RochCare (UK) Ltd

Community Careline Services

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Requires improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This was an announced inspection that took place on the 5 and 6 January 2016. The service was previously inspected in December 2013 and was found to be compliant with all regulations inspected.

Community Careline Services is registered to provide personal care to people in their own homes. At the time of the inspection the service was providing support for 70 people living in Rochdale and Littleborough. The agency provides a range of support services including help with personal care and domestic tasks.

The service had a registered manager in place. 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.

During this inspection we found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the Medicine Administration Records did not contain all the prescribing directions to help ensure people received their medicines as prescribed. Guidance was not in place

Summary of findings

to guide staff where variable dose or 'as required' medicines had been prescribed. The medicines policy was out of date. People who used the service told us that they received their medicines as prescribed.

Records of staff recruitment did not fully support that a robust process was in place to safeguard people as the reasons for gaps in employment history had not been recorded. The registered manager told us they asked about this at interview and that they would record this in future. Current staff files needed to be reviewed to ensure that this information is recorded where required.

People who used the service told us that they felt safe with staff from Community Careline Services. Staff had received training in safeguarding adults and knew the correct action to take to protect people from the risk of abuse. All staff said that the registered manager would listen to any concerns they raised.

People and relatives told us that staff attended the support visits on time and visits were not missed. Staff teams were organised on an area basis which enabled people to receive support from the same members of staff. Staff cover each other when one is ill or on annual leave. Agency staff were not used. This helped to ensure that staff knew the people they support well.

A written business continuity plan to show what the service would do in the event of a computer or utility failure was not in place. We have made a recommendation about written business continuity plans.

Systems were in place to assess and manage any risks people may face. A household safety hazard checklist was completed for each property staff visited.

Staff received an induction when they joined the service. They also had regular supervision and access to essential training to help ensure that they could carry out their duties effectively. Records showed that staff had received training in emergency first aid, food hygiene, dementia, nutrition and the Mental Capacity Act.

Person centred assessments and care plans were in place to guide staff about the support people required and what tasks people could complete for themselves. We saw that these were reviewed regularly with the people who used the service and the local authority.

All people spoke positively about the kindness and caring nature of the staff. Staff were flexible and would complete tasks that people asked them to do whenever possible. Staff would support people to attend medical appointments by being flexible with the support hours provided. People said that staff respected their choices.

Staff were introduced to the people who used the service before they supported them by the senior care worker.

The service had an open culture with staff visiting the office each week. Staff told us that they enjoyed working in the service and the registered manager was approachable and supportive. Staff told us that they were able to raise issues with the manager and were confident that they would be listened to. Systems were in place to gather feedback about the service. Information gathered was collated and acted upon.

Summary of findings

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.

People received their medicines as prescribed. However the Medicines Administration Record (MAR) had handwritten entries that did not contain the administration directions for the medicines. Guidance was not in place for 'as required' or variable dosage medicines. The medicines policy was out of date.

Records of staff recruitment did not fully support that a robust process was in place to safeguard people as the reasons for gaps in employment history had not been recorded.

A written business continuity plan was not in place.

People who used the service told us they felt safe with the staff that supported them. Staff had received training in safeguarding adults and knew the correct action to take to report any concerns.

Is the service effective?

Good

The service was effective.

Staff had received an induction and the training and supervision they required to carry out their roles effectively.

People who used the service told us they were able to make choices about their support. Staff told us how they respect people's choices.

Assessments of people's nutritional needs were in place. Systems were in place to support people to have their health needs met.

Is the service caring?

Good

The service was caring.

People spoke positively about the kindness and caring attitude of the staff.

We observed positive interactions between staff and the people who used the service.

Staff we spoke with had a clear understanding of the people's needs and knew them well.

Is the service responsive?

Good

The service was responsive.

A system was in place to introduce staff to new people joining the service.

People told us that they received the support they required. They said the staff were flexible and would complete additional tasks they were asked to do.

Summary of findings

Person centred care plans were in place. The plans were regularly reviewed and updated with the people who used the service, their relatives and the local authority.

Is the service well-led?

Good

The service was well-led.

The service had a manager who was registered with the Care Quality Commission.

People, their relatives and staff spoke positively about the registered manager and deputy manager. They said they were approachable and supportive.

Annual surveys were carried out to obtain the views of people who used the service. Information was collated and actions put in place to improve the service.

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 the 5 and 6 January 2016. The provider was given 24 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be available to provide us with the required information.

The inspection was carried out by one adult social care inspector.

We had not asked the service to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. However before the inspection we reviewed the information we held about the service, including notifications the provider had sent us. We contacted the local Healthwatch organisation and the local authority commissioning team to obtain their views about the provider. No concerns were raised about the service provided by Community Careline Services.

With their permission we visited and spoke with four people who were supported by the service, three relatives of people supported by the service, one social care professional, three members of staff, the registered manager and the deputy manager. We observed interactions between people who used the service and staff.

We looked at the care and medication records for five people who used the service. We also looked at a range of records relating to how the service was managed including three staff personnel records, training records and policies and procedures.

Requires improvement

Is the service safe?

Our findings

The people who used the service told us that they received their medicines at the correct times. One person said, "I get my tablets three times a day." Another said, "They [staff] give me my morning tablets and leave my evening medication out for me." We saw that this was recorded in the person's care file assessment and agreed with them.

We looked at the way medicines were managed in the service. We saw that a medicines policy was in place. However this was dated 2010. The registered manager told us that policies were issued by the directors of the parent company. They informed the directors that the policies needed to be reviewed during our inspection.

The care records we reviewed contained an up to date list of the prescribed medication for each person. However we did not see any information about any 'as required' medication (such as pain relief) people had been prescribed or guidance for staff where a variable dose had been prescribed. Information about how people would inform staff if they needed pain relief was not recorded. This may mean that staff would not know when people needed an 'as required' medication or what level of a variable dosage medicine was required. We observed staff asking people who used the service if they required any pain relief. The people we observed were able to verbally specify if they wanted them or not.

The care records we saw included information about the support the people who used the service required so that they received their prescribed medicines safely. We looked at the medicines administration records (MAR) for five people where staff administered their medication. We saw that they were fully completed. The MAR were handwritten by the registered manager, but did not include the full prescribing directions for each medication. We saw that the MAR did not contain details of each individual medicine prescribed and referred to the 'blister pack.' The list of prescribed medicines in the care file detailed which medicines were contained in the blister pack.

The registered manager told us that the service received people's medicines from a variety of chemists and they were not given information about each tablet contained within the 'blister pack.' 'Blister packs' may contain more than one tablet. This meant that staff did not know which tablet was which within the blister pack. This may mean that where more than one tablet was in the 'blister pack' staff would not be able to check which tablets had been taken, and which had not, if one tablet was refused or dropped.

Staff were advised that if they were unsure about any medication to contact the office or the on call manager. Where staff administered medicines for people we observed that it was securely stored in a safe in people's home. Staff explained to us the procedure they would follow if a person they were supporting refused their medication. This included recording the refusal on the MAR sheet and informing the registered manager.

The handwritten MAR not including the full prescribing directions, the lack of guidance for staff to safely administer 'as required' and variable dose medicines, and the out of date medicines policy was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

All the people who used the service we spoke with told us that they felt safe with the staff that supported them. One person said, "I feel safe; everyone is happy and gets on" and "They're [the staff] champion; the best service I've had." Another told us, "They're [the staff] very good; I couldn't do without them." All the relatives we spoke with told us that they thought their relative was safely supported by Community Careline Services. One staff member told us how they prompted people to keep safe by asking them to lock their door when the staff left.

The training records we saw showed that staff had undertaken training in safeguarding vulnerable adults. The staff we spoke with confirmed this and were able to clearly explain the correct action they would take if they witnessed or suspected any abuse taking place. Two staff gave examples of when they had informed the registered manager of concerns that they had. The registered manager had acted on their concerns. The staff confirmed that they were aware of the service's whistle blowing policy. This should help ensure that the people who used the service were protected from abuse.

Where people were assessed as requiring support with their finances we saw records for the safe management of their money. Details of all transactions had been recorded by staff and receipts kept.

We looked at three staff personnel files. The files included an application form, two references including one from the

Requires improvement

Is the service safe?

most recent employer, proof of identity documents including a photograph and a criminal records check from the Disclosure and Barring Service (DBS). The DBS identifies people barred from working with vulnerable people and informs the service provider of any criminal convictions noted against the applicant. We noted that the employment history on the three application forms had some gaps when the applicant had not been working. The registered manager confirmed that they had asked about this period during the interview; however there was no record kept in the personnel files. The registered manager informed us that they would include this information for future applicants that had a gap in their employment history. Current staff files needed to be reviewed to ensure that this information is recorded where required. This meant that the records of staff recruitment did not fully evidence that the people who used the service were protected from the risks of unsuitable staff being recruited.

People who used the service told us that the staff attended at the agreed visit times. They also said that support visits were not missed by the service. One person said, "There is no issue with staff being late or not turning up." The registered manager told us that the staff were organised in teams based on a geographical area. This was confirmed by the staff we spoke with. One member of staff told us, "We work in an area with a set group of clients." The registered manager said that the service did not use agency staff. Any cover required when staff were off sick or on annual leave was organised within the staff teams. If required the senior care worker, deputy manager or registered manager would complete the support visits. This was confirmed by the staff we spoke with. One person who used the service told us, "[Senior care worker] fills in sometimes when the staff are off."

The registered manager told us that the computer system they used for compiling rotas and holding the staff training records was backed up to another computer. This meant that the information would not be lost if the computer failed. The registered manager and deputy manager held paper copies of the rotas. The registered manager or the deputy manager were on call if staff needed advice or support outside of office hours.

We saw that the care records included information about the risks that the people who used the service may experience. A Rochdale Metropolitan Borough Council (RMBC) pro-forma was used to record the risks and also detailed the support people required to manage these risks. We saw that a household safety hazard checklist had been completed for each property the service visited. A manual handling risk assessment was in place. Control of Substances Hazardous to Health (COSHH) information about any cleaning chemicals the staff used was documented. We saw that all risk assessments were regularly reviewed and updated when people's needs changed.

We observed staff using personal protective equipment and were told that these were available for staff to collect from the service's office. We saw from the training records that staff had received training in infection control.

The service would continue if the central office was not operational due to events such as a utility failure as the staff supported people in their own homes. However we did not see a written business continuity plan for the service. **We recommend that the service seeks advice and guidance about written business continuity plans.**

Good

Is the service effective?

Our findings

All the people we spoke with said that the staff knew them well. One person told us, "There's four staff who come in; they're all good." Another said, "I know the staff well; they're easy to chat to" and, "It's always the same people who visit."

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 people lack the 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. We found that the service was working within the principles of the MCA.

Records showed that staff had received training in the MCA. All the people who used the service explained to us the personal care tasks that the staff supported them with. We saw in the care files that the people who used the service had agreed to the tasks the staff would complete and had signed their consent.

The registered manager told us that they had been involved in 'best interest' meetings previously and had raised any concerns that they had about a person's capacity to make decisions with the local authority. We were informed that no one currently using the service required a 'best interest' assessment.

We asked one staff member about the induction training they had received when they joined the service. They told us that they had received mandatory training and had 15 'booklets' to complete. The booklets covered all topics in the Care Certificate. The Care Certificate is a nationally recognised set of induction standards for people working in care. The staff member said that they went through the booklets with the senior care worker. We saw records of weekly meetings between the staff member and the senior support worker during their induction. The staff member told us that they had shadowed another staff member for two weeks before working independently with people.

We saw that a training matrix was in place to record all staff training. Staff had completed training in a number of areas including emergency first aid, food hygiene, dementia and nutrition. The matrix also showed that over 60% of staff had achieved, or were working towards, a nationally recognised qualification in care.

The registered manager showed us that the training matrix was in the process of being transferred to a computer based system. The spreadsheet being used had been provided by the local authority.

We were shown the daily log sheets completed by staff. One staff member told us, "I read the daily log sheet before I start the tasks so I know if there are any issues." Staff also told us that they would phone each other if they needed to pass on any important information.

The registered manager and staff explained that the service had a '15 minute report' form that each staff completed and took to the office on Fridays. This form detailed any issues or concerns that staff had about any person they were supporting. The registered manager and deputy manager would then deal with the issues raised and informed all relevant staff of the issue or concern.

Staff personnel files we reviewed showed that a system of regular supervision and appraisal was in place. We saw that supervisions had been used to document work performance, training, work targets and standards. We saw that staff were able to raise any topics to discuss. The annual appraisal included a performance criteria checklist. This should help ensure that staff had the skills they needed and understood the expectations of the service.

As part of the initial assessment and at reviews it was agreed if the people who used the service needed support to ensure that their nutritional needs were met. Where it had been agreed that staff would prepare meals for the people who used the service we were told that staff always asked them what they wanted to eat. One person told us, "They make what I ask for." Another said, "If I don't want to eat when they [the staff] are there they let me leave it, but make sure that I have a sandwich prepared to eat when I am ready."

The registered manager told us that staff would support people to attend medical appointments if required. The service would be flexible with the hours of support people received to accommodate any appointments. Where this was not possible the registered manager would contact the

Good

Is the service effective?

local authority to agree any additional hours of support required to support people to an appointment. One person told us, “They [staff] will phone the GP if I’m not well. They re-order my prescriptions and collect the tablets.”

Good

Is the service caring?

Our findings

All the people who used the service told us that the staff were kind and caring. Comments people made to us included, “The staff are very kind; I couldn’t wish for anybody better”, “I wouldn’t swap them [the staff]; they are so good with me” and “If I ask them [staff] to do anything they will if they can.”

Relatives of people who used the service also told us that the staff were kind and caring. One said, “The majority [of staff] give a little extra; they’re absolutely great.”

A staff member said, “If my mum or dad ever needed care this is the company I would use.”

During our inspection we observed positive interactions between staff and the people who used the service. We observed staff asking people what they wanted during their support; for example what they wanted for breakfast. Staff we spoke with had a clear understanding of the people’s needs and knew them well. One staff member told us, “We have a good rapport with our clients and I know what they like.” One person who used the service commented, “We have a laugh sometimes.”

We were told that the staff encouraged people who used the service to complete tasks themselves, or with support, whenever possible to maintain people’s independence. One person told us that the staff supported them to cook. A staff member said, “We encourage people to keep active” and another told us, “We don’t want to take people’s independence away so I say that I’ll go shopping with them rather than doing the shopping for them.”

Staff we spoke with clearly explained how they maintained people’s privacy and dignity when they were supporting them with personal care tasks. In people’s care plans we saw agreements on how the staff would gain entry to people’s home. This could be staff being let in by the person or using a key kept in a key safe to open the door themselves. This should help ensure that people’s privacy and dignity were respected.

We saw that people kept their care records at their own homes. This meant that they could check what was written in the files. A file was also kept securely at the service’s office, along with other records relating to the running of the service. This protected the confidentiality of both the people who used the service and the staff. Staff explained the concept of confidentiality to us and what it means in practice to them.

Good

Is the service responsive?

Our findings

All the people we spoke with said that the service was responsive to their needs. One person told us, "If I've had a seizure I ask the staff to do more for me and they do." One relative said, "We talk to the staff if [person who used the service] needs anything different doing and they will help out."

All staff we spoke with had a clear knowledge of person centred care. From our observations and the records we looked at we saw that the service was person centred.

The senior care worker completed the assessments for people joining the service. The assessments were completed with the involvement of the person who used the service and the local authority. The assessments included details of people's personal history, how they communicate, health needs, eating, drinking and medication.

The care records we looked at all contained guidance for staff as to the tasks that were required to be completed at each visit and what the person who used the service was able to do for themselves. All the people we spoke with knew the tasks that were to be completed when staff visited them. We saw that regular reviews of the care plans had taken place, with the person, their relatives and local authority being involved. This should ensure that people's needs were met.

Staff we spoke with told us that if they noticed that a person's needs had changed they would inform the registered manager. The registered manager told us how they contacted the local authority to request a review of a person's needs. Until this was arranged short term additional hours were agreed with the local authority where possible.

Staff told us that they were given time on their rota to read the assessments and care plans for new people they would be supporting. The senior care worker went through the person's needs and the support tasks to be completed with the staff. All the staff we spoke with told us that the senior care worker introduced them to any new people they were going to provide support to and go through the tasks to be completed with the person who used the service. If required the senior support worker would introduce the staff to other people involved in supporting the person who used the service such as their family or neighbours.

Staff also explained to us that for some people joining the service the local authority short-term assessment and re-ablement service was involved. They would provide a handover of the tasks that the person who used the service required. This should help ensure that staff know the people they support and the tasks to be completed when the service starts.

One relative told us that the staff were flexible with the support they provide, "If [relative] wants a lie in staff would support them to get dressed at the lunchtime visit." One person told us that they liked to go out in the afternoon so the service had changed the visit times to the morning. This should help people to make choices and maintain their independence.

We saw that the service had a complaints procedure in place. This detailed how a complaint would be responded to and investigated. It also included contact details for the Care Quality Commission (CQC) and local authority if people thought that their complaints had not been dealt with satisfactorily by the service themselves. All the people we spoke with said that they had not had need to use the formal complaints system. Records we saw showed that there had been no complaints received by the service since the last inspection.

People who used the service told us that if they had any issue or complaint they would speak to the staff initially and then the registered manager or deputy manager at the office. They all said that the registered manager would listen to them and act on their concerns. A relative said, "At first there was a timing (of the visits) issue. I rang the office and we have the times we asked for now."

Good

Is the service well-led?

Our findings

The service had a registered manager in place. They had been registered with the CQC since February 2011. A registered manager is a person who has registered with the CQC 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.

The people who used the service, their relatives and staff all told us that the registered manager and the deputy manager were very approachable. One staff member said, "I absolutely feel supported by [registered manager]. We're definitely listened to if we raise an issue." The staff we spoke with all enjoyed working for the service. A staff member told us, "I don't think I could work for another company."

A social care professional we spoke with explained that they had approached Community Careline Services to provide support for a person due to previous safeguarding concerns they had. The registered manager had worked with other agencies to provide the support required. The registered manager contacted the local authority promptly with any concerns around the individual to ensure that they were safe.

We asked the registered manager what they considered the key achievements of the service to be since our last inspection. They told us that it was the continuity of the service provided to the people who used the service. This was because staff worked in their local geographical area and supported the same people. The manager also showed us that the service had been awarded the 'Investors in People' award at the bronze level. 'Investors in People' is a nationally recognised standard for managing and training staff.

The registered manager told us that the key challenge facing the service was arranging reviews with the local authority when people's needs changed. The contracted support hours could not be changed until this review had taken place, therefore short term 'case notes' had to be used to authorise any additional support in the interim.

We were told by the staff we spoke with and the registered manger that an annual team meeting was held for all staff. In addition separate team meetings were held for each area team. We saw the minutes from an area team meeting held in October 2015. Topics discussed included care plans, recording medication, confidentiality, respect and team working. One staff member told us, "The meetings are open for staff to say things; it's not all one sided with only [registered manager] talking."

The registered manager explained that staff went to the office every Friday to submit their '15 minute report.' This was confirmed by the staff we spoke with. We saw records of the '15 minute report'. Any information raised was shared with the relevant staff.

We looked at the systems in place to monitor the service. The registered manager audited all MAR sheets when they were submitted to the office each month.

We saw that an annual survey was completed. The last survey was February 2015. The registered manager told us that a new survey was due to be sent out in February 2016. The results were collated, analysed and any action taken in response to comments made in the survey were recorded. We saw that the results of the survey were positive.

The service had also registered with a company so that people who used the service or their relatives could review the service on-line. We saw leaflets about this in the office. Any reviews submitted were monitored by the service provider.

The service had procedures in place to deal with any accidents or incidents. Accident and incident reports were kept at the service's office. The registered manager reviewed these and ensured that staff could learn from them how to resolve issues in a better way if they re-occurred.

We looked at the statement of purpose for the service and the policies that were in place. We saw that the statement of purpose and the complaints policy had been reviewed in June 2015. However the other policies we looked at were dated November 2010. The registered manager told us that they reviewed the complaints policy and statement of purpose annually. All other policies were issued by the directors of the company. The registered manager informed the directors that the policies needed to be reviewed during our inspection.

Good

Is the service well-led?

We saw that some people who used the service also had support from other agencies. The registered manager told us that this works as long as it is clear which agency completes which tasks. This was agreed with the funding local authority.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – Safe care and treatment. How the regulation was not being met: Guidance for 'as required' and variable dose medicines were not in place. Full prescribing instructions were not recorded on the MAR sheet. Medicines policy was out of date. Regulation 12 (2) (g)