

Care Line Homecare Limited

# Careline Homecare (South Tyneside)

## Inspection report

Unit 3  
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Tel: 01915368107

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02 September 2019  
06 September 2019  
24 October 2019  
14 November 2019

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Careline Homecare (South Tyneside) is a domiciliary care service providing personal care and support to people living in their own homes. At the time of inspection, the service was supporting 236 people who lived in their homes.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is, help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

Some people's care plans lacked detailed risk assessments to support staff to care for people safely. In addition, risk assessments had not always been reassessed and updated when people's needs had changed. Audits to monitor the quality and performance of the service had been completed. However, these were not always effective and had failed to identify issues found during inspection.

Every person we spoke with told us they felt safe and were happy with the care they received from staff. There were sufficient numbers of staff employed and people told us staff were usually on time. Where staff had arrived late, or had missed calls, investigations were carried out to understand the reasons for this. Staff were recruited safely.

Staff had received training in safeguarding matters and were confident in their knowledge and actions they would take if any safeguarding matters arose. Medicines were mostly managed safely.

People's needs were assessed prior to the commencement of their care package. Staff had received appropriate training and had the necessary skills and experience to care for people safely. Staff made sure people had access to healthcare professionals to support their health and well-being. However, improvements were required to make sure outcomes were obtained when issues were raised with other professionals.

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

People told us the service was well run and were complimentary of the level of care and support the staff provided.

We have identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 6 March 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Enforcement

We have identified two breaches in relation to safe care and treatment, and the governance of the service at this inspection

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will ask the provider to provide an action plan of how they plan to improve their rating to at least good.

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Careline Homecare (South Tyneside)

## **Detailed findings**

### Background to this inspection

#### The inspection

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

#### Inspection team

The inspection was carried out by one inspector and one assistant inspector.

#### Service and service type

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

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

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a domiciliary care service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 2 September and ended on 6 September 2019. We visited the office location on 2 September 2019. We continued to speak with people and their relatives via telephone on 24 October and 14 November 2019.

#### What we did before inspection

We reviewed information we had received about the service since their registration. We sought feedback

from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with 15 people who used the service and three relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager, the regional manager, care co-ordinators and an NVQ assessor.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to speak with people to seek their opinion of the care they and their loved ones received, as well as seeking clarification from the registered manager and regional manager to validate evidence found. We looked at training data and quality assurance records.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Some care plans did not include detailed risk assessments for people. For example, for one person who received a modified diet, their choking risk assessment did not include enough information to guide and support staff in the actions they should take in the event of a choking incident.
- Accidents and incidents were reviewed. Although appropriate actions were taken, risk assessments were not always reassessed and amended to reflect people's current and changing care needs.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We spoke to the registered manager regarding risk assessments. They assured us all risk assessments would be reviewed and updated.

- The regional manager shared with us how the provider had in place an organisational governance group. This group carried out serious case reviews across all of the provider's locations to identify where lessons could be learnt. Any learning was then shared with registered managers for cascade to staff and to enhance staff awareness and improve learning.

Using medicines safely

- Medicines were for the majority managed safely. We identified one issue regarding how one person received their medicines. We spoke to the registered manager regarding this and they contacted the person's GP to share this information. The outcome was this person now received some of their medication in different formats.
- Investigations showed there had been 13 medication recording errors in one month prior to the date of inspection. Although these were investigated thoroughly, actions and training did not always take place to minimise the risk of errors reoccurring.
- One person's care plan did not include information for staff to follow if this person did not take their medicines for a period of time. We spoke to the registered manager regarding this and they agreed to update care plans to include timescales for when staff should make timely referrals.
- Staff had received training in the safe handling of medicines. Staff also received competency checks regarding the safe handling of medicines.
- People told us staff supported them with their medication and they received their medication on time.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding processes were in place to take actions and to keep people safe.
- Staff were aware of signs to look out for to ensure people's safety and how to raise these with the company. However, one staff member was unable to tell us how to raise concerns outside of the organisation.
- People told us they were happy with the care they received and felt safe when carers came into their home.

Staffing and recruitment

- Staffing levels were calculated to reflect people's needs.
- People told us staff were usually on time for their calls. Any missed calls were investigated by the registered manager and appropriate action taken to prevent reoccurrence.
- Staff recruitment continued to be safe.

Preventing and controlling infection

- Staff had received infection control training and had access to personal protective equipment (PPE).

# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

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

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

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

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Mental capacity assessments had not been completed for one person.
- One person received their medicine covertly. No best interest decision had been completed to support this way of administering this person's medicines. We spoke to the registered manager about this and they took immediate action to amend this oversight.
- People told us staff sought permission before assisting with personal care.

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

- Care records confirmed staff were in regular contact with professionals, including district nurses, people's social workers and GPs.
- Where necessary staff either supported or referred people to other healthcare professionals such as podiatrists and occupational therapists.

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

- People's needs were assessed by care co-ordinators prior to any care packages commencing. Where possible the registered manager met with people to discuss their needs
- Following assessment, care plans were created which included for example, people's likes and dislikes,

religious beliefs, and any health-related information. Care plans also included people's goals and how staff could support people to achieve them.

Staff support: induction, training, skills and experience

- Staff told us they had the necessary skills to care for people safely. The provider's training matrix confirmed this.
- Staff received an induction to care. Staff were offered personal development in the form of NVQ's, and the registered manager sourced external additional training to develop staff skillset. A visiting NVQ assessor shared with us, "New staff come in and they have got to go onto NVQ 2 and then go onto NVQ 3. It's not just seniors who are doing level 3, but carers also. This is via personal development and carers will request extra training."

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

- People received support from staff to eat a healthy diet as set out in their care plan. This included supporting some people to eat or included preparing/warming meals people had chosen to eat.

# Is the service caring?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now improved remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Every person we spoke with told us us staff knew them very well and always treated them in a caring and sympathetic way. One relative told us, "I cannot praise them enough, I get on with all of them, they get on with [person's name]. They chat to us. They write in the book. One, [staff name], she is absolutely amazing with him." One person told us, "I can't praise the girls enough they are so professional and [name of carer] is lush!"
- The provider had an equality and diversity policy in place and staff had received training in this topic.

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

- Care plans included either people's signature or their legal representatives, which demonstrated people's involvement. People told us staff spoke to them about their care needs. One person told us, "The care book, that gets filled in properly as it should be every day."
- People told us staff from the office rang them regularly to make sure people were happy with the care they received. One person told us, "[Name] from the office rang me last week to ask how things were."
- Relatives told us that they felt able to call management to talk about any changes to care packages at any time.

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us staff treated them with dignity and respect and supported them to maintain their independence. One person told us, "They help me with my care needs and with my washing and bathing, they've been great. I do try and help myself, I'm limited. I couldn't ask for better," and, "They put the face cloth in his hands so [person's name] can wash where they can. One or two will also sing with [person's name]!"
- Staff understood and were able to explain the importance regarding maintaining people's privacy and dignity. One staff member told us, "I let people do what they can in personal care, I tell them every step what I'm doing and how, I keep it private. It's just me and them, I don't want them embarrassed so it's uncomfortable for them."

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Care plans had been created for each individual and contained information such as how staff should support people to mobilise, what kind of clothes people wished to wear and how staff could support people to achieve their goals.
- Care plans were formally reviewed every six months or sooner if there was a change in a person's needs. However, one person's care plan had not been updated to reflect a change regarding monitoring this person's fluid intake. We spoke to the registered manager regarding this issue. They showed us new monitoring charts which had recently been introduced and they would ensure all care plans were updated to reflect this change, however this process was still to be embedded.

Improving care quality in response to complaints or concerns

- We received mixed responses from staff regarding concerns they raised with the office. One staff member told us, "Nothing ever gets done when you ask for it to be done," whereas another told us, "I raised a concern about certain service users ...they have informed the family about that, and social services came and had a review."
- Complaints made to the service were investigated, However, outcomes of complaints were not always formally notified to the complainant as per the providers complaints policy. We spoke to the registered manager regarding this. They told us outcomes had been provided verbally, but they had not known outcomes of complaints required a formal acknowledgement letter or a written outcome/response. Following the inspection, the registered manager shared with us they have since completed training in the handling of complaints.

Meeting people's communication needs

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

- The registered manager told us information would be made available in different formats if requested. They showed us information that was made available to people in a larger print format. They also told us they and their staff regularly explained information to people to support their understanding.

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

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

- The service had held a social event at head office for people using the service. They had made additional travel arrangements to ensure everyone could attend. People told us they had thoroughly enjoyed this event and said the management had, 'gone above and beyond.' The registered manager shared with us how they intended to repeat this event in the future, such was the success.
- The registered manager shared with us how the service had worked with the occupational therapy team to support one person to have access to new personal equipment. This equipment had allowed them to freely access their garden and to spend time with their pigeons which was a big part of their life.

#### End of life care and support

- At the time of inspection no one was receiving end of life care. However, the registered manager had sourced additional external training from a local college in End of Life care for staff.
- Care plans included limited information regarding people's end of life wishes. We spoke to the regional manager regarding this and they agreed going forward to include more detailed information within people's care plans for consideration/discussion.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The registered manager had not completed any formal audits themselves. Audits which had been completed by an audit officer, were at times ineffective and had not captured issues identified during inspection. Where issues had been identified, action plans were brief and did not contain detailed information regarding actions to be taken. Where action had been taken, no formal review of the plan had been made to close, date or 'sign off' the action. Incidents were not always reviewed to ensure all actions had been completed.
- The registered manager had not followed company policy in relation to providing written feedback to those people who may have raised complaints.

This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection, the registered manager undertook immediate training regarding the handling of complaints received.

- Any issues which were identified as a result of audits, were entered onto the provider's main database system. This allowed regional staff to have oversight of any performance and quality issues within the service.
- Staff had mixed reviews of the management of the service, one told us, "It makes me reluctant to go into the office, it's not a very nice place to be." Whereas another said, "Our manager [registered manager's name] is really approachable, they [management] all are really nice."
- Incidents and accidents had been notified to the Care Quality Commission and local authority which was in line with legal requirements.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was keen to promote an ethos where people received care which was specific to their needs and wishes. One person told us "I'm very happy with Careline, two years since I started getting care, they've been a good send to me." Care staff told us the registered manager and office staff were accessible. One staff member told us, "I can call 'on call' for any concerns,, if I was worried about staff or a service user, anything, no problems getting in touch."

- The registered manager was open and honest throughout the inspection and was receptive to feedback.
- Where incidents and accidents had occurred and of those reviewed, the registered manager had contacted all those involved, offering apologies where needed .

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

- Feedback had been sought using a survey in 2018, people using the service told us that management called them to seek their feedback.
- Staff told us regular team meetings were taking place where staff were given updates and a chance to talk about issues. We spoke to the registered manager about ensuring these were minuted. Staff comments included, "It's all running smoothly at the moment," and, "Nothing I'd improve."

Continuous learning and improving care

- The service carried out full investigations into those incidents which had been reviewed. However, those which required disciplinary actions, were not always given an action plan and date to achieve as per policy. This could result in further incidents reoccurring.
- The registered manager and regional manager shared with us how the service was soon to adopt a new computerised care planning system. They told us they were confident this new way of care planning would support improvements which in turn would improve care provided.

Working in partnership with others

- Ongoing work was required to ensure partnerships with other professionals were maintained to make sure people's care needs were met.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered manager had failed to ensure detailed and updated risk assessments were included in people's care plans.</p> <p>Regulation 12(2)(b)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered manager had failed to ensure effective governance processes were in place to improve the quality and safety of the service.</p> <p>Regulation 17(2)(a)(b)</p>