

Care Line Homecare Limited

# Careline Homecare (Rotherham)

## 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

We undertook an announced inspection of Careline (Rotherham) on 21 and 22 November 2018. We gave the registered manager short notice that we would be coming because the location provides a domiciliary care service and we wanted to be sure the registered manager was available.

Careline (Rotherham) is a domiciliary care service that provides personal care to people living in their own homes. It provides a service to young and older adults in the Rotherham and Doncaster area. The agency office is in Rotherham.

This is the services first inspection since they registered with the Care Quality Commission (CQC) in May 2018. The service was previously registered with Ark Home Healthcare Rotherham. Staff and service users from Ark Home Healthcare Rotherham transferred over to the new provider, Careline (Rotherham). Ark Home Healthcare Rotherham was last inspected in January 2018 and rated good.

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 they felt safe using the service. The registered manager and provider understood how to protect people from abuse and potential harm. There were policies and procedures in place which helped to keep people safe and manage identified risks to people's care.

Staff were trained and regularly assessed as competent to assist people to take their medicines. Where mistakes or omissions occurred, managers dealt with this appropriately. For example, staff were stopped from administering medicines until they were re-trained.

The provider's recruitment process included pre-employment checks being completed prior to staff starting work. This helped to ensure staff were suitable to support people who used the service.

People said staff used protective clothing when needed, such as disposable gloves and aprons when providing personal care tasks. This helped minimise the risk of infection.

People said care staff stayed long enough to provide the care they needed and staff stayed for the required amount of time, unless people told them to leave early. People and relatives said care call times were consistent and care was provided by a regular group of familiar staff.

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. The registered manager was aware of current procedures and guidance for best practice, and this was evident in the

policies in use at the service.

People told us they received care from staff who were kind, caring and considerate to their needs and they were treated respectfully and with dignity. Relatives were confident their family members were looked after well.

People's care needs were regularly reviewed and senior staff completed unannounced spot observations when care staff supported people.

People knew how to complain. Information about making a complaint was available for people in the 'service user guide', which was left at people's homes.

The registered manager and provider sought people's feedback to check the care provided was what people needed and expected.

The registered manager demonstrated values based leadership which was caring and compassionate. There were established quality assurance systems and audits in place to monitor the service and make continual improvement.

Further information is in the detailed findings below.

## 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.

People were supported by staff who knew how to keep them safe and were aware of reporting procedures.

Medicines were managed safely by trained and competent staff.

People were cared for by staff who had been thoroughly vetted through robust recruitment procedures.

There were sufficient staff to ensure people's needs were met safely.

### Is the service effective?

Good 

The service was effective.

Staff had the right support and training to carry out their role effectively.

People's consent was obtained and the service operated within the principles of the Mental Capacity Act 2005.

People were encouraged to eat and drink sufficient amounts to help them remain healthy.

### Is the service caring?

Good 

The service was caring.

People's needs were met by a caring staff team who worked together in the best interests of the people they provided care to.

The service was inclusive and involved people in decision making. People were consulted about their care.

Staff promoted people's independence and upheld their rights.

### Is the service responsive?

Good 

The service was responsive.

Staff provided care that was person-centred and met people's individual needs.

People's needs were regularly assessed and support plans were changed as and when necessary.

People were aware of the company's complaints policy and felt confident to talk with staff about any concerns.

**Is the service well-led?**

**Good** ●

The service was well-led.

The registered manager demonstrated good values based leadership, and was compassionate and caring.

People and their relatives were given opportunities to feedback on the quality of the service provided and felt listened to.

The provider had quality assurance systems and audits in place to help with the overall monitoring of the service and make improvements.

# Careline Homecare (Rotherham)

## **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 21 and 22 November 2018. We gave the service two days' notice of the inspection because we wanted to visit people in their homes and we needed support from the registered manager to arrange this. At the time of our inspection the service was supporting 248 people.

On the 21 November 2018 we visited four people in their homes to ask their opinions about the care they received and look at their care records. Whilst out on visits we were accompanied by two senior care workers and met three care workers. On 21 November 2018 we also met three relatives and spoke over the telephone with 14 people who used the service and six relatives.

On the 22 November 2018 we visited the office location to see the registered manager and area manager, interview staff and review care records and policies and procedures relating to the service. We interviewed eight staff including, care workers, senior care workers and care coordinators. The inspection team consisted of two inspectors, 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 had experience of supporting and caring for young and older people.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

Prior to the inspection visit we gathered information from many sources. We looked at the information

received about the service from notifications sent to the Care Quality Commission by the registered manager. We also spoke with the local authority commissioners, contracts officers and safeguarding and Healthwatch (Rotherham). Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

# Is the service safe?

## Our findings

Everyone told us they felt safe with their care workers. Their comments included, "The carers who come are brilliant. I do like to try and do things for myself, like getting washed but they are always standing by, ready to hold me if they think I'm getting unsteady," "I feel very safe with them. It's not an easy job but they are very conscientious. I feel safer just by having somebody come every day," and "I feel absolutely safe with all of them, they look after me very well."

Relatives told us, "We're very satisfied to be honest. Mostly it's the same people who come and my relative does respond to them. There was only one person I was a bit unsure about; I can't put my finger on it, but I didn't like them. I phoned to tell them [office staff]. They were very good and didn't send that person again," and "Yes, there is nothing to make me believe my [family member] is not safe with them [care workers]."

Staff demonstrated a good knowledge of safeguarding procedures and the processes around the reporting of suspected abuse. There were systems in place designed to reduce the risks of avoidable harm and abuse. Staff had received training in safeguarding and they were able to tell us what safeguarding meant and the actions they would take if they witnessed or received concerns of abuse.

Staff knew how to minimise people's risks. Risk assessments were completed so staff knew how to provide safe care, and people told us they felt confident when staff supported them. Risk assessments completed included; moving and handling, medicines administration, risk of falls and environment. Some risk assessment information needed more detail to help people to understand how their level of risk had been assessed and what support they could expect from the care workers. The registered manager agreed to complete these.

We found accidents and incidents were recorded appropriately. Where incidents or accidents had occurred, these were recorded by staff and actions taken were reviewed. These were recorded electronically and a monthly report was compiled so managers could analyse trends and act accordingly, such as changing visit times or frequency.

Some people were being supported to take their medication and they told us they were satisfied with how this is done. One person told us, "They [care workers] do help me with my medication because my family have said I can't be relied on to take them myself. If the carers do it, then I don't miss any and my family are happy."

Staff had been trained in medicine administration and were regularly assessed to ensure they remained competent. Where people's medicines were administered, staff were required to sign the medicine administration record (MAR). Regular checks by senior staff were in place to minimise the risk of error. During home visits we found some MAR had not been signed at the time of administration. Further checks confirmed medicines had been given but not signed for. As the service carried out regular medicine audits these omissions were rectified promptly. Action to prevent a reoccurrence of this was also taken.



The service made sure there were sufficient numbers of suitable staff to support people. People and their relatives told us there were enough staff employed at the service to make sure their needs were met and that they never missed a visit. People told us, "They [office staff] seem to cover staff illness okay," and "Yes, I think they do have enough staff. They don't seem to struggle at all."

During our inspection we asked staff about staffing levels and they told us they were meeting the needs of people and there was always someone available to provide support. One staff member said, "There is enough staff, we all work as a team and make sure we make our visits."

The service had a robust staff recruitment system. All staff had references and DBS checks were carried out. DBS stands for Disclosure and Barring Service and is a check to see if prospective staff have any criminal convictions or are on any list that bars them from working with vulnerable adults. This process helped to assure the provider that employees were of good character.

There were systems in place to help reduce the risk and spread of infection. People spoken with told us staff always wore gloves when supporting them with personal care and that these were removed or replaced appropriately for other tasks. Other personal protective equipment (PPE) was also available such as aprons, masks and shoe covers. Staff had received training in infection control and prevention, which provided them with the skills to reduce risks to people.

# Is the service effective?

## Our findings

Most people told us they had regular care workers who they knew well and came at the agreed time. People said they could understand the reasons why they sometimes had to have other care workers, or why their care worker was later than planned, but they did not like this.

Their comments included, "There has been a few different carers which I don't really like. Everyone who comes is nice though and they do listen to what I want. I would prefer it if I could have the people I really like all the time," "They can be late sometimes. Sometimes as much as half an hour but I know they can get really stuck in traffic so I'm not complaining. When they come, they do everything they should do, and they always come so I'm quite happy," and "I do phone the office if the carer is late. At one time they always used to phone if there was a problem and the carer was going to be late but that seemed to have fallen by the wayside when the new people took over. I don't always get a call, but it is getting better."

One person told us, "I'm not really happy. They [care workers] only come twice a week. It's only for fifteen minutes each time and normally they're done and gone in about ten minutes. The office staff are always sending different people and they don't wipe their feet when they come in and they leave the sink grubby. They should come at 11am but it can be as early as 10am or as late as 12.50pm. We spoke with the registered manager about this. The registered manager was aware of this person's concerns and said they were in conversations with them about improving the service provided to them."

Relatives told us, "It is a very good service. I was a bit worried when it changed hands, but they kept on most of the same staff which was good. The staff take their time with my relative and don't rush to do things. I am very satisfied," and "It can vary but it's not a big problem for me. They have never missed completely."

People had their individual needs assessed before care started. These assessments were completed with involvement from both the person and their families where appropriate. The registered manager told us staff worked in partnership with healthcare professionals, to help ensure they captured as much information as they could to enable them to develop personalised care plans for the people they supported. One relative told us, "We had the initial assessment and then completed the care plan together."

Most people made their own health care appointments although staff told us they would assist if needed. The registered manager told us they worked in partnership with other agencies and health professionals. This included social services, GP, district nurses and commissioners of services to make sure people's needs were fully assessed and the right care was in place.

For people who needed support, staff prepared meals and people said staff left them with enough to eat and drink between each care call. People told us, "They get my lunch for me, usually a sandwich or a ready meal, depending on what I fancy," and "They will get a sandwich or warm a meal but won't do any proper cooking. They tell me what is in the fridge and I say what I would like."

We checked whether the service was working within the principles of the MCA, whether any restrictions on

people's liberty had been authorised and whether any conditions on such authorisations were being met.

Staff understood the MCA and worked within its principles when providing care to people. Staff told us they had received training and always presumed people were able to make their own decisions.

People told us they made their own decisions and their preferences were taken into consideration. One person told us, "I think the carers are very good. I make all my own decisions and if they are doing anything for me, they constantly ask if it's alright. I have freezer meals at lunchtime and they will fetch a selection out for me to look at to decide what I fancy."

Overall people told us they were very happy with the service and felt that staff were well trained, knew what they were doing and dedicated. People told us, "They are all very well trained and know me very well now," and "They just 'get me', they are all wonderful." One relative said, "I think they are very well trained. They are wonderful carers."

Staff received regular training that was relevant to their role. Training included moving and handling, fire safety, first aid, infection control, and safeguarding. A member of staff told us, "The training gives us the skills we need to do this job. In training we look at video clips of real life scenario's so you can see it from the perspective of the carer and the person. Its taught us to treat people how they want to be treated, in a holistic way."

New staff received an induction which included training and shadowing more experienced colleagues. Staff continued to be supported in their role and received supervisions. These provided staff with a forum to discuss the ways they worked, receive feedback, identify ways to improve their practice and any training needs they had. Staff said, "Starting work here was a lovely experience as I previously worked in a big home. I did the induction here and shadowed other staff while they assessed my competency and I was able to get to know how people liked things done." Another staff member said, "We have a lot of one to ones, more when we first start." All staff told us that they felt well supported in their roles.

## Is the service caring?

### Our findings

People told us their care workers were kind and compassionate. People said staff were respectful and polite and observed their rights and dignity. Their comments included, "I cannot fault the carers in terms of kindness. It doesn't matter how busy they are, they will always make time to have a little chat and listen to me," "They make my day really. When you live on your own it can get a bit lonely and sometimes I do feel very low. Every single one of them comes in with a smile and I end up having a laugh with them. It makes all the difference to me," "They are brilliant. They will always wash my hair because I can't do it myself and they make sure I'm properly dried afterwards," "I am over the moon with them all. I give them 100 marks," and "The carers really go the extra mile all the time."

Relatives told us, "I have no criticism at all of the people who come. They all seem to be very dedicated," "The staff are very respectful when they are talking to [family member]. They are also aware of her dignity when they wash or change her," and "The carers treat [family member] with the utmost respect."

People said care workers were understanding around confidentiality. They also said the care workers helped them to maintain their independence and listened to their opinions. Their comments included, "I do as much as I can and then leave it the girls," "They do listen to me but some have their own opinion about things, which is different to mine," "We quite often have a cup of tea and a chat, they always ask me what I think about things," and "They always listen to me and my opinion of things. I really appreciate it."

Positive relationships had been developed between people and staff, and this enhanced people's wellbeing. People were encouraged and supported to maintain relationships with family and friends to reduce the risk of social isolation. Some staff supported people to access the local community and continue to engage in their preferred social activities.

The senior staff team carried out observations of care workers practices in people's homes to ensure they had the skills needed. During the scheduled care call and at care reviews, senior staff asked people and/or relatives if they were satisfied with how the care was delivered and if they were pleased and satisfied with their care worker. The registered manager said people and relatives were complimentary of the support they received. On occasions when people wanted a different care staff member, their choice was supported and confirmed to us by relatives.

Staff spoke about people in a caring and compassionate manner. One staff member told us person centred care was all about the individuals they were looking after. They said, "We do everything to as high a standard as we can. We make people feel comfortable and appreciated and help them they have the best quality of life. We try and keep them happy and treat people like we would our own family." This demonstrated the staff member understood how to deliver care in a person-centred way with kindness and compassion.

Information in the office was kept secure along with people's important information. Staff accessed visit rotas on their work telephones. The application to access the system was password protected and if not used, automatically logged out to limit the possibility of unauthorised access.

## Is the service responsive?

### Our findings

People told us they received personalised care that was responsive to their needs. People, and their relatives had been involved in compiling their care plan and agreeing the support they needed.

Some people told us about care reviews they had completed. They said, "When the new people took over they [office staff] came and talked to me about what I needed. I can't read so the supervisor came and talked through everything with me and wrote it all down. Then she read it all back to me to make sure it was all right. They said if I need more support they could come and review things with me," and "They [office staff] were thorough and went through everything in the care plan. I found them very approachable, so if I was worried about anything, I'd just phone them."

Each person had their care plan in their home. A copy of each person's care plan was also kept at the office. We reviewed four people's care records. Care records contained information about people's daily routines and an assessment of people's needs that included how any identified risks were to be managed. Plans provided guidance for staff about everything they needed to do on each visit and how people liked their care provided.

Plans were written in a person-centred way, meaning that people's wishes were central to the support they received. For example, the registered manager told us that if a person had problems eating or swallowing they would refer them to the speech and language therapy team (SALT) for input and support. They also told us if staff required specialist equipment that too would be requested to support people to remain as independent as possible.

People and relatives said staff wrote information in the daily records kept in their home, so that other care staff knew what care they had received. Families found this helpful if they wanted to see what had been done at each visit.

We saw care plans had all recently been reviewed and where different or additional support was identified, changes had been made. Daily records provided evidence to show people had received care and support in line with their care plan.

At the time of the inspection there was no one using the service that required support with end of life care. The registered manager said they would provide end of life care if it was the persons wishes to remain in their own home. The registered manager said they would work with and alongside other healthcare professionals.

There was an established complaints procedure. People told us they had seen information about the service's complaints policy, but most people told us they had not used this as they did not have any concerns about the service.

One person told us, "It's not really a complaint but it would be nice if I could have the same carers coming. I

know they have their holidays and might be poorly but if it was the same people all the time it would be better. I have told them at the office and I think they are trying to do something. My family tell me that I want too much." Another person said, "If anything was going wrong or bothering me, I'd talk to the main carer who comes here because she's really good. I feel really comfortable talking to her."

There were no open or unresolved complaints and we saw lots of positive feedback for the service. The registered manager was very open and regularly communicated with the staff, people who used the service, their family members and other healthcare professionals. By having this open approach concerns could be dealt with quickly.

# Is the service well-led?

## Our findings

At the time of our inspection the service had a manager in post who was registered with the Care Quality Commission, in accordance with the requirements of their registration. The registered manager was knowledgeable about people who used the service. She knew people who used the service and could talk in detail about their care and support needs.

Most people and their relatives told us they thought the service was well-led. People said they were asked their opinions of the service and felt they were listened to. Their comments included, "I can't think of any improvements they could make. All the carers and everyone involved gives me a bit of support. I can always get through to the office, although I don't usually have to bother because the carers will pass on any messages. When I do [ring the office] they are very approachable and listen to me," "I feel very well looked after and very safe. The people in the office are always very nice too," and "We got a survey from them [office staff] as soon as they started and one of the managers visited us. I told them we were quite satisfied." One person told us, "No I don't think the service is particularly well managed. I have considered moving but maybe it is better the devil you know."

People and relatives commented very positively about how smooth the transition was when there was a change of provider. Their comments included, "I was worried at first when the new people took over, but it is getting better now. I feel a lot happier than I did and I think the carers are happier, so they are working really well with me," and "I don't hear of many changes and there is nothing they could do better."

When we asked people if they would recommend the service to others they told us, ", I would recommend them 100 per cent to other people," "Of course I would. They are lovely people," and "I would definitely recommend them to other people, they are wonderful."

As part of our inspection process we contacted healthcare professionals who were involved with the service. The feedback we received was positive. One healthcare professional told us, "The office dynamics seems one of structure, organisation and insight into the business, however there is a warm and friendly vibe whereby staff are comfortable entering into banter."

People who used the service told us they were actively encouraged to give feedback about the quality of the service. Each year people or their family members were asked to complete a quality assurance survey. When these were returned feedback was analysed by the provider and put into a report detailing the actions they would take in response to people's comments. This was then sent to each person via a letter in the post. Senior staff also completed telephone surveys to people and intermittent quality reviews in person when they visited people at home.

We looked at the results of the most recent quality assurance surveys (August 2018) and saw people had responded, in the main positively. Where people had raised concerns, the registered manager had arranged to go and meet them personally to consider their concerns and look at ways of resolving them.

Staff told us there was positive leadership from the registered manager and senior staff. One member of staff told us, "I've recently had some health difficulties and the manager was great. She really supported me to come back to work." Another member of staff told us, "The manager wants us to do our best and wants the best for people and will help us achieve that." None of the staff we spoke with had any concerns about how the service was being run and told us they felt valued by the registered manager. We found staff were motivated and committed to providing the best possible care.

The registered manager was available throughout our inspection and clearly demonstrated their passion for the people using the service and staff. They were planning to develop the service to include more social events for people to attend and to recognise staff who went over and beyond the call of duty.

The registered manager had effective and robust systems in place to monitor and improve the quality of the service provided. Monitoring of the service included looking at such things as care plans, accidents and incidents and staff files. There was a system in place to provide an overview of staff training, supervisions and appraisals, which meant it was easy to identify the staff that required refresher training and on which dates staff were due supervision and appraisal.

We saw there were policies and procedures in place to guide staff in all aspects of their work. There was information in the registered office regarding such things as safeguarding, and confidentiality as well the statement of purpose for the service.