

Foray 577 Limited

Community Care Line Services

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Community Care Line Services is a domiciliary care agency providing personal care to people in their own homes. At the time of the inspection the service was supporting 240 people. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

At the time of the inspection, the location did not care for or support anyone whose primary support need was their learning disability or autism. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

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

Right Support

People received their medicines safely. Medicine errors were reported, and lessons were learned to mitigate risk.

The service made reasonable adjustments for people so they could be fully in discussions about how they received support.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Right Care

The provider promoted equality and diversity in their support for people.

Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

The service had enough appropriately skilled staff to meet people's needs and keep them safe.

People's care, treatment and support plans reflected their range of needs, and this promoted their wellbeing and enjoyment of life. Staff and people cooperated to assess risks people might face.

Right Culture

The service provided opportunities for people and those important to them to feed back into the service. Staff were involved in the running of the service, people and staff felt valued.

The provider promoted a positive and inclusive culture which was understood by staff. Staff were kind and

caring. People were supported to achieve good outcomes.

People and those important to them were involved in planning their care.

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

Rating at last inspection

The last rating for this service was good (published 28 July 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Community Care Line Services

Detailed findings

Background to this inspection

The inspection

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

Inspection team

This inspection was carried out by 2 inspectors and 2 Experts 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.

Service and service type

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 4 July and ended on 6 July. We visited the location's office on 4 July.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 18 people and 9 relatives of people who used the service. We sought feedback from professionals that work with the service. We spoke with 16 staff members, including the registered manager, co-ordinators, field co-ordinators and care workers. We reviewed a range of records, including 13 people's care records. We looked at 4 staff files in relation to recruitment. A variety of records relating to the management of the service were reviewed including policies and procedures.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. The provider had a safeguarding policy in place which was understood and followed by staff.
- People confirmed they felt safe using the service, one person told us "I feel very safe in my home with their company." Another said, "I feel very safe, there's been no sign of any abuse ever."
- Staff had received up to date safeguarding and demonstrated awareness of how to recognise abuse and report concerns. Staff told us they felt confident if any concerns about abuse were reported, these would be listened to and acted on quickly by managers.
- The provider worked in collaboration with the safeguarding authorities when concerns about abuse were raised to investigate and improve safety.

Assessing risk, safety monitoring and management

- Care plans and risk assessments were in place to help care staff provide people with their planned care in a safe way. These were reviewed regularly.
- Assessments were detailed and helped to reduce risks to people. Actions were created following risk assessments which staff followed to mitigate risks to people's health and well-being. For example, a risk assessment for someone at risk of skin integrity breakdown had clear actions for staff to complete to ensure people were protected from this risk, such as regular pressure relief, using specialist equipment and liaising with relevant healthcare professionals.
- Environmental risk assessments were completed. This meant any hazards within people's property had been identified and assessed to ensure people and staff were safe.

Staffing and recruitment

- There were enough staff at the service. The service was split into 4 different geographical areas, with allocated field coordinators and coordinators who were responsible for scheduling care calls. Coordinators told us new packages of care were only accepted if the service had the capacity and staff available as they prioritised quality of care over quantity.
- Some people felt care calls were not always scheduled in line with their preferred times. We fed this back to the registered manager who assured us they would act on this feedback and liaise with coordinators.
- The provider had a care call monitoring system in place. This meant coordinators were alerted if any calls were late or missed. We saw how these were then followed up as necessary. One person confirmed this system was effective saying "I find their timekeeping very good, occasionally they are late, but they always let me know."
- Staff were recruited safely. The provider's recruitment procedures included police checks and references

to support them in making safe recruitment decisions.

Using medicines safely; Learning lessons when things go wrong

- People received their medicines safely where this support was required. The service was clear about its responsibilities and role in relation to medicine. People's feedback confirmed this, one person told us, "The carers take charge of giving me my medicines including eye drops twice a day, it works well." Another person said, "Staff prompt me with my tablets."
- Staff had received training in administering medicines and their competencies were routinely assessed.
- Medicine errors were quickly reported, and action taken to mitigate any risk of harm. For example, following a medicine error prompt medical intervention for the person involved was sought and the error promptly reported to relevant agencies. The provider completed a thorough investigation and took action to improve safety further, through additional training for staff and re-issuing their medicines policy.
- Lessons were learned when things went wrong. Staff understood their responsibilities to raise concerns and report incidents and senior staff reviewed these to see if any improvements to people's care could be made.
- The registered manager reviewed all events at the service on a weekly basis, this allowed them to monitor for any themes and trends and take action to keep people safe. For example, following an increase in falls, the provider increased one person's package of care so staff could support this person with their confidence and refer to occupational therapy.

Preventing and controlling infection

- People were protected from the risk of infection. Staff had received appropriate training and understood the importance of practising good infection prevention and control.
- Staff wore appropriate personal protective equipment when carrying out personal care tasks.
- People's care records prompted staff to promote good hygiene and infection prevention and control.

Is the service effective?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs and choices were assessed. This information was gathered from people themselves, relevant agencies involved in people's cares and the use of nationally recognised tools.
- Assessments of needs considered full range of people's diverse needs. This included any protected characteristics.

Staff support: induction, training, skills and experience

- Staff were suitably trained. Training records confirmed staff had received up to date mandatory training. Staff felt they had received enough training, but some staff felt more practical training would be beneficial. The registered manager confirmed they would seek feedback on how to improve training from staff.
- People and relatives confirmed staff were competent in their roles. One told us, "[Relative] has a learning disability, I am happy staff know how to work with them." One said, "They are certainly well trained on using the hoist, there are always 2 of them." Another told us, "They seem well trained, understand my needs well."
- All staff completed an induction, which included shadowing experienced staff, before working independently. Staff received ongoing support through regular supervisions and spot checks.
- Staff were supported to develop professionally. The provider encouraged all staff to complete diplomas in health and social care. One staff member told us, "[Registered manager] is an accredited trainer and has supported me to complete my level 2 diploma and now I am working through my level 3."

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

- Where this was an identified need, people were supported to eat and drink enough. People fed back they were happy with this support.
- Risks associated with eating and drinking were assessed and monitored. For example, one person's care plan clearly detailed how to prepare their food safely due to a food allergy. Another person required extra prompting to ensure they drank enough. Guidance was in place to refer to relevant specialists if concerns about nutrition or hydration were identified.

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

- People were supported to live healthier lives. Information about people's diagnosed health conditions was available for staff so they understood any signs or symptoms of deterioration. Timely referrals were made to relevant healthcare professionals and recommendations acted on.
- People felt supported to maintain good health. One person told us, "[Staff have a good understanding of

my needs and would make any referrals." Another said, "If the carers are concerned that something isn't quite right, they will inform the doctor or district nurses". One person's relative told us, "[Staff] would inform me if they had any concerns around [relatives] health needs."

- People were provided with information about their health conditions. One person told us, "I have recently been diagnosed with Parkinson's and they are well informed to advise [what this means for me.]"
- People's care records identified how their health conditions may affect them on good and bad days. For example, one person who'd had a stroke was noted to sometimes become frustrated. This meant staff were able to adapt their approach to ensure people received care relevant to their needs.
- Systems were in place for staff to share information effectively within the organisation and externally. Staff worked collaboratively with other health and social care teams to understand and meet people's needs.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- The service was working within the principles of the MCA. Staff had received training in mental capacity.
- Mental capacity assessments and best interest decisions were appropriately completed when people lacked capacity to make certain decisions.
- People confirmed staff sought consent whilst supporting them. One person said, "[Staff] always talk to me and check in with me first with whatever they are wanting to do."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- The provider had a strong focus on equality, diversity, inclusion, dignity, respect and ensuring safeguarding in the workplace. People were encouraged to share any concerns about discrimination with the registered manager.
- People were treated with kindness. This was reflected in the feedback we received from people and their relatives. Some examples included, "[Staff] are so professional and kind." "It was my [relatives] birthday and one of the carers made a cake which was so kind, we were really touched, they are more like friends." "The carers are kind and courteous and just nice to talk to."
- Staff were skilled in providing compassionate and person-centred care. For example, one person told us "[Staff] aren't down to make my bed but some days I am so tired, and I find they have just got on and made my bed for me." Another said, "The extra little things they do make all the difference, it could be watering the hanging baskets, picking a loaf of bread up or even getting my library book."

Supporting people to express their views and be involved in making decisions about their care;
Respecting and promoting people's privacy, dignity and independence

- People were supported to direct their own care. Records showed evidence of discussions with people about their care. A relative told us, "They are very good at letting [relative] do what they can for themselves, they don't just take over."
- Staff encouraged people to maintain and develop their independence. People's feedback confirmed this, with one person telling us "I like to be independent, and the carers know what I can do."
- People's care and support needs were continually reviewed and packages of care were adjusted. For example, as people achieved their goals or regained levels of independence, support was reduced. Conversely, where people needed a little more support, this was provided. This showed people were supported to achieve good outcomes.
- Staff were confident in ways they could promote people's privacy and dignity. The provider had a clear policy on confidentiality and the importance of this was discussed at staff meetings.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Improving care quality in response to complaints or concerns

- We received mixed feedback from people who had raised concerns regarding the communication from the provider. One person told us when they have raised a concern with their coordinator, "I'm not sure they have really listened to me." Another said, "I have had cause to raise a concern with the agency and I felt listened to and there was a good response, and they will help if possible." We fed this back to the registered manager, who told us they would review all current concerns raised by people.
- The provider had a complaints policy in place which was shared with people. People and their relatives told us they knew how to complain if needed.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were involved in their care planning. One person told us, "Yes I have a care plan and was involved in setting it up." Another said, "I am fully involved in my care planning and when my care plan is reviewed."
- People had identified goals which were important to them.
- Staff knew people well. People's care plans considered their whole life, skills and abilities. For example, guidance was available on how people may present on a good day and a bad day and how they'd like to be supported. Staff told us they had time to get to know people and how they would like their care and support.
- People and relatives had been given access to the digital system used to see their care records. Whilst this was in the early stages and not yet embedded, the provider planned to liaise with the software provider to tailor the system to the service's needs.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The service was meeting the Accessible Information Standard. People's communication needs were assessed, and reasonable adjustments were made to remove barriers for people using the service.
- The registered manager informed us information could be produced in a variety of different formats upon request, such as large font or alternate languages.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow

interests and to take part in activities that are socially and culturally relevant to them

- The service supported people to avoid social isolation where this was a potential risk. For example, at Christmas, the service made a lunch and provided company for those who may have spent the holiday alone.
- People shared examples of staff supporting them to follow their interests. One person told us how they enjoyed bird watching but was no longer able to walk to the bottom of their garden to see their bird table. Staff moved the table closer to the house so the person could see the birds.

End of life care and support

- People reaching the end of their lives were supported to have a comfortable and dignified death.
- The provider had an end-of-life policy in place and staff had received appropriate training in end-of-life care. Staff showed compassion for those in receipt of end-of-life care. For example, staff took one person's service dog to visit them in hospital as they were coming towards the end of their life. This meant they were around familiar and friendly faces.
- The provider ensured facilities and support were available for people's family, friends and for staff, before and after a person died. For example, support to attend funerals.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service was consistently well managed. The provider had clear visions and values which promoted choice, equality, and diversity which were understood by staff. Staff we spoke with told us they enjoyed their jobs.
- The registered manager showed dedication to promoting these values and providing high quality care. They told us, "I have won several awards over the years the first being, Carer for Elderly People Award in 1998... I have devoted my life to my work and have had a very interesting and fulfilling journey."

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

- The provider understood and acted on the duty of candour.
- The provider was aware of their responsibilities to complete statutory notifications.

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

- There was a clear system in place to monitor risk and identify areas for improvement.
- Technology was utilised to provide effective oversight. Staff understood their responsibilities to log any issues, concerns, or changes, known as events, on the system. For example, if someone had fallen or their care and support needs had changed.
- Each week, the registered manager pulled off data for all people using the service to review all events. This information was then compiled into a comprehensive report, which summarised their findings of key risk areas, such as care call times, medication errors, pressure sores, complaints, and staffing.
- Findings from the registered managers' report were shared with senior staff at weekly meetings. Action plans were generated, discussed, and reviewed by the registered manager.
- The provider and registered manager demonstrated a commitment to continuous learning. They had membership with various health and social care bodies to keep up to date on guidance and best practice.

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

- People and relatives had opportunities to feedback into the running of the service. For example, through planned reviews of care and regular quality surveys. Feedback was analysed and shared through a newsletter. This explained how the feedback was being used to make changes to the service.

- Staff were involved in the running of the service and kept informed of organisational updates through regular team meetings and supervisions. Staff told us, "We have our team meetings and supervisions to give feedback and we are asked about any concerns." Another told us, "I feel supported to share concerns." One said, "I feel we are listened to as carers."

Working in partnership with others

- The service had positive working relationships with a range of specialist services and commissioners. People were referred to relevant professionals where required, and staff learned from their guidance and recommendations. This ensured people received effective joined up care.