

Care Line Homecare Limited

# Careline Homecare (Newcastle)

## Inspection report

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30 August 2019

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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?

Outstanding ☆

# Summary of findings

## Overall summary

### About the service

Careline Homecare (Newcastle) is a domiciliary care agency. It provides personal care to older and people and people with disabilities living in their own 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. There were 60 people receiving personal care at the time of the inspection.

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

People received high quality, individualised care from an exceptionally well-led service. The registered manager was passionate and proactive in following best practice, continuously improving and engaging with people, relatives and staff.

The registered manager was innovative in introducing new ways of working. They were dedicated to making sure people received the best care they could and worked closely with the local authority and other organisations to influence and improve the delivery of adult social care.

People received personalised support. People's needs were assessed and care was planned to meet their preferences and choices. Staff were given very detailed information to support people. The service was reliable. Staff were punctual and had always attended planned visits.

People were supported by a small team of consistent staff. People told us they were very happy with their staff team. Staff demonstrated caring values. People told us staff treated them with respect, were friendly and considerate.

The service was safe. Staff understood the risks people faced and took steps to minimise them. Staff recognised the signs of abuse and reported their concerns to the registered manager. Medicines were well-managed, and staff minimised infection control risks.

There were enough staff employed to manage the service safely and effectively. Staff undertook a training programme which helped them to provide high quality care to people. Their skills and understanding were regularly checked to make sure they had the knowledge and values to deliver people with safe and compassionate care.

People had achieved positive outcomes through good support from staff. Staff supported people to access external healthcare professionals whenever they were needed.

People were supported to have maximum choice and control of their lives and were supported in the least restrictive way possible. Staff assisted people to regain or maintain their independence wherever their

ability allowed.

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 22 February 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Outstanding ☆

The service was exceptionally well-led.

Details are in our well-led findings below.

# Careline Homecare (Newcastle)

## **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

This inspection was carried out by one inspector.

#### Service and service type

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

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 we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 23 August 2019 and ended on 30 August 2019. We visited the office location on both dates.

#### What we did before the inspection

We reviewed information we had received from the provider since they had registered, such as details of any accidents or incidents which had occurred.

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 sought feedback from the local authority and Healthwatch about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

#### During the inspection

We spoke with six people who used the service and seven relatives to find out about their experience of the service. We spoke with the registered manager and three care workers. We emailed all of the staff who worked at the service to give them the opportunity to share their feedback about the service. We received email responses from five staff members.

We reviewed a range of records. These included six people's care records and medicines records. We looked at records relating to the management of the service and a variety of policies and procedures developed and implemented by the provider.

#### After the inspection

We asked the provider to send us some additional information, so we could validate the evidence we found.

# 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 remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they felt safe receiving care from the service. They told us they could rely on the staff.
- Staff understood their role in protecting people from abuse. They followed safeguarding procedures and told us they would not hesitate to report any concerns. The registered manager worked closely with the local authority and promptly shared any required information.
- The registered manager had carried out proactive work which had resulted in a reduction of self-neglect referrals (when people had not taken care of their own basic needs). Staff had received additional training on the early warning signs and the steps they needed to take to prevent people's health being affected.

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

- Staff understood the risks people faced and how to reduce the likelihood of them occurring. Staff made referrals to other health and social care professionals for their input where risks were identified.
- People had always received their planned visits from staff. The provider monitored an electronic system to make sure staff arrived at people's home to deliver care. There had never been any 'missed calls' where staff had not attended planned visits.
- The registered manager continuously strived to improve safety. They analysed and reflected on accidents and incidents. Preventative action was taken to avoid events reoccurring. Information about lessons learned was shared with staff across the service to reduce risks.

Staffing and recruitment

- There were enough staff to carry out visits to people. Staffing levels were monitored to make sure there were enough staff to deliver people's care.
- Safe recruitment procedures had been followed.

Using medicines safely

- Medicines were well-managed.
- People received their medicines from trained and competent staff.
- People received their medicines as prescribed. The provider had introduced two new roles since our last inspection to improve medicines safety. Since the introduction of these roles medicines errors had reduced dramatically. There had only been one minor medicine recording error in the year before our visit.

Preventing and controlling infection

- Action was taken to protect people from the risks of infection and cross contamination. Staff used

personal protective equipment such as disposable gloves and aprons when undertaking personal care tasks. Care records clearly described to staff how risks were minimised including using colour coded flannels for specific aspects of personal care.



# 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 remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's care and support was designed around their needs and choices. Staff met with people before they received care to assess their needs and make sure everything was in place to deliver their care.
- Staff reported any changes in people's needs. This information was well-communicated to all staff involved in the person's care.
- Staff used recognised tools to assess people's needs and plan their care, in line with national best practice guidance.

Staff support: induction, training, skills and experience

- People and relatives told us staff were well-trained.
- Staff received a comprehensive programme of face-to-face training and assessments. They met with their line manager on a regular basis to discuss their role and the care they delivered.
- Training was well-monitored so staff skills and knowledge stayed up-to-date. At the time of our inspection, training the provider considered mandatory was 100% complete. Staff were very positive about training and the support they received.

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. We checked whether the service was working within the principles of the MCA.

- The provider was following the MCA. People were supported to make their own decisions whenever possible.
- Where there were concerns over people's capacity to make specific decisions, their capacity was assessed, and staff worked with external professionals to make sure the MCA was followed.
- Legal proof had been sought where people had appointed another person (known as a Lasting Power of Attorney) to make decisions on their behalf.

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

- Staff were pro-active in making sure people accessed healthcare professionals when they needed to. Staff had made referrals to healthcare teams where they identified a need. Professionals' advice was

incorporated into people's care records.

- Staff shared information effectively with other agencies.

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

- Staff knew people's preferences and supported them to eat and drink things they enjoyed.
- Staff kept clear records about people's food and drink intake so this could be monitored if needed.

# 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 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

- People and relatives told us staff treated people well. We received very positive comments about staff attitude and their commitment. One person told us, "I would rate the staff as brilliant." A relative said, "[Names of staff members] are wonderful. They do little thoughtful things like opening the curtains and bringing the milk in. Just the little things that make a difference. I don't have to ask them they just do it to be helpful."
- The registered manager had listened to people and changed the provider's policies to better suit their rights and choices. Previously staff could only apply creams or ointments where they had been prescribed. They were not able to help people with non-prescription creams or moisturisers. The registered manager had put in place documentation to enable staff to support people with their own creams.
- People's rights were protected. Their differences were respected and celebrated. People's cultural needs were taken into account. The registered manager actively sought to recruit a diverse staff team. Whenever possible staff were matched with people who shared cultural needs and languages, so they understood their practices and beliefs.

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us they felt comfortable with staff. Staff respected them and their home
- People's privacy and dignity was promoted. Care records were very clear about how staff should protect people's dignity as much as possible when providing care. People told us staff respected their privacy, and always announced their arrival before coming into their homes, even when they let themselves in.
- People were encouraged to be as independent as they could be. Care records set out clearly the tasks people could manage independently. One person said, "They encourage me to do what I can. They will say to me, if you don't use it (meaning independence) you'll lose it."

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

- People were involved in planning and reviewing their care. Staff used assessment tools, to help people to communicate what they wanted from the service. People were contacted regularly to check how they were feeling about their care and to discuss any changes they would like.
- People were given information about advocacy services, who provide impartial support to people to make and communicate decisions.

# 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 remained the same. This meant people's needs were met through good organisation and delivery.

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

- People received a consistent and reliable service from a team of regular staff. The registered manager monitored the number of different staff coming into people's home to make sure people were cared for by as small a team of possible, ensuring they knew staff well. People were sent rotas in advance, so they knew which staff to expect.
- Staff knew people's needs and how to support them. People's care records were detailed and easy to understand. They described what was important to each person. This helped staff to understand people and to talk with them about their interests.

End-of-life care and support

- People were cared for with compassion at the end-of-their lives. All staff received training in end-of-life care. Staff worked closely with specialist palliative care nursing teams, to make sure people were as comfortable as they could be at this sensitive time.
- The registered manager told us they were introducing a new team specifically to support people at the end-of-their lives. The registered manager understood the complexities of supporting people at this difficult time. The new team would be selected based on their personal skills and receive additional specialised training.

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.

- People received information in ways they could understand. These needs had been assessed and detailed in people's care records. One person received all of their information in large and bold font.
- People with specific communication needs were supported to communicate in the way they preferred.

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

- Staff knew people well, they supported people to follow their interests. People's care packages were designed around their needs, and most did not include outings or trips. However, staff did support people to follow their interests. Some people told us staff brought them a newspaper when they visited or supported them with crafts and games.

#### Improving care quality in response to complaints or concerns

- Complaints or concerns were used to drive improvements. People were encouraged to share their views on the service. Complaints and concerns were analysed and closely monitored to identify trends. Where complaints had highlighted areas for improvement changes had been put in place across the service to better the service people received.
- Complaints had been well-managed. The registered manager had responded in line with the provider's policy. The registered manager sought to resolve complaints to people's satisfaction.

## 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 improved to outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Continuous learning and improving care; Working in partnership with others

- The registered manager and provider were innovative and dedicated to developing the service and improving the care people received. They put in place strategies to improve standards both within the service and with outside agencies.
- The registered manager was supported by the provider to put in place new ways of working and proactively take on additional responsibilities to improve people's safety. Following extensive research, the registered manager identified people were at higher risk of adverse incidents from prescribed medicines after a stay in hospital. They put in place new processes which had resulted in averting medicines errors. When people returned from hospital they were now visited by a medicines officer, who reviewed their medicines to make sure GPs and pharmacists were aware of any changes. People were safer due to this change.
- The registered manager was influential within the local social care system. They had excellent links with the local authority. The registered manager had shared their views and suggestions on how to improve the ways packages of care were requested. The local authority had taken this feedback on board and introduced a new system in-line with the registered manager's suggestions. The registered manager was a key member of a local domiciliary care agency group to discuss ways of working and improvements.
- The registered manager was passionate about social care and research. Staff were involved in local and national groups and had worked with universities on specific areas of care delivery. The registered manager championed careers in adult social care and had been part of a national NHS campaign to increase staff retention in social care and had promoted the sector in careers fairs.

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

- The registered manager and provider had a clear focus on quality. They strived to achieve high standards and deliver the care people wanted and needed.
- The registered manager was passionate, highly skilled and very experienced. They were driven to deliver the best service they could. Staff and people who used the service spoke highly of the registered manager. They were supported by a team of motivated and knowledgeable management team who provided staff with good leadership.
- There was a strong culture of governance embedded within the service. The provider, registered manager and staff closely monitored the service provided. They followed a comprehensive schedule of audits and checks to make sure people's care, staff practice and how the service was operated was in line with best practice. Audits were detailed and regularly reviewed and updated to incorporate lessons learned and

updates to best practice. Action plans were put in place where audits highlighted that the service could further improve

- The provider consistently monitored quality and compliance with regulations through regular performance reports, senior management governance meetings and internal audits.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The registered manager was passionate about putting people at the heart of the service. They supported staff to achieve this through training, communicating the values of the service and implementing best practice tools.
- People told us they received high quality care and support. All of the comments people shared with us about their experience of the service were positive.
- Staff were valued. Their skills and expertise were recognised. Staff were empowered to strive for excellence. Their ideas were taken on board. Staff were well supported and given the opportunity to move into more senior roles.
- The registered manager was open and transparent. They were aware of their duty of candour responsibilities. They were methodical and candid when investigating matters. They shared findings with external agencies and apologised to people if things had gone wrong.

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

- People, relatives and staff were viewed as partners in delivering a successful service. The registered manager made sure people could share their views in a variety of ways to make sure their needs were met. Quality monitoring staff telephoned or visited people at least once every three months to check in with people and ensure they were satisfied. People told us they could always speak to the office whenever they needed.
- The registered manager used feedback to continuously improve the service. The most recent annual satisfaction survey had been very positive. The registered manager analysed the results and put in place changes to further improve people's experience. These included a 'continuity tracker' to make sure people received visits from staff they knew well, and sending people rotas of which staff would be attending their visit in advance.
- Staff were included in developing the service. Team meetings were held regularly so staff could raise issues and share ideas. The registered manager also held a weekly 'open door' staff surgery where staff could speak to the registered manager in confidence about any issues they may have.