Community Careline Services Medway Limited

Community Careline Services

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 caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

The inspection took place on 22 May 2018. The inspection was announced.

This service is a domiciliary care agency. It provides personal care to any adults who require care and support in their own houses and flats in the community. Not everyone using Community Careline Service receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of inspection, approximately 30 people were receiving personal care in their own homes.

This was the first comprehensive inspection following a change of legal entity and new registration on 20 December 2017.

The provider employed a registered manager at the service who had been the registered manager of the service for many years with the previous provider. 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.

Risks to individual people were not always identified to ensure measures were in place to help keep people safe and prevent harm. Environmental risks inside and outside people's homes were documented to keep people, staff and others safe from hazards.

Accidents and incidents were recorded by staff but not always followed up by the registered manager to ensure appropriate action had been taken and identify themes to learn lessons and prevent future occurrences.

Some areas of the management of people's prescribed medicines needed improvement to ensure people received their medicines in a safe way at all times. Care plans, medicines administration records (MAR) and daily records showed conflicting information about people's medicines. Information for staff about people's medicines, why they were taking them and the side effects to watch out for was not available.

A safeguarding procedure with the information staff would need to follow if they had concerns about people was available. People told us they felt safe and knew who they would talk to if they did not.

The provider and registered manager followed safe recruitment practices to make sure only suitable staff were employed. Enough staff were available to be able to run an effective service and be responsive to people's needs. The people we spoke with told us they had regular staff to support them who were on time when visiting and always stayed to support them for the whole time they were allocated. Staff had a suitable induction period when they were new where they were introduced to people before they started to support

them.

Many staff had not had suitable training to make sure their skills and knowledge were up to date. Although most staff had a one to one supervision meeting, most staff had not been regularly observed while carrying out their duties to ensure they continued to provide safe care and follow good practice.

People had an initial assessment before they received a service and the assessment was used to inform their care plan. Documentation in the care plan was not always fully completed. We have made a recommendation about this.

Although people gave positive accounts of the care that staff provided, a person centred approach had not been taken in the care planning process to ensure the personal and individual information about people was documented.

People were supported to make their own decisions about their care or had a family member who helped them. The registered manager was aware of their responsibilities within the principles of the Mental Capacity Act 2005 if people required a mental capacity assessment to test their capacity.

People were supported with their nutrition and hydration needs where necessary, although many people did not require this assistance. People and their relatives told us they were happy with the support given by staff.

Many people did not require the assistance of staff to manage their health care needs as they either took care of this themselves or had a relative or friend to help. Where assistance was required, staff knew who to contact to get people the help they needed.

The caring approach of staff was clearly evidenced by people and their relatives making positive comments about the staff who supported them. People told us they had regular staff providing their care and support who had got to know them well, creating confidence and trust. People were given a service user guide at the commencement of their care and support with the information they would need about the service they should expect.

The provider had an up to date complaints procedure and people and their relatives told us they would know how to make a complaint if they needed to. Complaints made had been followed up by the registered manager, in line with their complaints procedure.

Although the provider and registered manager had some auditing systems in place to monitor the quality and safety of the service, these were not always used effectively to identify where improvements were needed and to take action.

Few staff meetings were held to provide support and keep staff updated with organisational information and new guidance.

People thought the service was well run and were positive about their experiences.

The provider sought people's views of the service on an annual basis. People told us they were regularly asked their views to check if they were satisfied with the service.

During this inspection, we found four breaches of the Health and Social Care Act 2008 (Regulated Activities)

Regulations. You can see what action we told the provider to take at the back of the full version of this report. This is the first time the service has been rated requires improvement.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Individual risks were not always identified to help protect people's safety. Risks in relation to people's home environment were checked to keep people and staff safe. Accidents and incidents were not always followed to ensure actions required had been completed to keep people safe.

The administration of people's prescribed medicines within their home was not always managed in a safe way.

Staff knew how to keep people safe by following the safeguarding procedure and reporting any concerns they had.

Robust recruitment practices were in place to safeguard people from unsuitable staff. Sufficient staff were available to provide the support required.

Is the service effective?

Requires Improvement

The service was not always effective.

Most staff had received one to one supervision. Observational checks to monitor staff competency had not been carried out with most staff. Staff training was not always kept up to date to develop staffs' skills appropriately.

People had an initial assessment to determine the care and support they required from staff. Individual care plans were in place. Documentation was not always completed.

People had control over the choices and decisions they wished to make.

Staff provided the support people required with their meals and fluids as well as their health.

Is the service caring?

Good

The service was caring.

People were complimentary about the staff who supported them, finding them kind and caring.

People and their relatives told us they were involved in their assessment and care planning process.

People were given information about the support they received and the standards they could expect from the staff.

People experienced care from staff who respected their privacy, dignity and independence.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Care plan records did not always provide the person centred information needed to always provide good quality care even when new staff were introduced.

The complaints procedure gave people the information they needed to know. Complaints made had been responded to appropriately.

Is the service well-led?

Requires Improvement

The service was not always well led.

Some monitoring processes were in place to check the safety and quality of the service. These had not been effective in identifying areas that required improvement.

Staff meetings were held infrequently to keep staff up to date with the information they needed.

Feedback was sought from people about the service they received.

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 took place on 22 May 2018. The inspection was announced. We gave the service 48 hours' notice of the inspection visit because it is a care agency and the registered manager is sometimes out of the office. We needed to be sure that they would be in. The inspection was carried out by two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we looked at notifications about important events that had taken place in the service which the provider is required to tell us by law. We used this information to help us plan our inspection.

We spoke with seven people who used the service and four relatives, to gain their views and experience of the service provided. We also spoke to the registered manager, the deputy manager and three staff. We received feedback from a health and social care professional who was involved in the care of people who used the service.

We spent time observing the care provided and the interaction between staff and people. We looked at six people's care files, medicine administration records, five staff records including staff recruitment and training files, the staff rota and staff team meeting minutes. We spent time looking at the provider's records such as; policies and procedures, auditing and monitoring systems, complaints and incident and accident recording systems. We also looked at residents and relatives meeting minutes and surveys.

Requires Improvement

Is the service safe?

Our findings

All the people we spoke with and their relatives told us they felt safe with the staff who supported them from Community Careline Services. One person said, "I feel completely at ease and safe with them, never a worry". The comments we received from peoples relatives included, "[Name] feels totally safe and I feel safe with knowing the standard of the care they provide for [Name]"; "[Name] feels totally at ease and safe with the carer (staff) we have, and I can't tell you what a relief that is for me"; "Absolutely safe and happy and supported like one of their own"; "I feel [Name] is safe as houses with them".

Although some individual risks were assessed, for instance, if people were at risk of self neglect, had a history of alcohol or drug abuse or aggression, other areas where a risk was evident were not. One person had osteoporosis and a risk assessment had not been carried out to highlight the risks of this condition and how it may affect the person. Measures to control the risk of injury when staff were supporting the person were not in place to provide advice and guidance. Another person was diagnosed with Diabetes. No risk assessment was in place to highlight to staff what signs to look for if there was a health concern associated with the condition. This meant guidance to enable staff to act if necessary to prevent a deterioration in health was not available.

A manual handling assessment was in place for each person to assess what their needs were when moving around their home, taking account of the person's height, weight, their mobility and the aids they needed to help them. The type of equipment people needed to move around was detailed, such as a hoist, including the size of sling used. Increased risks such as their medical condition, if they suffered pain or had a low or high blood pressure were also taken into account. One person had limited ability and used a wheelchair to get around. Staff did not need to help the person to transfer into and out of their wheelchair as they managed this themselves. A risk assessment was in place recording the prompts and encouragement staff needed to provide to assist the person to transfer in a safe way. However, where people did need support of staff to move around in a safe way, the risks associated with the manoeuvres staff needed to take with the individual were not always identified and assessed. One person's moving and handling risk assessment stated their medicines were an identified risk when they were being supported to move. The measures to control this risk were recorded as 'two staff to monitor'. No further detail was recorded to explain this further, for example what the risks around medicines were and what staff were expected to monitor. A management plan to ensure staff used the appropriate measures to help to control individually identified risks had not been documented.

People were not always protected from the risks associated with the management of medicines. Not every person required assistance with taking their prescribed medicines as some people could administer their own medicines or a family member or friend assisted them. A list of medicines people were prescribed was included in the care plan and a space to show whether the person administered their own medicines, a family member helped or if staff were responsible for administering their medicines. However, there were inconsistencies in the information recorded in the care plan and what staff were actually expected to do when they visited. One person's records regarding the administration of their prescribed medicines showed information given in different areas of their care plan did not equate with each other. Their care plan did not

state that staff administered their medicines. However, they had a medicines administration record (MAR). The MAR and the daily records indicated staff sometimes administered their medicines and sometimes they only prompted the person to take their prescribed medicines. It was unclear whether staff had been given clarity about the difference between administering people's medicines and prompting a person to take their medicines themselves. As the care plan did not state that staff were expected to administer the person's prescribed medicines but some staff were doing this, it meant that there was a risk of errors being made. New staff or staff who did not normally support the person would not be clear what they were expected to do. Another person's records showed a very similar concern.

Information was not available for staff about the medicines people were prescribed. Guidance was not provided to show what people's medicines were prescribed for and any side effects staff needed to be observant for. One person was prescribed warfarin, an anti-coagulant medicine used to prevent blood clots, this was not included in the care plan documentation and a risk assessment was not completed. This meant staff may not know the risks associated with the medicine such as increased bruising and the risk of bleeding that could need immediate medical attention.

The provider and registered manager had failed to assess and mitigate risks to people and failed to manage medicines in a safe way. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014.

Accidents and incidents were recorded by staff when they happened and the incidents were logged appropriately. Action had been identified and recorded, such as updating people's risk assessments or further training for staff. Incidents were monitored and followed up by the registered manager or office staff to reduce risks and improve the service

A health and safety risk assessment of the environment was carried out before support commenced which included an assessment of the hazards inside the property and outside. The assessor checked areas outside of the property such as steps up to the property, uneven paths, poor lighting or if the property was in an isolated area. The inside was checked for cluttered access areas, trailing cables and fire safety was considered such as if the person smoked, if fire equipment was available and if smoke detectors were in place.

Where equipment was used in a person's home, a record was kept of the dates the equipment was serviced and when the next service was due. This meant staff could be sure they were using equipment that was safe. An assessment was in place describing the risks of the cleaning products used in the people's homes and what measures were in place to keep people and staff safe when staff were in the home.

Staff had access to the personal protective equipment they needed to use when visiting people to provide their personal care within their own homes. The equipment included disposal gloves and aprons and shoe covers where necessary. Staff were aware of the risks associated with the spread of infection when moving from one person's home to another. This helped to control the risk of infection, keeping people safe.

The staff we spoke with had a good understanding of their responsibilities in relation to safeguarding concerns they may have. There was an up to date safeguarding policy in place which included information on how to report safeguarding concerns and the local authority safeguarding process. An up to date whistle blowing policy gave staff the information they would need if they wished to raise concerns about staff conduct within the service externally.

People told us they were happy they usually had the same staff supporting them. This meant they knew staff

well and this helped to make them feel safe. The comments we received from people about the staff supporting them included, "I do have an allotted time and they always stay to finish the job and never rush me even if they arrive a little late due to traffic or something"; "The carers (staff) are usually pretty good at being on time but ring me if they are not going to be"; "I like to keep the same carer (staff) and that is just what happens". People's relatives were equally pleased that their loved ones had consistent staff. Relatives told us, "Yes we have the same carer (staff) coming which is great for us because we know them, and they know us and how we work" and, "Usually pretty much just the two carers (staff) on and off and that is great as we know them so well now".

There were sufficient staff to provide people's assessed care and support needs as people were very positive about the service they received. Staff rotas showed staff had sufficient travel time between their care visits to be able to travel from one person's home to the next.

The service was following safe recruitment policies and guidance when employing new staff. The service had safe practices to ensure that the staff employed were suitable. Checks had been made against the Disclosure and Barring Service (DBS). A DBS check highlights any issues there may be about staff having criminal convictions or if they are barred from working with people who need safeguarding. Potential new staff provided their full employment history and photographic identification had been checked. The provider had checked two references before new staff commenced employment.

The provider had an emergency plan in place to make sure that a service could still be provided in unforeseen circumstances such as severe weather or an epidemic amongst the staff team. One person described their experience of staff assistance in one of these circumstances. "During the snow this year I couldn't get to the shops for bread or milk and without me even asking they delivered it to me – can't do better than that can you!"

Requires Improvement

Is the service effective?

Our findings

People told us they were confident the staff knew them well and knew what their needs were as they had mainly the same staff supporting them each day. People told us, "They let me know precisely what is going on and what they are about to do. For example, they will say 'we are just going to wash your back now or, we are just going to roll you over now to wash you'. It is all about reassurance with them"; "The carers (staff) will help in any way I need it, they are very adaptable"; "They (staff) support me 100% the way it should be and the way I want it. They make sure I know what is going on at all times and we stick to my plan".

People's relatives trusted the staff knew what they were doing in order to care for their loved ones. The comments we received included, "The carer (staff) knows just what support is needed and executes it with great care and patience at all times"; "The carers (staff) all know precisely what to do and carry out each task telling [Name] exactly what they are doing, and they do it well" and, "We had a full assessment before the care started so we could iron out any problems early on"

Most staff had the opportunity to have one to one supervision meetings with their line manager since December 2017 to discuss their performance, any concerns and their personal development. However, the staff records we looked at showed no staff had been observed while carrying out their role providing people's care to ensure they continued to be competent in the position they were employed for. We asked the registered manager to send us their supervision matrix for all staff. The matrix showed that only seven out of 29 staff had been observed carrying out their role in people's homes since December 2017. Staff were administering people's prescribed medicines within their own homes. However,10 staff had not updated their medicines training. As only seven staff had been observed in their role, the majority of staff had not had their competence checked when administering medicines to ensure they used safe practice and continued to have the required level of competence. This meant that staff were not supported and monitored sufficiently so the registered manager could be assured they continued to have the competence to perform their role providing safe care.

Although the provider employed an in house trainer, many staff had not had the training they required to undertake their role working in the community. The training matrix we were given accounted for only 19 staff. Out of those 19 staff, 15 staff did not have up to date equality and diversity training;14 staff did not have up to date Mental Capacity Act training;13 staff did not have up to date food hygiene training even though staff supported people by cooking their meals; nine did not have up to date safeguarding adults training; eight did not have up to date fire safety training; seven did not have up to date training for moving and handling people. A training schedule with dates of planned training showed training was due to take place on the day of inspection, however, no staff were in attendance for training that day. The registered manager was not able to give an explanation for this. Another day's training was scheduled for the following Monday after the inspection. However, this was a bank holiday. The registered manager said this was an error as they did not open the office on a bank holiday. However, the error had not been noticed and it would be expected that staff rotas would have been booked with this date as it fell the following week. This meant the provider could not be assured staff had the skills and knowledge to provide safe and good quality care to people in their own homes.

The failure to ensure staff have the skills and competence to undertake their role in providing safe care was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014.

New staff had an induction into the service and a period of shadowing more experienced staff before they carried out personal care and support tasks on their own. People and their relatives consistently told us they were always introduced to new staff before they started to support them, "If a new carer (staff) is going to start they always introduce them first and never send them in 'cold' as it were"; "Yes we have the same carers (staff) and no one new starts without coming with another carer (staff) who already knows [Name] and her ways" and, "We always get introduced to anyone new and they always come with a carer (staff) who knows [Name] already".

An initial assessment was completed with people before the registered manager agreed they had the staff with the skills needed available to provide the care and support identified in the assessment. "We had an initial assessment but as [Name] illness progresses it is a continual process that the office are good at monitoring". The care plan was developed following the assessment, showing the times of the day and the days of the week the person had chosen to have their care provided. The personal care tasks people wanted staff to support them with at each visit were recorded in an overall summary for staff to access easily. One person received three visits a day every day and liked to have either a bath or a strip wash each day. It was documented they would make their choice on the day. Guidance was given to staff how they liked this to be done and also how they could self direct their care.

People and their relatives told us about their care plan and were confident staff provided their care in the way they wanted. One person said, "The care plan is marvellous, it means I don't have to keep explaining things or repeat myself and it helps the carers (staff) understand me too. We go over things in it now and again to make sure it is up to date". However, not all care plans provided a detailed written record of people's care needs and how they wanted their care to be provided. Some people were able to direct their own care by telling staff what they wanted and some required minimal support, care plans worked well in these instances. Some people had more complex needs and had many care visits a day or were cared for in bed. Care plans for these people did not always provide the detailed information a new member of staff would need to provide good quality care.

Some personal documentation in people's care plan files were not completed. For example, an 'Emergency sheet', in place to provide people's up to date personal information such as name, address and contact number was in place. Two people's care files we looked at did not have the relevant information asked for on the emergency sheet. Although the care files were office copies, the originals being in people's homes, it was still important the information was complete and up to date as office staff may need access to the information in the case of an emergency.

We recommend the provider and registered manager uses information from a reputable source to review how they can improve people's care planning records to reflect their needs more accurately.

The Mental Capacity Act 2005 (MCA 2005) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When people lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People gave their consent to the care agreed with the service and to the care plan and risk assessments undertaken. People signed to confirm their consent. A personal profile showed a brief description of people's personal details within their care plan. The profile included if the person was considered to have the mental capacity to be able to understand their assessment and make decisions

about their care. Most people did have the capacity to make their own decisions or had a relative who helped them where they needed. Where people were thought not to have the capacity to consent to all or some parts of their care, a mental capacity assessment was undertaken. This meant that discussions and decisions about people's care were taken in their best interests.

Many people could either make their own meals and drinks or had a relative or friend who helped them. Some people however, did require the support of staff to assist with their nutrition and hydration. Where this was the case, people told us they were happy with the support from staff. One person said, "They (staff) will help with meals if needed or with pretty much everything I need". A relative told us, "They (staff) get [Name] water or a drink when she needs it and they help with her food and won't leave her until she has eaten it as there is a danger she might choke".

Most people did not need the assistance of staff to support them with their healthcare, such as making and attending appointments as they managed this themselves or a relative or friend helped them. However, people told us that staff did check to make sure they were not unwell and helped whenever they needed it. People were confident staff would always help wherever it was needed.

Good

Is the service caring?

Our findings

People and their relatives were full of praise for the Community Careline Services staff who helped them with their personal care and support needs. Some of the many comments we received from people about staff included, "Yes they are very caring, I have no issues at all. They really do a great job and help me just the way I need it"; "I would say that they go above and beyond their duties"; "They take time for banter and don't brush me off when they want to leave"; "The carer (staff) knows me inside out I would say, and she makes it her job to do so, she is always polite and charming".

Relatives told us, "Each one will go out of their way to help. They are incredibly patient and never rush [Name] but take their time and have a chat and such a laugh"; "They (staff) support 100% and make life that much easier to cope with"; "They (staff) are incredibly caring and respectful"; "The staff all know how [Name] likes things done and know him like he's family, that's how good and caring they are".

A 'Guide to services' had a clear index with the areas covered inside making it easy to find the information needed. Each person was given a copy of this at the commencement of their support and they kept it within their home. The guide covered, what to expect; can I change times for support; who will come to my home; what happens if staff are off sick; what if I have a concern to raise. Contact details of key staff within the service were clearly set out so people or their relatives could make contact with the relevant staff if they needed.

The staff we spoke were clearly very happy in their role and spoke fondly and respectfully about the people they supported. One member of staff said, "I have fallen in love with the people and the company". Another member of staff told us their job was, "Very rewarding". Staff also told us how they got to know people's families well and found this to be another rewarding part of their role. One staff member said, "We make sure everyone feels well looked after".

Information about people's medical conditions was included in their care plan from reputable sources so staff had more in-depth detail about the person and how their condition may affect them. One person's care plan had information about cerebral palsy, tendonitis, hernia, osteoporosis, and irritable bowel syndrome.

People told us that staff respected their privacy and respected their home when they visited. One person told us, "The staff help in just the right and polite way it should be, never been a problem" and another person said, "Definitely I would say they go out of their way to help and make sure I am comfortable and happy". Two relatives, happy with the care their loved ones received said, "The carer (staff) knows precisely the way to support [Name] and what is important to [Name], such as her dignity and privacy even now"; "If [Name]is on the toilet or something they don't just sit around and do nothing they will wait for her even if they are late and get on with tidying or something but will never rush her or make her feel uncomfortable".

People and their relatives confirmed they were involved in their initial assessment and the writing of their care plan. One person's relative told us, "We got together and collectively worked out the care plan, they were very helpful and thoughtful at a difficult time" and another relative said, "We were all involved writing

the care plan together as a team".

Requires Improvement

Is the service responsive?

Our findings

People were very clear when speaking with us that they had regular staff and they were confident staff knew them well. One person told us, "I lay down the law about how I want things done and the carers always oblige" and another person said, "I have mainly the same carers (staff) coming, they know me and my care plan so well".

However, people's records did not always provide the person centred information necessary for staff who did not know a person well to continue to provide the same good quality care. Care plans were basic in content and did not provide the person centred detail to ensure people were supported in the way they preferred. Personal care support was described as a basic task, for example, 'verbally direct (name) with instructions in what you would like (Name) to achieve'. The care plan did not describe what the person wished the staff to achieve when providing their personal care. This may mean that people's care was directed by staff rather than by the person themselves.

Although the registered manager had provided generic information about people's medical and health conditions, individual detail about how people were affected by their condition was not included in the care plan. For example, two people had cerebral palsy. Although a general handout was available in their care plans, neither person had a care plan that specifically addressed how their cerebral palsy affected them as an individual and how they managed this.

One person's care plan stated in places they had panic attacks and did not like crowded places. A specific care plan to address their well-being had not been developed to show how they preferred to be supported at these times and how staff may help them. Staff did sometimes go out shopping with the person, however their care plan did not provide a written record of how to support them if they suffered a panic attack while out. This meant new staff in particular who did not know the person may not know how they preferred to be supported at that time. Another person's care plan review made reference to their feeling low in mood due to personal circumstances. The care plan was not reviewed and adjusted to reflect this change in the person's life and the added emotional support they may need.

A care plan review held in September 2017 for one person recorded that a nurse specialist had said the person had reached a stage in their illness to receive end of life care. However, the care plan was not updated with this information and was not referred to in any part of the care records. The person's wishes for the end of their life were not referred to. An end of life care plan had not been developed to show what the person's wishes were when they neared the end of their life, what the roles of healthcare professionals were and what the role of loved ones and staff were. The person may not have wished to share this information with the service, however it was important this was recorded for staff to be aware of. Whether the person wanted to be resuscitated was not made clear so all staff would know what to do in such an event if they were present. The care plan did not include where the important document (DNACPR) stating if the person did not want to be resuscitated was kept to show to relevant people such as ambulance staff. Although the review was held prior to the change in the organisation's legal entity, the care plan was still relevant as the person continued to be supported by the same registered manager and staff.

Records were not always clear as some care plans were recorded with recent dates, suggesting they had been updated, however no care plan review had been evidenced as having taken place to confirm this. One person's care plan was dated 18 May 2018, however the last recorded review was dated 24 May 2017. There was no documentary evidence the person had been involved in any of their care plan reviews.

The feedback we received from people and their relatives showed that staff did know what their personal preferences were and followed their wishes. However, this was not always recorded and captured in their care plan which meant that new staff or staff who did not normally work with the person may not be aware of their individual needs. People may not therefore have a good experience of care when their usual staff members were not available or had left the employment of Community Careline Services. Some care plans did not include the things that were important to people in their lives, such as who their loved ones were and their relationships or hobbies and interests. This meant staff who did not know people well did not have the information available to them immediately to be able to strike up a meaningful conversation.

The failure to ensure peoples preferences and wishes were reflected in their care plan records and these were kept updated in order to provide consistent care was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014.

Other people's care plans did evidence a more person centred approach. One person's schedule of support included the goals they wished to achieve, how to help them to achieve their goal and what outcome was expected. For example, the person's daily living needs showed they needed encouragement with getting up in the morning and they had a goal to go out regularly with care staff to do their shopping to engage more in their community.

People's life history was included in some people's care plans, giving a brief description of the person's life and who and what was important to them. Such as the subject they had studied at college and the pets they had, how many brothers and sisters they had, if they had children and where they lived. Likes and dislikes were also included. One person loved going to the seaside and zoos and disliked crowded places. This meant staff could gain more of an understanding of the person they were supporting.

Although people were clear they had no need to make a complaint, they knew what they would do if they wished to. The people we spoke with commented, "Nothing would hold me back from complaining and I am very aware of how to do so"; "I have honestly not ever had to complain or even contemplate complaining"; "I would certainly know how to complain and in fact the office encourages us to contact them, but I have never had the need to"; "I complained ages ago about the carer (staff) not knocking and it was remedied immediately, never had a problem since". How to make a complaint was clearly set out in a complaints procedure that provided the information people would need if they wished to make a complaint. This included the step by step process to follow within the organisation and where to go externally if they were not satisfied with how their complaint was handled. Complaints received had been dealt with and recorded according to the provider's policy.

Requires Improvement

Is the service well-led?

Our findings

All the people we spoke with were positive about the management of the service. People told us they had found the management team and office staff to be efficient in managing the service. The comments people made included, "They really pushed with the team at the hospital to get me out when I thought all was lost and I would not be allowed home, but they came up with a care plan that was accepted and here I am, happy in my own home thanks to the care team"; "I have had a questionnaire and I do brief them upon my likes and dislikes. I get a call from the office to make sure I am happy with the care. Of course, I always am"; "It is well managed from the office and I like the office a lot as they always listen and make sure they can help with whatever I call about".

People's relatives also told us they were impressed with the running of the service. We received no negative comments. Relatives said, "I can highly recommend them in every way, I just can't speak highly enough of them they are simply great"; "I would say it goes without saying that they do a good job managing the agency, and the phone is always answered promptly and satisfactorily"; "I do think to be honest that it is a difficult task to manage all these carers (staff) and they do a top job of it"; "The phone in the office is always answered promptly, no hanging on for ages. They know me there and they deal with my questions promptly and effectively".

An effective system for monitoring the quality and safety of the service provided was not in use. Although some regular audits were being undertaken, these had not been successful in identifying the areas for improvement that we found during our inspection. The registered manager sent a weekly report to the provider, however, this was for their information rather than used as an opportunity to monitor the service. The information provided included, the training that had taken place that month and how many staff had attended; Staffing information such as new starters and staff leaving; Financial information. Actions to improve were not identified. Medicines errors and missed calls were monitored each month and the action taken for each incident were documented, such as contact with people or family members or speaking to the staff involved. However, a wider monitoring process to check all elements of the safe administration of people's prescribed medicines was not in place. This would have identified the concerns we found and measures could have been put in place to make improvements. Although observational checks on staff were monitored, we found the majority of staff had not had any observational checks.

Staff meetings were not held regularly to support staff and provide updates and important information. One staff meeting was recorded as having taken place in December 2017. There was no evidence of previous staff meetings or meetings since then. There had been a change in ownership of the service in 2017 which would have suggested a greater need for good staff communication, however, there was no record of this. Management meetings were held more regularly although there was no clear indication of how often these were held as the notes taken were limited. The last meeting was recorded as having taken place on 8 May 2018.

The registered manager told us about the changes in the service since the change in ownership. They told us the new provider was in the office most days and they found the provider to be caring and supportive.

Although the provider was based in the office most days there was no evidence of their oversight of the quality and safety of the service they were providing.

The failure to ensure the systems in place to regularly assess and monitor the quality and safety of the service were used effectively was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014.

The staff we spoke with described a management team who supported them well and were responsive to concerns and suggestions. One member of staff said, "They are brilliant and ready to help". Another told us, "It (The service) is well managed. They (Management team) have been very good to me".

Quality assurance surveys were sent out to people to gain their feedback about the service in March 2018. 64 surveys were sent out and 26 were returned completed. The provider or registered manager had not completed an analysis of the results in order to identify where improvement to the service was required. Although most feedback was positive, an action plan to ensure improvements were considered to follow on from the survey had not been completed. We spoke to the registered manager about this who told us this was an area that had slipped since the change in ownership and they would ensure they gave more attention to the results of future surveys. However, people told us they had the opportunity to give their views and the people we spoke with were overwhelmingly happy with the service they received. One person said, "I am always asked for my views on how things are going and asked if I would like anything changed".

The provider had a statement of purpose that clearly set out their vision and values and provided information about the service to people including what they can expect from the service and staff.

Registered persons are required to notify CQC about events and incidents such as abuse, serious injuries, Deprivation of Liberty Safeguards (DoLS) authorisations and deaths. The provider had notified CQC about important events such as deaths and safeguarding concerns that had occurred.

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 9 HSCA RA Regulations 2014 Person-centred care The provider and registered manager failed to ensure peoples preferences and wishes were reflected in their care plan records and to keep them updated in order to provide consistent care.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider and registered manager had failed to assess and mitigate risks to people and had failed to manage medicines in a safe way.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider and registered manager failed to ensure the systems in place to regularly assess and monitor quality and safety were used effectively to improve the services provided.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider and registered manager failed to ensure staff had the skills and competence to undertake their role in providing safe care.