

Care Line Homecare Limited

Careline Homecare (Middlesbrough)

Inspection report

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Date of inspection visit:

21 June 2017

28 June 2017

29 June 2017

Date of publication:

14 August 2017

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

We inspected Careline Homecare (Middlesbrough) on 21, 28 and 29 June 2017. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in to assist us. Careline Homecare (Middlesbrough) is an established service which had previously registered at a different location. This is a first inspection of a newly registered service. At this inspection we rated the service as Good.

The service is registered to provide personal care to people living in their own homes. The service can provide care and support to older people, people with mental health conditions, people with a learning disability, physical disability or those people who are at end of life. Careline Homecare (Middlesbrough) also provides a rapid response service. The aim of the rapid response is to provide care and support to people in their own homes whose informal care and support package has broken down unexpectedly and who may have had to go into a hospital or care home because they were unable to manage at home. This service is also provided to people who are discharged from hospital. Healthcare professionals contact the service when a person is identified as needing rapid response. Staff at the service respond by visiting the person at home within two hours of the initial call. This service is provided to people for up to 10 days and then the person is reassessed and their on-going needs determined. At the time of the inspection 240 people were using the service.

The service had a registered manager. 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.

People and their relatives told us the service kept them safe. Risks to people were assessed and plans put in place to reduce the chances of them occurring. Policies and procedures were in place to safeguard people from abuse. People's medicines were managed safely. The provider and manager monitored staffing levels to ensure enough staff were deployed to support people safely. The provider's recruitment process minimised the risk of unsuitable staff being employed.

People told us staff had the skills needed to support them effectively. Staff were supported with regular training, supervision and appraisal. People's rights under the Mental Capacity Act 2005 were protected. 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. Some people received support with their food and nutrition. Where this was the case their nutritional needs and preferences were recorded in their care records. The service worked with external professionals to maintain and promote people's health and wellbeing.

People and their relatives spoke positively about the care they received, describing it as kind and caring. People and their relatives told us staff treated people with dignity and respect. Staff helped people to

maintain their independence. Policies and procedures were in place to arrange advocates for people should this be needed.

People told us they received personalised care based on their assessed needs and preferences. Care plans were reviewed regularly to ensure they reflected people's current support needs and preferences. Procedures were in place to investigate and respond to complaints.

Staff spoke positively about the culture and values of the service and also spoke positively about the manager. People said the registered manager was available to speak with if they wished to raise any concerns or feedback. The manager and provider carried out a number of quality assurance checks to monitor and improve standards at the service. Feedback was sought from people and their relatives. The manager had informed CQC of significant events in a timely way by submitting the required notifications.

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 was safe.

Staff could explain indicators of abuse and the action they would take to ensure people's safety was maintained. This meant there were systems in place to protect people from the risk of harm and abuse.

There were arrangements in place to ensure people received medicines in a safe way.

Most people told us the service they received was reliable and their care and support was provided by regular care staff. Robust recruitment procedures were in place to help ensure suitable staff were recruited and people were safe.

Is the service effective?

Good ●

The service was effective.

Staff had an understanding of the Mental Capacity Act (MCA) 2005 and acted in the best interest of people they supported.

People were supported by well-trained staff that knew them well and had the skills to meet their needs. Staff had received regular supervision and an annual appraisal.

People received support with their food and nutrition. Care plans detailed the support people needed and their preferences for food and drinks. The manager and staff worked with other healthcare professionals to support people.

Is the service caring?

Good ●

The service was caring.

People told us that they were well cared for and treated in a kind and compassionate way. Staff took time to speak with people and to engage positively with them.

People were treated with respect and their independence, privacy and dignity were promoted. Staff were knowledgeable

about the support people required and about how they wanted their care to be provided.

People had access to advocacy services. This enabled others to speak up on their behalf.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed and care plans were produced identifying how to support people.

People received a flexible service to ensure their needs were met.

People and relatives were aware of how to make a complaint or raise a concern. They were confident their concerns would be dealt with effectively and in a timely way.

Is the service well-led?

Good ●

The service was well led.

People received a reliable, well organised service and expressed satisfaction with the standard of their care.

Staff were supported by the manager and felt able to have open and transparent discussions with them through one-to-one meetings and staff meetings.

There were effective systems in place to monitor and improve the quality of the service provided. Staff told us that the home had an open, inclusive and positive culture.

Careline Homecare (Middlesbrough)

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 was 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 21, 28 and 29 June 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in to assist us.

The inspection team consisted of one adult social care inspector and two 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. The experts by experience contacted people and relatives by telephone to seek their views on the care and service provided.

Before the inspection, the provider completed 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.

We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

We contacted the commissioners of the relevant local authorities and the local authority safeguarding team to gain their views of the service provided.

During the inspection we spoke with 32 people who used the service and four relatives. We looked at seven

care plans, Medicine Administration Records and handover sheets. We spoke with the manager, regional manager, three supervisors, the regional trainer, three care staff, the administrator and briefly to the director. We looked at four staff files, which included recruitment records.

Is the service safe?

Our findings

People told us the service kept them safe. One person told us, "I totally trust [care staff] and definitely feel safe when [they're] here." Another person said, "I definitely feel very safe with them. I lose my balance sometimes so they're there for support especially in the shower." Another person commented, "I have a Key safe and the carers shout when they come in." Another said, "Of course I do. They've been checked and you can tell by people's faces when you've not got a right one." Another told us, "I feel safe; they're all good girls, women and very respectful." Another said, "Yes, well...they show you their ID, but I know them."

The provider had an open and accessible culture to help people to feel safe and to share any concerns in relation to their protection and safety. We spoke with the manager and staff about safeguarding adults and action they would take if they witnessed or suspected abuse. All staff demonstrated an understanding of their responsibilities to protect people and said they would have no hesitation in reporting safeguarding concerns.

Staff told us of the different types of abuse and what would constitute poor practice. They had completed training in safeguarding and were able to describe how they would recognise any signs of abuse or issues of concern. Staff were able to state what they would do and who they would report any concerns to. Staff said they would feel confident to whistle-blow (report poor practice) if they saw something they were concerned about. Staff told us about the provider's whistle-blowing policy. This ensured the welfare of people was protected through the rigorous whistle-blowing and safeguarding procedures.

Assessments were regularly reviewed to ensure they reflected people's current level of risk. Accidents and incidents were also monitored to see if changes could be made to make people safer. A business contingency plan was in place to ensure people received a continuity of care in emergency situations.

People were kept safe because risks associated with their support needs, lifestyle choices as well as those relating to the environment had been identified and action had been taken to minimise and reduce those risks. Where risks had been identified, plans were developed to help ensure staff knew how to support people safely. For example, risks with moving and handling, skin integrity and risk associated with people's health and medical conditions. Although the service was not directly responsible for people's premises and equipment, senior staff carried out risk assessments and checks to ensure the physical environment was safe.

The provider and manager monitored staffing levels to ensure there were enough staff to support people safely. At the time of the inspection there were 107 staff employed. Most people we spoke with said they were supported by a regular staffing team who arrived on time. One person said, "They're always on time within half an hour and they stay for my allocated time." Another person told us, "Yes, they're pretty punctual." Another commented, "Yes, the majority of the time. They call if they're running late sometimes but it's a bit hit and miss." Another said, "Usually they're early and I don't mind that." Another told us, "They're mainly on time, occasionally they've been about 20 minutes late but it's not very often and usually due to previous clients." Another commented, "They don't phone, but they always explain when they get

here." Another said, "The girls are very friendly and they see to everything." Another told us, "Oh yes, half an hour, twice a day."

The manager told us they regularly monitored staffing levels and missed calls to ensure enough staff were employed. The service was reliable and missed calls were infrequent. Staff said there were enough staff employed, and that absences due to sickness and holiday were easily covered.

The manager understood their responsibility to ensure suitable staff were employed. We looked at four recruitment records. Recruitment records contained the relevant checks including a Disclosure and Barring Service (DBS) check. A DBS check allows employers to check whether the applicant has any past convictions that may prevent them from working with people. References were obtained from previous employers as part of the process to ensure staff were suitable and of good character. The service had a staff disciplinary procedure in place to help manage any issues whereby staff may have put people at risk from harm.

The provider had an infection control policy and procedures in place. Staff had access to protective equipment to reduce the risk of cross contamination and the spread of infection for example, protective gloves and aprons. Staff had received training in infection control and the spot checks of staff's care practices were used to ensure they followed good infection control principles.

People told us medicines were managed safely. One person said, "The main reason they come is because of my medication. They come twice per day to make sure I take it." Another person said, "They're a big help with my medication. I get it regular as clockwork and they always log it in their notes." The provider's medicine policy contained guidance to staff on medicine management. People's care records contained details of the medicine support they received. We reviewed a number of medicine administration records (MARs). A MAR is a document showing the medicines a person has been prescribed and recording when they have been administered. These had been correctly completed. Staff told us they had received training in the safe administration of medicines. Records showed their competency was assessed through regular spot checks and competency assessments, which were carried out by senior staff.

Is the service effective?

Our findings

People told us staff had the skills they needed to support them effectively. One person told us, "Anything I want doing they do. They're more like my support service really." Another person said, "I never feel rushed at all. They always take things at my pace." Another person commented, "They do their best." Another person said, "Yes, they're trained and good." A relative told us, "[Person] is a complex case and they look after [person] so well. [They] have never had a bed sore because of them. The physiotherapist showed them the exercises for [their] legs." Another relative said, "They have to use the hoist with [person] and there's never been a problem. They all seem well-trained. [Staff name] takes him out for a walk in [person's] wheelchair when the weather's nice and [staff name] always makes sure that [person's] sat properly in [their] chair. Another commented, "They want a medal and I'd give them one!"

People were supported by well-trained staff that knew them well and had the skills to meet their needs. Records showed newly appointed staff undertook a comprehensive induction and shadowed other experienced care staff to ensure a consistent high quality approach was established. Records showed there was a comprehensive staff-training programme in place and staff confirmed they received regular training in a variety of topics. These included first aid, infection control, fire, moving and handling, food hygiene, safeguarding adults and health and safety. One staff member told us they were to complete a National Vocational Qualification (NVQ) Level 3 in Health and Social Care. An NVQ is a nationally recognised qualification, now known as the diploma in health and social care. This encouraged staff to build on their knowledge and to use this to improve the level of care they provided. Care staff told us their knowledge and learning was monitored through one to one meetings.

Staff were supported with regular supervisions and appraisals. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. Staff told us they found supervisions useful and supportive.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We saw that the service was working within the principles of the MCA. Care plans contained evidence of the involvement of people's Lasting Powers of Attorney (LPAs). Best interest decisions had been made and recorded on people's behalf when needed. People told us they were given choices and care staff asked for permission before providing support.

Some people received support with their food and nutrition. Where this was the case people's needs and preferences were recorded in their care records. People told us staff helped prepare the food and drink they wanted. One person said, "Yes they [staff] help getting my tea ready and they always ask what I want." Another person said, "They [staff] prepare my food." Another said, "They [staff] make my lunch and always ask what I want." Another said, "They [staff] do make my meals and it's always my choice and the meals are very good. They never rush me to eat but if I haven't finished before they leave, it leaves me with a pot to

wash." Another said, "They [staff] prepare my meals for me based on what I feel like and they're always very good. The Carers are really good with me."

The manager and staff told us they worked with other healthcare professionals to support people. We were told how they spoke and worked with social workers, health care staff and occupational therapists as parts of people's assessment and on-going care. This meant people were supported to maintain good health and had access to services.

Is the service caring?

Our findings

People told us care staff were kind and treated them with respect. One person said, "The Carers are a nice bunch of lasses. They're [staff] very good, chatty and very polite. They always ask if I want anything else doing. My family do my shopping but they'll [care staff] nip to the shops for me if I get short of anything like milk." Another person said, "My regular Carers are top class, I couldn't fault them. I have a good chat with them and they always do what they're supposed to do." Another person said, "I'm very happy with the girls. They're very polite and helpful and they'll do anything that I need. It's more of a support service for me so I can stay at home." Another person said, "The girls [care staff] are exceptional. They're very polite, trustworthy and use their initiative."

People and their relatives told us staff treated people with dignity and respect. One person said, "They're [staff] always very respectful of both me and my home. It's a pleasure to have them and they're good company for me as I live on my own." Another person said, "Yes they're [staff] careful and understanding." Another person said, "Yes they chat, which is a good thing when they're doing personal care." Another person said, "Yes, they do have a good talk and sometimes they're sensitive enough not to talk." A relative said, "They're very good at that. They [staff] cover [person] and chat away which helps to prevent the awkwardness when they're doing personal care."

People told us they were involved in planning their care and records showed the service provided to people was based on their individual needs. When planning, staff took account of the support the person required, the preferred time for calls and where possible the care staff they liked to be supported by. People's views were respected and acted on and the managers always tried to match the skills of care staff to the person they were supporting. Where appropriate family, friends or other representatives such as advocate were involved to act on behalf of the person using the service and were involved in planning care. At the time of the inspection no one at the service was using an advocate. Advocates help to ensure that people's views and preferences are heard. Policies and procedures were in place to arrange advocates for people should this be needed.

People told us they were supported to maintain their independence. One person told us they had a health condition which limited their mobility. They explained, "Yes, they leave me to wash myself. When they come, I'm in my pyjamas and they help me with that. When I have my shower in the mornings they dry me where I can't reach and help me with my creams. They help me with a wash in the evenings." Another person said, "They [staff] know me and they watch me; whatever I can do, I do. They know I like to be independent." Another person said, "They [staff] do. They shower me and let me do what I can and help me when I can't manage. I have good days and bad days."

Is the service responsive?

Our findings

People told us their support needs had been discussed and agreed with them. They felt that the service they received met their needs, choices and preferences. One person said, "They've [staff] encouraged me to do more things and things have improved." Another person told us, "They're absolutely brilliant and without them, I'd be lost." Another person commented, "I'm very happy with the service. I've got nothing to say against them 20 out of 10!"

The service provided personal care and support to people to enable them to live in their own home. This support was provided between the hours of 7am and 11pm. People were referred to the service after they had been assessed by a social worker, however some people did pay for their care privately.

Care staff had a good understanding of people's care and support needs one told us, "We [staff] get our rota on a Friday for the following week and usually we support the same people. If there is anyone new we get told about them [people who used the service]." Another staff member said, "If care needs have changed it is recorded in the care plan. I always read the care plan."

People's care plans were 'person centred' and informative. They provided staff with detailed information about people's likes, dislikes and preferences as well as their personal care needs and medical and life history. Each area of the plan described the person's abilities as well as the support needed from staff at each of their visits. One care plan informed that a person liked a bath on a morning and if they were not going out they liked to wear their pyjamas. In addition they liked a milky coffee and a cereal bar for their breakfast. Another person had limited mobility and their care plan detailed how they wanted to be supported. The records we viewed had been reviewed and updated as needed.

A daily record book was used to record the care and support delivered to people. Notes were kept of the support given, at what time and by whom. This meant staff visiting the person later in the day had the latest information on any support needs they had.

Procedures were in place to investigate and respond to complaints. People were given a copy of the provider's complaints policy when they started using the service. We were shown a copy of the complaints procedure. The procedure gave people timescales for action and who in the organisation to contact. We spoke with people who used the service and relatives who told us they were familiar with the complaints policy and would not hesitate to use it.

Is the service well-led?

Our findings

A manager was in place who had registered with the Care Quality Commission at this location since June 2016. However, they had been a registered manager for Careline at a different location for six years prior to this. Services that provide health and social care to people are required to inform the CQC of important events that happen in the service in the form of a 'notification'. The manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.

People and relatives said they were happy with the service they received. One person said, "The office staff always answer the phone and they're really helpful." Another person said, "The management have come round a couple of times to check my needs and update my care plan." Another person said, "Someone from management has been round to see me. They check my file and ask how things are going."

Care staff told us they felt supported by the manager. One staff member said, "[Manager] is fantastic, fair and listens. Even if you have a personal problem [manager] listens." Another staff member said, "This is a really good place to work with a supportive management team."

The service had a positive culture that was person-centred, open, inclusive and empowering. The manager told us their vision for the service. It was to provide and maintain a high standard of personalised care, which was flexible to people needs. Staff had a clear understanding of the values and vision of the service and told us they supported people to be as independent as possible and live their life as they chose. Staff spoke passionately about providing good quality care and had a real sense of pride in their work.

We looked at the services' quality assurance and governance systems to ensure procedures were in place to assess, monitor, and improve the quality of the services provided. We found there was an effective quality assurance system in place to audit care practices and drive continuous improvement within the service. These included a range of audits and spot checks, for example, checks of the environment, medicines, care records, accidents and incidents. Where issues were identified records confirmed that remedial action was taken.

Feedback was sought from people, relatives and care staff. The provider carried out an annual survey. This had been carried out in 2016 and the manager told us how feedback received had been acted on. People and their relatives confirmed that they had taken part in feedback surveys. One person told us, "Yes, I get a survey once a year and I've got no complaints." Another person said, "I've had a questionnaire to fill in to give some feedback."

Staff meetings took place on a regular basis and records showed staff were provided with the opportunity to discuss people's care needs, share information, and identify any training needs. Staff told us the manager listened to their views and suggestions and was very keen to ensure the highest quality of care was provided.

