

Community Careline N W L Limited

Community Careline NWL Ltd

Inspection report

Unit 3, Grange Farm Business Park
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Tel: 01530262688

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25 November 2019

26 November 2019

27 November 2019

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21 January 2020

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 Careline NWL Ltd is a domiciliary care agency. It provides personal care to people living in their own homes and flats in the community in Leicestershire. It provides a service to older people, people with physical disabilities, mental health, eating disorders and people who are living with dementia.

Not everyone using this service received a 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 our inspection there were 75 people using the service.

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

Risks that people faced had been assessed and those identified were safely managed. They were supported by a small team of staff who they knew well. The registered manager checked new staff to ensure they were suitable to work in people's homes. Staff showed a good understanding of their roles and responsibilities of keeping people safe from harm. Medicines were managed safely.

People were supported by staff who had completed the relevant training to give them the skills and knowledge they needed to meet their needs. People were supported to have sufficient amounts to eat and drink and were protected against the risk of poor nutrition. Staff supported people to maintain their health and well-being. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff treated people in a kind and caring way. People and relatives valued the service and the support the staff provided. Staff treated people with respect and helped them to maintain their independence and dignity.

People and those important to them were at the centre of the assessment and care planning process. People were supported to express their wishes and preferences regarding their care and staff provided personalised care. People and relatives were confident to raise concerns and complaints and these were listened to, resolved and used to drive improvements in the service.

The provider had systems in place to monitor the quality of the service to ensure people received good care. People, relatives and staff were given the opportunity to feedback on their experience of the service and contribute to the improvement and development of the service.

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 2 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remained safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service remained effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service remained caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service has remained responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service remained well-led.

Details are in our well-led findings below.

Community Careline NWL Ltd

Detailed findings

Background to this inspection

The inspection

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

The inspection team

The inspection team consisted of two inspectors.

Service and service type

Community Careline NWL Ltd is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a service to older people, people with physical disabilities, mental health, eating disorders and people who are living with dementia.

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

Notice of inspection

We gave the service 48 hours' notice of the inspection visit because the manager was often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection activity commenced on 25 November 2019 when we telephoned people and relatives. We visited the registered office on 26 November 2019 and completed our telephone calls to people, relatives and staff on 27 November 2019.

What we did before the inspection

We reviewed the information we held about the service and spoke with local authority commissioners to gain their views about the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We telephoned five people and two relatives of people who used the service. We also visited two people in their own homes. We met with the registered manager, the nominated individual and spoke with three care staff. We reviewed a range of records at the service office. This included the care records for three people who received personal care and four staff files in relation to recruitment and staff training. We also looked at a range of records relating to the management of the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 abuse and avoidable harm. People trusted and felt safe with the staff who visited their home. One person told us, "I feel safe with all the staff because they know what they are doing." A second person explained how staff made them feel safe by explaining what they were doing and following security arrangements for their home.
- Staff demonstrated a good understanding of the indications of abuse and were clear on how to report concerns under safeguarding or whistleblowing procedures.
- The provider's safeguarding and whistleblowing policies required further development to ensure they included contact details of external agencies staff could approach with concerns outside of the service. The registered manager told us they would update these following our inspection.

Assessing risk, safety monitoring and management

- Risks people faced had been identified, assessed and measures put in place to reduce the risk where possible. Staff demonstrated a good understanding of the measures they needed to take to keep people safe.
- People's care records included guidance for staff about how to provide their care in a safe way but some records lacked detail. For example, where people required support to manage their catheter care, risk assessments guided staff on what to do but not how to do it. This meant staff who were new to the person requiring this care may not have the information or guidance they needed. The registered manager told us they would ensure risk assessments were sufficiently detailed.

Staffing and recruitment

- There were enough staff to meet people's needs. People told us staff were available to provide support when they needed it.
- People received care from a consistent team of staff or care worker. Staff told us they felt they had sufficient time to meet people's needs without rushing.
- The registered manager carried out checks on new staff before they started working in the service to ensure they were safe and suitable to work in people's homes. The provider did not have a policy on the renewal of Disclosure and Barring (DBS) checks to ensure staff remained safe to work. The registered manager told us they would develop a policy following our inspection visit.

Using medicines safely

- People were supported to take their medicines safely and as prescribed.
- Where people required support to take their medicines, their care plans included details of the support

needed, if people had consented to this support and details of their current prescribed medicines.

- Medicine records included details of any allergies people may have and areas of application for topical medicines, such as creams and lotions.
- Staff completed regular training and had checks from managers which helped to ensure they were competent to support people.

Preventing and controlling infection

- Staff protected people from the risk of infection. They were trained in preventing infection.
- We observed staff used appropriate protective equipment, such as disposable gloves and aprons, to reduce the risk of infection. These were changed between tasks, such as personal care and food preparation.

Learning lessons when things go wrong:

- The provider had processes in place to analyse and review incidents and accidents in the service and ensure lessons were learnt to reduce the risk of harm.
- At the time of our inspection, there had not been any incidents or significant accidents that had occurred within the service.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- The registered manager carried out a thorough assessment of people's needs before agreeing to provide their care. The individual, and those who knew them well, were included in agreeing to the needs assessment. This helped to ensure the service would be able to meet a person's needs and expectations.
- The registered manager used the needs assessments to develop individual care plans which guided staff on how to support people. Protected characteristics under the Equality Act had been considered. For example, people's lifestyle preferences, religious and cultural needs and relationships.

Staff support: induction, training, skills and experience

- Staff told us they received the training they required to meet people's needs and this was regularly updated. One staff member described the training they had completed and how the provider arranged additional training where people had specific care needs.
- The registered manager maintained a central record of staff training and regularly assessed staff competency and working practices as part of an on-going review and evaluation of training.
- Staff told us they felt supported by managers and received regular formal and informal supervision which supported them to develop in their roles.

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

- The staff provided the support people needed to enjoy their meals and drinks and to eat and drink enough to maintain good health.
- Where people had been assessed as being at risk from poor nutrition, or required specific support to prevent the risk of choking, staff followed guidance had been included in people's care plans.

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

- Staff worked with other health and social care professionals to understand and meet the needs of people using the service.
- People's care plans included details of their health conditions and the support they needed to stay well and healthy. Relatives confirmed staff contacted them if they were concerned about changes in their family member's health and well-being.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible,

people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- People made decisions about all aspects of their care and the staff respected the decisions people made. The registered manager and staff understood their responsibilities under the MCA. We observed staff sought consent before providing care and support.
- People's care plans included an assessment of their overall mental capacity and, where they lacked mental capacity, details of people who had power of attorney for them. The registered manager told us they would ensure they had sight of any power of attorney arrangements to ensure the representative was legally authorised to make decisions and choices for the person.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- People were treated well, and their diverse needs were respected.
- People and relatives described staff as caring and often went the 'extra mile' to help. One person told us, "I have good carers; they are fantastic. They have time for me. I have different carers and they are all very good." A relative told us, "I would give the service ten stars plus! Staff are fantastic and go above and beyond the call of duty. Without them [Name of family member] would not be able to stay in their own home. The manager [name] is also amazing."
- Staff knew people well, they were able to tell us about people's needs, their preferred routines and the things that were important to them. Staff told us they had time to provide the care people needed and felt the agency 'put people first'.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to express their views and make decisions about the care and treatment.
- Records showed and people and relatives confirmed, they were involved in developing and reviewing their care plans. Everyone we spoke with told us care and support was provided in the way they wished.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were respected and promoted.
- People and relatives told us staff were respectful of people and their homes, observed their preferences and addressed them respectfully. One relative described how they often dropped in when staff were supporting their family member and always found staff to be respectful and welcoming.
- People's care plans contained information on what the person could do themselves and how staff could support them. Staff demonstrated a good understanding of how to support people's independence and the importance of this.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- The service provided people with personalised care that met their needs and took account of their wishes. The registered manager developed people's care plans with them. The care records guided the staff on how people wanted their care to be provided, which included specific routines to be observed.
- Staff demonstrated detailed knowledge of people's preferences, likes and dislikes. Care plans did not always capture this detailed knowledge. This is important to support staff who were not familiar to the person, to provide personalised care. The registered manager told us they would develop records to ensure this information was available for all staff.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager assessed people's communication needs to identify how they needed information to be provided. This was recorded in people's care records to guide staff on how to share information with them.
- Where people used non-verbal communication, their care records included information about body language and gestures which indicated whether they were feeling happy or anxious.

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

- Staff recognised where people were at risk of social isolation. They spent time talking with people and engaging them in discussions and conversations whilst providing care and support.
- Where agreed, staff supported people to go out into their local communities.
- People were supported to maintain links with friends and family and relatives told us staff were in regular contact with them and involved them in their family member's care.

Improving care quality in response to complaints or concerns

- The registered provider had a procedure for receiving and managing complaints about the service. This required further development to ensure people were provided with details of the Local Government Ombudsman to escalate their complaint in the event this was not resolved. The registered manager told us they would update the procedure to include these details.
- People and relatives told us they would be confident speaking to the registered manager, nominated

individual or care staff if they had any concerns about the care provided.

- Records showed the provider had responded to a formal complaint and taken action to resolve the complainants concerns to their satisfaction.

End of life care and support

- There was no one receiving care who required end of life support at the time of our inspection. Staff were trained in supporting people through end of life care by working in partnership with other agencies within the community.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 registered manager, together with the nominated individual and staff, had developed a positive culture which placed people who used the service at the centre of their care. People were involved in all aspects of their care and received high-quality, person centred care that met their needs and supported a good quality of life.
- People told us this was a good service and said they would recommend it. One person told us, "The staff do things the way I want them done, which is important as I can't do those things anymore. When the regular carer is off, the staff who cover are also very good. I am able to give feedback on whether I like them or not." A relative told us, "[Name of family member] is very comfortable with staff and accepts the help they need. I know what staff should be doing and they go one hundred per cent over this. Managers oversee everything and are amazing. I was worried it was all going to be very business like but it really isn't like that. They are fantastic."
- Staff told us they would recommend the service as a good place to work.

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

- Quality assurance systems were in place and used effectively to monitor key aspects of the service. Audits and unannounced spot checks on staff working practices were completed on a regular basis by the management team and registered provider to identify any areas for improvement.
- Some systems and processes required further development to evidence robust auditing. For example, managers checked daily recordings during spot checks, but did not record the outcome of their review of records in writing. The registered manager told us they would include this for future spot checks.
- The registered manager was clear about their responsibilities for reporting to the CQC and the regulatory requirements. Risks were clearly identified and escalated where necessary. People and relatives spoke of the registered manager and provider as being 'open and honest'.
- Ratings from our last inspection were displayed in the service, in line with legal obligations.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The provider had systems to gather people's views to identify how the service could be improved. The registered manager and nominated individual kept in regular contact with people who used the service,

their relatives and staff. People knew the registered manager and how they could contact her.

- People told us the registered manager and care staff asked if they were happy with the support provided by the agency. The registered manager asked for people's views when visiting their homes or contacted them by telephone.
- The staff told us the registered manager listened to them and said they could share their views about how the service could be further improved. They felt well supported by the management team in the service. One staff member told us, "Managers are really supportive to me as a professional and as a person; they are always there for me. It's a good place to work as they put people first."

Working in partnership with others

- The staff worked with other appropriate services to ensure people consistently received care that met their needs. They knew the support people required to access health and social care services and liaised with their relatives or provided this as needed.