to disseminate confidential information which the staff confirmed to us was not guaranteed to remain confidential. We recommend the registered provider follow recognised guidance in relation to ensuring information is kept confidential whilst using mobile devices.

We asked the registered manager the arrangements for advocacy services in the local area, if this was required and they told us this would be arranged through a person's social worker.

The deputy manager told us when people requested to meet their care staff prior to commencing the service, this was facilitated. Although some people had commented negatively to the question whether they had been introduced to new staff on the questionnaire sent out prior to the inspection. People were positive about being supported by a consistent team of carers and told us they only had problems with care when their regular carer was not available. This showed us the care agency was trying hard to ensure people were supported by care staff who were familiar to them and who knew their support requirements.

Is the service responsive?

Our findings

As part of the inspection we reviewed how the service responded to complaints to see how concerns and complaints were used as an opportunity to learn and drive continuous improvement. The registered provider's statement of purpose outlined their complaints procedure, but elements directing people to other agencies if not satisfied were missing.

In response to the questionnaires we sent prior to the inspection, 83% of people responded positively to the question, 'The staff at the care agency respond well to any complaints or concerns I raise,' although 8% strongly disagreed/disagreed. Of their friends and relatives, 60% responded positively to the question, 'The care agency and their staff respond well to any complaints or concerns I raise' whilst 20% strongly disagreed/disagreed. This meant not everyone using the service or their relatives were happy with the way complaints were handled.

We looked at the services complaints file and noted very few complaints had been recorded. There was limited evidence in the file in relation to the outcome of the complaints. The deputy manager printed off emails in relation to two of these complaints which demonstrated there had been contact with complainants to resolve the issues, as this information was not in the file. One person we contacted prior to the inspection told us they had made a complaint but had not received a response. Another person we contacted following the site visit told us they had made a complaint in relation to the staff falsifying records about the time spent at their home. In both cases they told us the service had been notified about the complaints, but there were no records of these two complaints in the file held in the office. This meant the registered provider was in breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the system in place for recording or dealing with complaints was not robust and did not evidence complaints were used to drive improvements.

We noted a wall full of thank you cards from people using the service and their relatives although most had not been dated to confirm they were recent. The registered manager gave us a copy of two recently dated letters from relatives of people which complimented the agency's caring staff.

The deputy manager told us the two senior carers carried out an assessment of people's needs before providing care. If the person was funded through the local authority they were provided with a person led assessment providing detail about the person and the care required. If people arranged care privately, the care staff obtained key information from discussions with the person and their family.

We looked at six care records during this inspection. The registered manager told us they had recently changed the care plan, and we were shown two current care plans and an archived plan from September 2017 which all recorded very different information. Care plans contained no information about people's life history, such as people's family life, employment and hobbies. This information enables staff to have meaningful conversations and encourage social interaction with people. Although there was a section to record people's preferences, this information had not been recorded. In contrast the local authority person-led assessment was very detailed, person-centred and contained pertinent information which could have

been used to form the basis of the registered provider's care plan. This meant the registered provider was not working to nationally recognised guidance when compiling their care plans.

Each file contained a one page care summary at the front of each file which provided staff with a summary of the tasks they were required to complete at each visit. This did include ensuring people were offered choices during their visit and one recorded a person's preference. Each form contained information to remind staff to ensure people had everything they needed before staff left the property.

We reviewed the daily records completed by care workers following their provision of care. Each day had a page with four time frames recorded; am, lunch, tea and bed and staff recorded the time in and time out of the person's home and signed the log. We found daily records were task focussed but did evidence some of people's assessed needs were met. Comments included 'Hoisted onto commode over toilet,' 'Prompted meds'. Relatives reported to us through questionnaires it was difficult to read daily records due to staff handwriting which meant there was a risk a person's changing needs would not be communicated effectively.

The lack of complete, legible, accurate and up to date records demonstrated the registered provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

From our discussions with staff it was not evident staff had appropriate access to care plans before providing care. For example care staff did not have access to this information until they arrived at each person's home. This meant they did not know each person's individual needs or preferences in advance. However staff demonstrated how they provided individualised care once they spent time with people, such as noticing when someone struggled to drink from a beaker and providing them with straws instead.

It was not evident the senior team maintained constant monitoring of people's needs and care. For example, one member of staff told us about one person and said, "I don't think the care plan meets their needs. But no one seems that interested and their family feels like they're not listened to. They asked for a change of times because at the moment they get out of bed too late and they've missed breakfast and often soiled themselves. I got no follow-up from the office when I raised it."

The registered manager was unaware of the requirements of the Accessible Information Standard. This requires them to ask, record, flag and share information about people's communication needs and take steps to ensure that people receive information which they can access and understand, and receive communication support if they need it. Therefore, we are recommending the provider takes steps to meet this standard and ensure a recording of an individual's information or communication support needs is 'highly visible' to relevant staff and professionals. General information about the service or the care plans was not available in accessible formats, although the deputy manager told us they could alter the font of the care records if this was required but as yet they had not needed to do this.

We checked to see how the service was meeting the needs of people with a communication difficulty. One care plan we looked at recorded in the medication section, 'Stroke, limited communication.' There was nothing further recorded to guide staff on how to communicate with this person. Yet in another person's care plan there was a box titled 'Communication' to detail communicated methods such as facial expressions, British Sign Language, Makaton and by writing things down. Although this was not completed for this person as they did not have any verbal communication issues, this showed the lack of consistency between care plans in use. This meant there was no systematic approach to recording people's communication needs to ensure staff had guidance to follow when supporting people.

The registered manager told us the service regularly provided care for people whose primary need was end of life care, although they were not supporting people requiring this service at the time of the inspection. The registered manager told us, in the event a person had a Do Not Attempt Resuscitation (DNAR) in place the original form would always be kept in the person's home."

Is the service well-led?

Our findings

At the previous inspection we rated this domain, Requires Improvement due to the lack of formal quality assurance processes and staff training and development. As the registered manager has failed to address all the issues raised at the previous inspection and the systems of governance are still not robust or effective, the rating for Well Led at this inspection is Inadequate.

We asked people who used the service and their relatives if they thought the service was well-led. We received the following comments, "I would say the service is well run. They are approachable, easy to talk to. I am certainly happy," and "They are excellent. 10 out of 10. We all work as a team." Another said, "Very little to do with the company. They have sent odd questionnaires which I have filled in." One relative we spoke with said, "On the whole the management are fine. The front desk needs to deal with messages better." Another relative told us, "Management are good, they listen. We had a problem in the past, we had many different faces attending my relative, and this became very difficult for my relative. The company sorted this out. We now have a regular care worker." A further relative said, "I have very little to do with the management. I have found on certain occasions I have left messages at the front desk. These messages are not forwarded on."

At the time of this inspection the registered manager was also managing the registered provider's residential care home situated on the same site and was splitting their time between the two services. They told us they were intending to register as the manager of the residential service. The care coordinator had their post upgraded to deputy manager to reference additional responsibilities.

At this inspection we looked at records in relation to the management of the service such as audits, policies and procedures and information provided to people using the service to check whether improvements had been made. We found there were still no systematic audits undertaken by the registered provider or registered manager to identify where improvements were required. The registered manager told us the registered provider was available on the telephone "at the drop of a hat." They told us they chatted weekly and had supervision every three or four months. We were not provided with any record of these discussions or supervisions, despite our request for this information. The registered manager had been provided with an audit tool by a consultant employed by the registered provider at their residential location on the same site, but this audit had not yet been applied this to the care at home service. There were no management audits in place for environmental risk assessments, medication, infection control audits or health and safety audits, which meant the registered manager could not evidence they were identifying where improvements could be made at the service. No accidents and incidents had been recorded and therefore no analysis undertaken to identify trends and themes. Missed or late calls were not analysed and although the system was to be changed to allow for the system to run a report, this was only as a result of their recent contract with the local authority and had not been driven by their own identification of a problem.

There was no analysis of staff training needs and no policy detailing which training was required to be refreshed at a set interval. The training matrix was not accurate and the registered manager was unable to tell us with confidence which training staff had received. We asked for evidence of refresher training to be

sent to us after the inspection along with staff appraisal. We were provided with certificates for some staff which indicated some but not all had their training refreshed in some subjects. Nationally recognised guidance suggests some training and competency checks are undertaken once a year, for example, medicines administration.

The registered manager told us senior staff checked the comments sheets (detailing daily care interventions), and we saw evidence of these checks during our inspection. The senior staff had made the following comments, 'No times in and out.' Action taken, 'Informed manager.' And in another 'No notes at all.' And 'Quite a lot of notes missing. Usually on main carer's day off.' Action taken, "Meeting with all staff 19/10/2017." However, there was no action plans or records to evidence a systematic approach to improvements. Care plans were not audited by the registered manager and our review of the care plans found they did not contain the information to nationally recognised standards. A robust and systematic approach to audit would have picked up the shortfalls.

As part of their legal requirements, the registered manager is required to notify CQC of 'any abuse or allegation of abuse in relation to a service user.' The registered manager had completed four notifications since registration in 2012, two in relation to the death of a person using the service and two in relation to abuse. During our inspection we found one recent incident which should have been notified to us. On discussion with the registered manager they told us they had previously been advised by CQC not to report incidents unless the local authority was to proceed with an allegation. We explained, regardless of the threshold set by the local authority, they should be notifying us about those incidents that fall within the regulation on abuse and neglect. This includes allegations of abuse. We were made aware of a further incident of alleged abuse following our inspection, we received no notification in relation to this.

We were given a copy of the service user's guide which is given to people when they commenced using the service. The guide was undated and it was not clear when it had last been updated. We found it referred to out of date legislation, The Care Quality Standards Act 2000 and the Domiciliary Care National Minimum Standards. We found the same issue with policies and procedures which also reflected previous legislation which demonstrated the registered manager was not keeping policies up to date with current legislation. They had been directed to current best practice from NICE by the local authority in terms of domiciliary care but had not yet implemented this into their policies or practice.

People's views of the service had been obtained in a questionnaire which the registered manager told us was sent out every three months. Of those which had dates to confirm they were current, 16 had been sent out in July 2017 and three in October 2017. The information from these had not been collated into one overall audit to analyse the information which would have evidenced how positively people viewed the service. Virtually all the comments in the examples we checked were positive, although there was one negative comment which related to staff not turning up on time. We asked the registered manager how they managed any negative comments, they told us they always contacted the person to try and resolve issues, and recorded the action on the questionnaire but in the example we checked, and which we showed to the registered manager, there was no record of action.

The lack of robust quality checks to drive improvements demonstrated a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We spoke with 11 members of care staff. Most staff described positive working relationships between the care and office-based teams and said they felt support from managers was readily available. One member of staff said, "I love working for them. There's a great camaraderie and no segregation between us because of our different roles." Another member of staff said they noticed improvements in the organisation with the

introduction of a new manager.

Care staff said they had developed their own support network that meant they could rely on each other for help while on home visits. For example, one care worker said if they found a person in a deteriorating medical condition or another emergency they could text other carers who would come and help. However this did not take place according to an established procedure and was not risk-assessed. This system also meant the senior team were not always aware of urgent situations.

Most of the staff we spoke with said they felt able to give feedback to the senior team and that they would be listened to. However, not all staff felt like this. For example one member of staff said, "I find the [office team] difficult to approach. They are all friends and it can feel intimidating going in there. I definitely wouldn't approach them if I needed anything."

It was not apparent from our discussions with staff that a whistleblowing policy was in place or that staff were appropriately briefed on how to escalate urgent concerns anonymously. During our site visit we noted CQC guidance on whistleblowing was pinned to a notice board. However, the registered provider's own policy was out of date and was due to be reviewed in June 2008. This meant staff did not have an up to date whistleblowing policy to guide them when they had concerns about other staffs' practice.

Care staff did not know if the organisation had a vision or strategy. One individual said, "If we have one I don't know what it is. Maybe they talked about it in induction." Another member of staff said, "I can't remember what it is. Something about 'treating them like your own'."

Team meetings were held at the service and we were provided the minutes of two meetings referring to meetings held on 6 and 11 September (although no year was recorded). These demonstrated a discussion had taken place in regards to issues with service users, but contained very limited information to evidence staff meetings were used to embed a person-centred culture, involvement, compassion, respect, equality, wellbeing and safety to effectively embed these values into practice. When we asked staff about team meetings, some told us they had remote meetings carried out by phone or by text message. One member of staff said meetings only happened in response to something and it was difficult to find a time for everyone to attend. Most of the staff we spoke with said they felt the senior team listened to their feedback and acted on this. For example one individual said they had raised the issue of people cancelling home visits and the office team not letting the booked care staff know. They told us since raising this, the situation had improved.

The registered provider is required to display their CQC rating 'conspicuously' and 'legibly' at their main office, and on their website. This is a legal requirement from 1 April 2015. The registered provider was displaying the ratings in their office but our checks prior to inspection confirmed they were not displaying the rating on their website. The website has now been taken down. Failure to display ratings on the website was a breach of Regulation 20A (2) (c) of the HSCA 2008 (Regulated Activities) Regulations 2014.

The registered provider was a member of the United Kingdom Homecare Association (UKHCA), a member-led professional association of home care providers. The registered manager has also joined the local authority registered manager network following their recent contract award. They had not attended any meetings at the time of the inspection. They also told us they had visited the Social Care Institute of Excellence website for information in relation to the Care Certificate. They printed off the CQC updated characteristics of ratings during our inspection site visit and our discussions with them showed us they had little understanding of how we would be conducting our inspection and the evidence we required from them to show us how they were meeting their regulatory requirements.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered provider had failed to assess the risks to the health and safety of service users of receiving care and treatment, which includes doing all that is reasonably practicable to mitigate risk and to adopt control measures. Policies and procedures should be in line with current legislation and guidance. Staff should be appropriately supervised until competence has been determined.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints</p> <p>The registered provider was not ensuring all concerns were recorded as complaints to demonstrate they were using these to drive improvements at the service.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 20 HSCA RA Regulations 2014 Duty of candour</p> <p>At the time of our inspection, the registered provider had not displayed their ratings on their website.</p>

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 17 HSCA RA Regulations 2014 Good governance</p> <p>Staff were not always recording the administration of medicines in line with good practice.</p> <p>They had failed to maintain securely an accurate, complete and contemporaneous record in respect of each service user.</p> <p>Systems and processes did not enable them to identify, assess, monitor and mitigate risks to people using the service.</p> <p>Systems, processes and policies were not assured for quality. There was no robust audits in place to drive improvements and to demonstrate the registered provider and the registered manager had an overview of quality.</p>

The enforcement action we took:

Warning notice

Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>Staff had not been trained, supervised and appraised in line with nationally recognised guidance. Recruitment of staff did not also follow best practice to ensure staff were recruited with the right values and behaviours.</p>

The enforcement action we took:

Warning notice