

Care Line Homecare Limited

Careline Homecare

Darlington

Inspection report

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22 February 2018
23 February 2018

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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 was an announced inspection. We visited the provider's offices on 23 February 2018 and made calls to people using the service and staff and from 14 February 2018. The provider was given notice of the inspection because they provide community services and we needed to be sure that someone would be in.

This was the first inspection of the service since their registration with the Care Quality Commission (CQC).

Careline Homecare Darlington is a domiciliary care agency which is registered to provide personal care. The service provides support to people with varying disabilities (aged 18 and above), who live in their own home. The service operates 24 hours per day, seven days per week. The care packages are set up following an assessment of people's needs and support can be provided throughout the day and night. At the time of our inspection there were over 190 people receiving support from Careline Homecare Darlington, of whom 142 people received personal care services.

There was a registered manager at the service. 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.

There were robust staff recruitment and assessment processes in place.

People who used the service told us that there were enough staff available to support them and on the whole staff turned up on time. People were provided with continuity of care because a core group of staff were allocated to work with the same people. People knew their staff team well and spoke positively about them.

The co-ordinator and supervisors were skilled and experienced. They were well supported in carrying out their roles. In turn, they monitored the care packages and provided support and advice to the carers.

Staff were familiar with the safeguarding protocols in place to help keep people safe. They told us that they had received training in this matter and discussed the process with us, giving examples to back up their knowledge.

We checked whether the service was working within the principles of the Mental Capacity Act. People were supported to have 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 people using the services of this provider were encouraged and supported to make choices about their care, support and lifestyle. Where people were not able to make decisions about aspects of their life, the service worked with other professionals. This helped to ensure decisions were made appropriately and in

the best interests of the person concerned.

People had individualised care plans and risk assessments in place. These helped to make sure people received the support they expected and needed, in a safe way. Medicines were managed safely with administration records well maintained.

People who used the services told us that staff were kind and helpful and that they respected their privacy and dignity.

There were policies and procedures in place to help ensure the service operated effectively. Staff were supported and supervised in their work. Supervision of staff helps to make sure that they work safely and follow the policies and principles of the service.

There was a complaints process in place at the service. Records were kept about complaints and these included the details of actions taken, outcomes and learning points. The provider shares all information about lessons learnt with every branch so all can make improvements to their systems.

The provider had processes in place for monitoring the quality of the service. There were systems in place to support people using the services to give their opinions about the standard and quality of the service they received.

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 told us they felt safe. There were safeguarding policies and procedures in place. Staff knew how to raise a concern.

The medicines staff were responsible for administering were safely and appropriately managed.

Staff had received training in relation to safeguarding and keeping people safe. They understood the actions they needed to take to ensure people were kept free from harm.

Procedures were in place to ensure all staff were subject to proper employment checks before commencing employment.

Is the service effective?

Good ●

The service was effective

Staff were provided with regular training and were clear about their roles and responsibilities.

People were supported with decision making and staff were very clear regarding their role and responsibilities in relation to consent and capacity.

People were supported to take a healthy diet.

Is the service caring?

Good ●

The service was caring.

People told us that their support workers treated them with respect and that they were encouraged to maintain their independence.

People were supported by staff that knew and understood their life history, preferences, needs and wishes.

Staff spoke about the people they supported in a respectful manner. They were mindful of the importance of maintaining

people's independence and well-being.

Is the service responsive?

Good ●

The service was responsive.

The service had a complaints process in place and appropriate action was taken to deal with any concerns.

People were supported to access other health and social care services where necessary.

Care and support was tailored to meet the needs of each individual and so different types of care package were provided.

Is the service well-led?

Good ●

The service was well led.

Documents kept at people's own home were up to date and detailed.

The service had systems in place to help monitor and improve the quality of the service. People who used services were provided with opportunities to comment on the standard of the service they received.

There were policies and procedures in place to help ensure the service operated effectively and to a safe standard. Checks were in place to help ensure staff worked safely and in line with the policies of the service.

Careline Homecare Darlington

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.

The inspection commenced on 14 February 2018 and we visited the provider's office on 23 February 2018. The inspection was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure the manager would be available.

The inspection team consisted of an adult social care inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses a service.

We gathered and reviewed the information we held about the service before the inspection. This included notifications; (notifications are reports about changes, events or incidents the provider is legally obliged to send us within required timescales) and the Provider Information Return (PIR) that had been completed by the provider. The PIR 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 called 50 people who used the service and also spoke with eight relatives. We contacted seven care staff and met the registered manager, regional manager, two supervisors and an administrator.

During our visit to the offices we looked at 10 people's care records, 6 staff files and the records relating to the management of the service.

Is the service safe?

Our findings

All the people we spoke with had no concerns about the service or staff practices. We were told that staff arrived on time and stayed until the tasks were completed. They told us it was unusual to get someone new on a visit and the office would call ahead so that the person and, when appropriate, their relatives knew about the changes beforehand.

One person said; "They never make me feel as though I am just a name on a sheet." Another person told us; "They come when they say they will and I don't know how they do that every day." Another person said, "Really excellent staff that always does their best to make me feel secure and cared for." A relative commented, "The staff always arrive on time and we have to appreciate if they are slightly late it may be traffic or another client that has caused the delay."

The services had robust safeguarding processes in place. The staff that we spoke to confirmed that they had received training to help them recognise and report abusive practices. They were able to give us a good overview of their knowledge and the steps they would take to help make sure people were safe. From the information we held about the service we could see that the registered manager had reported any allegations appropriately and quickly. People who used this service were supported with their safety both at their home and when out in the community.

There were robust on-call systems in place so that staff and people who used the service could access advice or assistance when needed. The provider was also looking at developing an online assessment tool, which would enable supervisors to track calls and update people's care records promptly.

Staff were aware of the individual risk assessments and strategies that were in place to help keep people safe. We reviewed a sample of individual risk assessment and management strategies during our inspection. People's risk assessments and management plans had been regularly reviewed and updated in their home as their needs changed.

We reviewed the way in which support staff were recruited. We found that there were robust systems and procedures in place. Appropriate checks had been carried out on prospective employees, including employment histories, personal profiles, references and criminal record checks Disclosure and Barring System (DBS). As part of the recruitment process, the shared lives co-ordinator produced a report for the panel to help them determine the suitability of each applicant. The reports included overviews of the applicant as well as information about their skills, knowledge and experience. The assessment and recruitment process could take up to three months, prior to the matching process.

People who used the service told us that there were enough staff to help them with their daily needs. They told us that there were female and male staff available to support them. If staff were running late they told us that someone from the office would call to let them know.

We reviewed the way in which the service managed and supported people with their medication

requirements.

Staff received medication training and were aware of the policies and procedures. There was evidence to support that their competency had been checked to help ensure they handled medicines safely. The sample of medication administration records (MARs) that we reviewed had been accurately completed. The lists of medication contained in people's care records matched those on the MARs. Where people needed to use creams or ointments there were clear protocols in place. These included the reasons for use, the frequency of use and where the cream had to be applied. There were clear instructions for the use of 'when required' (PRN) medicines. These instructions also included the reasons when it should be used or offered, the side effects of the medicine and guidance about monitoring the effectiveness of the medicine.

We noted that when people had been identified at risk from choking. There were clear plans and guidance for the safe use, including their role in supporting people to eat and how to use food thickeners. The service had also obtained guidance and advice from the person's doctor about strategies to aid the oral administration of some medicines.

Staff confirmed they had a plentiful supply of personal protective equipment (PPE) such as gloves and aprons to maintain infection control.

Is the service effective?

Our findings

People who used the service and their relatives all thought that the service was effective. People told us they felt the care was appropriate and well delivered and the staff appeared to have the skills they needed to deliver their care. People and their relatives told us they were always consulted in all areas of their care delivery and everyone appreciated that involvement.

One person told us; "I'm very pleased with my care they seem to know what I need before I do!" Another person said; "They appear to have been trained for this work and the confidence in their delivery means I am getting good care." And another person commented, "They get my meals for me usually something microwaved but they always ask what I would like so I get a choice." A relative said; "The service is better than we could have expected. [Person's name] is seen by a small group of staff that they get on with and staff all know what they are doing."

Staff told us that they felt 'well supported' by the registered manager and co-ordinators. They told us about the training they had received and that further training was available. One person told us; "The communication is very good. We are kept up to date with everything that is going on."

We looked at the training and supervision provided for staff. We discussed this with the registered manager, co-ordinators and staff working in the service. We reviewed a sample of individual staff records as well as the training matrix for the service as a whole. Staff told us and records confirmed that appropriate training and regular supervision meetings were provided.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

In community care settings applications to deprive people of their liberty must be made to the Court of Protection. At the time of our inspection one application had been made to the Court of Protection and this was being managed by the person's social worker.

Staff had a working knowledge of the MCA and respected people's human and legal rights. The registered manager was aware of the processes involved regarding MCA and applications to the Court of Protection. There were clear policies and procedures in place to help ensure staff understood that people using the service retained choice and control over their care as far as possible. The registered manager checked if family members had obtained Lasting Power of Attorney when people lacked capacity and kept copies of the enacted document on file. Staff understood their role in supporting people who lacked capacity and actions to take if people were struggling to stay safe in their own home.

The registered manager told us that people who used services were supported and encouraged to be involved in the decision making processes and asked to consent to their support plans. One staff member told us; "Everyone we support is different. They have different needs and different risks."

We found that where necessary, people were supported effectively with eating and drinking. The sample of care records that we reviewed contained nutritional assessments, details of likes, dislikes, food allergies and information about special diets. At times staff were expected to support people to cook the meal for their families and we suggested that these staff were provided with more detailed information about the meals to cook and their role. One person they supported was a vegetarian and another adhered to a Halal diet. These people's care plans did not detail what meals could be created that adhered to these dietary requirements. The registered manager agreed that speaking to the people about what meals they liked and obtaining the recipes for the staff would make this task easier to complete.

Is the service caring?

Our findings

People we spoke with told us that their dignity and privacy was respected and staff encouraged them to remain as independent as possible. They told staff encouraged them to do what was safe and manageable. People told us they were always offered choices around how their care was delivered and they were always made aware of any support that may be different. People told us this approach reduced their anxiety about needing to use the service.

One person told us; "The care is just great. They always observe my dignity especially after personal care." Another person said, "Couldn't ask for better care they are so kind and lovely. They would not do anything that would make me feel awkward." Another person said, "If I want to change my mind that is fine I am not made to do anything that makes me feel uncomfortable." And another person commented, "Without my carers I would not want to get up in the morning they put a smile on my face." A relative told us, "They are very kind and good with my relative. Our family appreciates all their support as well."

We found that staff spent time with the people they supported. They told us they had access to people's support plans and time to review or update them. The staff we spoke to during the inspection were very aware of people's individual needs and preferences. One member of staff told us; "I like to try out different things and activities with the people I support. It helps to motivate them and allows more choices with their lifestyle."

The co-ordinator and supervisors monitored people's care, support and their relationships with their carer staff. If people found they could not work with a particular staff member this was quickly remedied and the staff was replaced with a different member of the team. The registered manager told us this was not seen negatively, as at times people just don't get on. This has been said quite a few times.

During our discussions with staff, we found that they adopted a caring approach and showed concern for people's independence, safety and well-being.

The registered manager and staff knew how to assist people to access advocacy services, if this was needed. An advocate is a person who works with people or a group of people who may need support and encouragement to exercise their rights. We heard how the registered manager and staff had actively ensured people were enabled to voice their opinions about how the care should be delivered. They explored all the ranges of ways they could support people to communicate their views about the care and support being offered. Also the service linked in with the telecare service so aware of the latest technological solutions for keeping people safe, for instance some people had motion detectors in place so that the team and family could be confident that if the person went out they were coming back and, when necessary, to monitor if people started to leave their property late at night.

Is the service responsive?

Our findings

People and relatives told us that they were encouraged to be fully involved in deciding the type of care packaged needed and were involved in drawing up the care plans.

One person said, "I don't want that worry about care plans I get asked all the time I just want to continue with my excellent care. My family will deal with that side of things." Another person told us, "I am always considered when they talk about my care and I do feel my input is welcome and taken into account."

The staff that we spoke to told us of the plans and strategies that were in place in order to support people with their social life and activities. They explained that people were able to be as independent as possible and where risks had been identified, these were managed in the least restrictive way.

The sample of care and support plans that we reviewed during our inspection had been developed with each person. They contained detailed pen pictures of each person, which recorded individual likes, dislikes, wishes and instructions about communication needs. When we spoke to staff about the people who used services, they were knowledgeable about people's individual needs and expectations. We noted that people had been asked and supported about what they wanted to happen when they came towards the end of their life. Information about their wishes and details of the people that were important to them had been clearly recorded.

People who used the service were able to raise concerns or complaints directly with the staff that supported them or with the management team directly. There was also a complaints policy in place. Details of how to raise a complaint and how it would be dealt with were also included in the 'easy read' service user guides provided by the organisation.

People commented, "Of course I know how to complain. But if things keep going the way they are I see no reason to be calling anyone", and "I don't feel that complaining is something I will need to worry about but I know what to do."

We reviewed the records that had been kept with regards to complaints and compliments and whilst the compliments far outweighed the complaints, we found that some concerns had been raised. The registered manager had kept records about the complaints received which included a full investigation, outcome and any lessons learnt.

The provider also shared with all the branches, any serious incidents or those that could potentially occur in any of the branches and the lessons they had learnt. The registered manager and regional manager told us they found this information assisted them to ensure such incidents were replicated at this service.

Is the service well-led?

Our findings

People and relatives told us that they thought the service was well-led. People said that the staff and the registered manager were approachable, friendly and supportive. One person said, "The service is excellent and really works well."

A member of the care staff told us; "I am happy at my work. I feel listened to and can contact my supervisor and staff in the office easily. I think the manager is very good." Another said; "The service is very good and seems to run itself but obviously the manager has a lot to do with that."

The staff were also complimentary about the leadership at the service. One of them said; "The co-ordinator is very supportive and helpful. If I have a query they are happy to sort it out and my supervisor is always available to help." Another person told us; "We were given very clear information about people's needs, the plans for the week and any changes." A third person commented; "The communication is very good and we are provided with training. We also get regular meetings and discuss areas that we may need to improve such as checking that we have signed the medication records."

We saw that the staff team were very reflective and all looked at how they could tailor their practice to ensure the support delivered was completely person centred. The registered manager was transferred to Careline Homecare on 21 November 2016 when the company took over the operation of this service. The regional manager has been in post since April 2016. We found that since they had come into post all of the staff had received the required training, more staff were recruited and they had reviewed the care packages.

The service had a clear vision and put values, such as respect and enable into practice. Staff understood the values and were committed to them. Staff we spoke with thought the service had an open and honest culture. Staff told us they had regular meetings and made suggestions about how they could improve the service for each person. A member of staff said, "We are involved in making sure the support we provide is working right for the person but this is for an individual not the service as a whole but I think that works well."

The service provided various opportunities and options to enable people with an interest in the service to 'have their say.' Frequent meetings were held for staff. In addition, people were also offered the opportunity to comment on their satisfaction with the service via questionnaires. The staff also regularly called people to check that they were happy with the service.

The provider had systems in place for monitoring the service, which the registered manager fully implemented. The registered manager completed monthly audits of all aspects of the service, such as medicine management. They took these audits seriously and used them to critically review the service. When audits identified areas to improve the registered manager produced action plans, which clearly detailed what needed to be done. The provider also completed monthly reviews of the service. This combined to ensure effective governance arrangements were in place.

Services that provide health and social care to people are required to inform the CQC of deaths and other 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.