

# Careline The Agency for Carestaff Limited

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## 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

This inspection took place on 10 and 11 January 2018. This was an announced inspection as Careline the Agency for Care Staff is a Domiciliary Care Agency (DCA) and we needed to be sure someone would be at the office. A DCA is a provision that offers specific hours of care and support to a person within their own home. The DCA provided the regulated activity of personal care to people older adults and young people. Some of the people had physical disabilities, whilst others had health ailments that meant they required support with personal care.

At the time of the inspection a registered manager was in post. 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.

The service remained safe. Sufficient staff were employed to manage people's needs, and enable them to engage in activities of their choice, through risk management. Staff were able to describe how to safeguard people from abuse and were aware of the protocols to follow. Staff further showed no hesitation to whistle-blow if the need arose. Where staff were involved in medicine management this were managed safely. Staff were competency checked annually and audits were completed monthly to ensure people were kept safe. If medicines errors were found during audits an investigation was completed and the necessary steps taken.

The service remained effective. Support was delivered by a highly experienced and knowledgeable staff team, who were able to respond to people's changing needs, through risk management. Staff were supervised and supported by the management team and aimed at delivering support in the most appropriate way. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. This was evidenced with staff encouraging people to go on holidays and arranging this for people.

The service remained caring. Staff were reported to be polite, respectful and ensured they maintained people's dignity whilst supporting them. They evidenced open communication with people and worked on motivating them to increase and achieve their independence.

The service remained responsive. Care plans whilst initially contained minimal information, requesting staff to seek direction from the person or the appropriate family member; were rewritten to contain detailed information on how to deliver the care. The service took necessary action to prevent and minimise the potential for social isolation. Activities were arranged and co-ordinated by the service to increase community engagement, and increase well-being. People and staff were protected from discrimination. Systems were employed by the service to monitor and investigate complaints.

The service had developed methods of governance that provided evaluation of practice. However, it was recognised that by not retaining old audits the service was unable to illustrate improvement over time. A thorough quality assurance audit was completed annually with an action plan being generated, and actioned, in addition to quarterly feedback sought for each staff member. People, relatives and stakeholders were asked for feedback on how to improve and make changes to the service. We found evidence of compliments and complaints that illustrated transparency in management.

## 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 remains good.

### Is the service effective?

Good ●

The care remains good.

### Is the service caring?

Good ●

The service remains good.

### Is the service responsive?

Good ●

The service remains good.

### Is the service well-led?

Good ●

The service remains good.

# Careline The Agency for Carestaff

## **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 checked 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 10 and 11 January 2018. This was a comprehensive announced inspection. The provider was given 24hrs notice because the location provides a domiciliary care service and we needed to be sure that senior staff would be available in the office to assist with the inspection. The inspection was completed by one inspector over two days on site, and a subsequent day completing telephone interviews.

Prior to the inspection the local authority care commissioners were contacted to obtain feedback from them in relation to the service. We referred to previous inspection reports, local authority reports and notifications. Notifications are sent to the Care Quality Commission by the provider to advise us of any significant events related to the service. As part of the inspection process we also look at the 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 had received the PIR and used this to help inform our inspection plan.

During the inspection we spoke with five members of staff, including three care support workers, one care manager and the registered manager. We called a further four staff who were unable to speak with us. We spoke with five people and / or their families who are supported by the DCA.

Care Plans, health records, additional documentation relevant to support systems were seen for four people. In addition a sample of records relating to the management of the service, for example staff records,

complaints, quality assurance assessments and audits were viewed. Staff recruitment and supervision records for six of the regular staff team were looked at.



## Our findings

The service remained safe.

Staff we spoke with were able to describe the protocol for reporting and acting on potential abuse. The procedure was discussed within supervisions and in team meetings. We were told by staff that they would "immediately report or blow the whistle" if they had concerns. One member of staff said, "Absolutely. [name] is the main priority." Staff training in safeguarding was kept up to date and refreshed frequently. Staff attended courses arranged by the company in line with the local authority protocols.

The service continued to protect people from risks where possible. Staff continued to assess and document, as far as possible how to manage these within risk assessments and care plans. Risk assessments sought to minimise the risk whilst allowing people to maintain independence within their own homes. For example, one person wished to maintain their independence as much as possible. This posed significant risks to the person, due to their deteriorating physical health. The staff reported that nevertheless, they assessed each of these risks. They reported it was not always possible this was recorded in a written format (especially when they were assessing risk whilst in a call), however they were able to describe the reasons behind the thought process. The person being supported had full capacity to make an informed choice about their care, and had formally requested that they did not want all aspects of their independence to be recorded and monitored.

People continued to receive support as required with their medicines from trained and assessed staff. Medicine support was evidenced and signed off on MAR (medication administration record) sheets. Observations of staff administering medicines were completed annually to ensure staff remained competent to complete this task. Where people did not require support with their medicines, staff did not assist. This was in particular the case for many of the younger people supported by the service. Families wished to retain control over their relatives' medicines, which was agreed with the DCA. However, if concerns were identified about relative's ability to safely administer, this was then raised with the registered manager, and the relevant discussions were held to ensure people remained safe. The service completed monthly audits on all medicines staff were involved in administering to ensure no errors had occurred. Where these were established, the registered manager undertook an investigation into the errors and where necessary disciplinary action was taken.

Robust recruitment procedures were being used to ensure that the provider was doing all that was necessary to keep people safe, when employing potential staff. This included character reference checks,

appropriate relevant training, information and behaviour checks in last social and health care employment and a Disclosure and Barring Service check (DBS). A DBS enables potential employers to determine whether an applicant has any criminal convictions that may prevent them from working with vulnerable people. We found on day one that not all staff had exact dates of employment noted within their records, for example, some had years only. We spoke with the registered manager who immediately arranged for all staff records to be checked. We were sent evidence by email that this had been rectified.

Incident and accidents were monitored. Systems were in place for trends to be noted, which would then alert the manager to complete written guidance to prevent the likelihood of similar incidents.





## Our findings

The service continued to provide effective care.

Staff underwent a detailed induction process when they began their employment. This included completion of mandatory training and additional training that would be supportive to their role. For example, where necessary one staff team had completed training in percutaneous endoscopic gastrostomy (PEG) feed which was relevant to the person they supported. This is when a tube is passed into the person's stomach to enable direct feeding, due to the person's inability to eat food orally. However, although the service had systems in place to audit when training was due to expire arranging the required refresher courses, staff did not always attend. The registered manager recognised that some staff had repeatedly failed to refresh their training course, and the service had not checked their competency to ensure they were safe to practice. The service took the relevant action, by day two of the inspection. Staff were informed they would be unable to attend calls without the necessary training which supported the safety of both the person using the service and the member of staff providing support.

Staff continued to receive regular supervision and support from the management team based in the office. This ensured that staff and the relevant line manager had the opportunity to discuss their job role in relation to areas where extra support was needed, as well as areas where they excelled. This information was then used to improve both personal practice and that of the service. In addition to individual supervisions the service also offered group supervision. This was person specific. The care team that were involved in providing support to the person would meet at regular intervals to discuss the most appropriate way to deliver the care. They would discuss techniques that had proven effective and those not so.

The existing care plans indicated that people's right to make decisions related to their care, was always respected and sought prior to support being delivered. Prompts and cues were in place to remind staff that this needed to be done at each visit. People and their relatives we spoke with told us, "Oh excellent. I can't complain a bit! They ask even when they know" another added, "...Ask before they do anything".

Staff had received training in the Mental Capacity Act 2005 (MCA) and were able to explain how this is applied to their practice. The 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 so that they can receive care and treatment when this

is in their best interests and legally authorised under the MCA. The authorisation procedures for this in DCA's is achieved through application to the court of protection. We found that the service had made all the necessary applications where they felt this was not in place already.

Care plans indicated where people needed support with food and drink, and how this support was to be carried out. This recorded whether staff were to prepare or just give the food to the person. People told us, "When she comes, she makes sure I have a drink, cup of tea or something. She'll ask me and leave me something for later when she leaves too."

The service ensured they worked in line with the Equality Diversity and Human Rights Act (EDHR). People were provided with care and support that meant they were not discriminated against. For example, people with protected characteristics such as ethnic or cultural diversity, had staff to support them who both understood and respected their differences. This meant that people were allowed the opportunity to feel confident the care they received was non-discriminatory. One relative we spoke with said, "They understand the importance of me only having female staff attend..." The service further ensured staff needs were met in line with EDHR. The registered manager and the care manager confirmed that all staff, irrespective of faith, gender, sexuality and belief were treated equally.



## Our findings

The service continued to deliver good caring practice.

The service ensured that people were visited by a consistent staff team, who had been selected based on their knowledge of the person's needs. In addition, as far as possible, staff were grouped according to their experience with specific needs. For example, nursery nurses were naturally grouped to work with young people. This meant they came with the necessary skill set to work with the relevant client group. In addition it meant that they could use their experience to effectively care and support the person, and to some degree the family. One member of staff reported "We're there not only for [name] but also for mum". Staff were encouraged to get to know people and their families in social settings prior to being part of the staff team. It was believed by engaging with people in a social setting they would become relaxed and allow them to develop a professional relationship.

People were involved with the development of their care plans. We found on day one of our inspection that these contained minimum documented information on how to deliver care. The care plans read that the person would lead this and advise staff on how and what they wanted done. This was due to most people being able to verbally instruct staff. Where the person was unable to provide the verbal instruction an appropriate family member was involved, for example a parent, when delivering support to young people. We found that as a result information on how people wished to be supported, their likes, dislikes and information that could enable general communication were not always documented. However people and their relatives we spoke with reported that the staff were "very good, they know how I want things done, always polite", a relative stated, "[name] knows [child] very well. They know what she likes and dislikes... always engage her well." We discussed the lack of some documentation with the registered manager who agreed to make the appropriate changes immediately.

People told us that staff respected their privacy and dignity when they delivered the regulated activity. Staff were able to describe how they ensured this. They told us they addressed people by the name of their choice and mentally noted how they wanted tasks completed.

Confidentiality was promoted within the service. Staff ensured they did not speak about people in front of others, including families where possible, if this was requested by the person. Records were maintained securely in the office and on the IT system operated by the service. Paper copies of records were maintained at people's homes, in their choice of location. Information related to people was circulated within the staff team on a need to know basis. However, the registered manager did report that on a few occasions

information had not been shared appropriately with the office staff. This included information that affected the care the person was receiving. Staff had not shared this due to requests by people not to breach their confidentiality. The registered manager took the appropriate action to manage this. Both the person and the staff were spoken with regarding the need to share information with the service, so as to ensure they received appropriate care. The meaning of confidentiality was readdressed with the staff, and they were encouraged to share information that was of importance with the relevant management team.



## Our findings

Any new referrals received by the service continued to have their needs assessed prior to support being offered to them. Where appropriate, family members were asked to provide information. Staff were given an induction by the relative or person on how they wished to have support from the agency. However, on day one of the inspection we found that there was insufficient information on how this needed to be provided within the actual care plans.

Care plans were sparse, and read "please follow guidance by [name]". We spoke with the registered manager and one of the care managers regarding this. It was agreed following discussions that it was necessary for more information on how care was to be delivered to be recorded. We were reassured that people's needs were being met, and the care was personalised. There had been no negative impact on people. The service had assessed the needs of people. Where they were able to communicate their wishes clearly or had family members who would support them to do this, the service was directed by them on each visit. Where people's communication was not so clear, there were written care plans from the local authority which identified how care and support should be delivered. We discussed our concern regarding the lack of detail in care plans with the registered manager. On day two of our inspection, we saw a sample of amended care plans. These were thorough and detailed care delivery. We were further sent additional examples of care plans completed by the registered manager following our two days of inspection. These clearly indicated how responsive care was to be delivered.

The service met the Accessible Information Standards (2016), which is a new legal framework under the Equality and Diversity Standard. This legislation focuses on the need to provide communication to a person that is within a format that they can understand. The service prepared documents in formats that were understood by the people receiving support. For example, we were shown pictorial service user handbooks and large printed fonts etc.

The service had a complaints procedure. We saw that any complaints received were appropriately logged and responded to as required. Where appropriate, an investigation was completed. The service had received a number of compliments from professionals and families involved with the service. One relative reported "can't fault the girls". One person had said "A big thank you for all your hard work..."

The service considered ways to reduce people's isolation, recognising that for many people, the service may be their only contact with the community. They encouraged and arranged day trips for people where

possible. They often accompanied them, providing the regulated activity whilst in the community. One relative reported, "[name] would not be able to go out if it wasn't for the carers". We were told how the service had responded to another person's desire to go on holiday for 5 days with staff providing 24hour support over each day. The person reported that this had enabled them to feel independent and achieve their goals of continuing to "get away."



## Our findings

The service remained good.

Careline The Agency for Carestaff had a consistent registered manager, who had worked with the management team to strive towards achieving a good standard of delivery of care. 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. Staff reported positive feedback about the registered manager and the office management team. One staff reported, "She is very good... always wants us to achieve our best".

The registered manager spoke of how the service was "for the people about the people". This meant that people had to be both confident that the service could deliver their care and staff were compliant with people's wishes. The registered manager told us that each person received care from a core staff team. No additional staff were asked to work with the person, unless they had been through an induction and the person had agreed to have them involved in their care. This ensured consistency in practice and delivery. One member of staff stated, "We have a team who work around [name]. We all know how to work with [name] and make sure that we are consistent in our approach". Another member of staff reported, "I feel fortunate to work here. We don't do 'calls', we work with one person a day making sure they are looked after properly." One person reported, "The care has been amazing", whilst another reported, "I cannot speak negatively - excellent".

We were told and saw evidence of management on call systems that meant staff had access to senior managers at all times, should they need them. Systems were in place that meant if they could not get through to one manager, a second was available. The office management team had daily meetings to handover any information that may be pertinent. This was then discussed as needed with the appropriate care manager and staff.

Staff reported that they were kept up to date with any changes that were occurring within the service. Newsletters were sent out to update them on changes in operational practice, to advise and seek nominations of staff for recognition of good practice, as well as provide practical information. The management and staff team demonstrated commitment in ensuring equality and inclusion within the workforce, and reported the need for all staff to feel equal regardless of their faith, ethnicity, sexuality and disability. Staff were supported with regular supervisions, and annual appraisals. Spot checks and

observations were completed in addition to this, so as to continually evaluate staff practice and seek methods of improvement. The service sent out surveys periodically and made telephone enquiries on how the person was being supported by the staff team. The service asked people to rate the support they received from each staff member. Positive feedback was acknowledged with a thank you email sent to staff. Where concerns were identified they were raised with the relevant staff.

We saw evidence of governance within the operations of the service. Records were seen for the last month of each audit, however we were unable to see records from any previous months. The registered manager advised that they would not save any old audit records, writing over them on the IT system. This highlighted that the service was unable to establish when issues had first arisen. For example, it was unclear how long staff had been assigned training and had failed to attend. The record available was only the last one recorded on the audit. The registered manager acknowledged that this created issues with evidencing accountability. It was recognised that this could very easily be resolved through saving each audit record, or carrying information forward with dates.

Quality Assurance Audits were completed annually by the service in addition to the regular feedback retained from people and families. This information was then used to create an action plan. The action plan was completed with evidence of how the feedback had helped to effectively change the service. Staff reported, "We can raise issues", another staff said, "they will listen and where they can implement ideas/changes?". This approach ensured staff felt a sense of ownership of the service.

We found there to be continued good management and leadership. The registered manager was supported by a strong management team, who worked well together. The registered manager stated that she did not hesitate to ask for assistance to ensure the service was well led and thrived to achieve a good standard of delivery.