

Care Line Homecare Limited

Careline Homecare (Hartlepool)

Inspection report

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Date of inspection visit:

22 January 2018

25 January 2018

Date of publication:

16 March 2018

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 22, 23 and 25 January 2018 and was announced. We gave 48 hours' notice of the inspection to ensure that staff would be available in the office to assist us.

Careline Homecare Hartlepool is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing. It provides a service to younger and older adults with a range of care needs. At the time of our inspection there were 294 people using the service.

A registered manager was in place at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

We last inspected this service in October 2015 when it was rated 'Good.' During this inspection we found the service remains 'Good.'

People and relatives told us they felt safe when care workers visited and most people spoke positively about the service. Staff had received training to ensure they knew how to recognise and report potential abuse. Risks to people were identified and plans were in place to help manage and minimise risks. Medicines were managed in a safe way and checks were made to ensure staff were competent to administer people's medicines.

People were assisted to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. Staff were provided with effective training, support and development opportunities to enable them to meet people's needs. People were supported with eating and drinking where they had needs in this area.

People told us staff were respectful, kind and caring. People said the quality of the service was good and staff promoted privacy and dignity.

Detailed support plans were in place which were specific to the needs of individuals. Support plans contained information about how people wanted and needed to be supported. People knew how to make a complaint. Complaints were dealt with promptly and appropriately.

Effective systems were in place to assess the quality of care people received. People's feedback was sought regularly and acted upon. Staff told us they could approach the registered manager at any time.

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 remains Good.

Good ●

Is the service effective?

The service remains Good.

Good ●

Is the service caring?

The service remains Good.

Good ●

Is the service responsive?

The service remains Good.

Good ●

Is the service well-led?

The service remains Good.

Good ●

Careline Homecare (Hartlepool)

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 22, 23 and 25 January 2018 and was announced. The inspection team consisted of one adult social care inspector and two experts by experience who made phone calls to people who used the service and their relatives. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information we held about the service. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to let us know about. We also contacted the local authority commissioners for the service, the local authority safeguarding team, the clinical commissioning group (CCG) and the local Healthwatch to gain their views of the service provided. 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 the feedback we received to inform the planning of our inspection.

During the inspection we spoke with 16 people and nine relatives. We also spoke with the registered manager, the regional manager, the deputy manager and two care co-ordinators. We asked care workers to complete a questionnaire and we received 26 responses.

We reviewed six people's care records and five staff recruitment files. We reviewed medicine administration records for fifteen people as well as records relating to staff training, supervisions and the management of the service.

Is the service safe?

Our findings

People and relatives told us they felt safe when care workers visited. One person said, "I have carers four times a day. They are lovely with me and I feel very safe when they are here." Another person told us, "Of course I trust the staff and feel safe, they would not visit me if I didn't." A third person said, "I am just so thankful and feel really safe and well cared for."

One person told us they were concerned when a different care worker arrived at night because the office had not made them aware there had been a change. The registered manager said people were allocated a team of regular care staff and people were informed if there were any changes. The registered manager acknowledged it was not always possible to inform people of changes, for example if a change was made late at night.

Staff rotas were done in groups according to location to try and keep staff in the same area and reduce travelling time. The registered manager told us staff were good at covering extra shifts due to sickness and leave, and they had never needed to use agency staff as they constantly recruited new staff.

We saw that people had a consistent team of care workers where possible. One of the care co-ordinators told us they tried to organise rotas so people were supported by the same team of care staff where people preferred this. Some people we spoke with said they liked to have a variety of care workers. For example, one person told us, "I don't mind different carers, as it is someone for me to chat with, just as long as I know beforehand." The registered manager told us weekly rotas were available for people who used the service if they wanted them, so they knew which care staff to expect. The registered manager told us approximately a third of people who used the service requested and received weekly rotas.

Call times were logged in records kept in people's homes. Care staff were expected to contact the office if they were running late. The registered manager told us people who used the service were advised to contact the office if staff had not turned up after 15 minutes or so of their planned call.

People had mixed views about the time keeping of staff. Some people told us care staff were often late to start their visits because travelling time wasn't taken into account when rotas were drawn up. One person told us, "I have carers twice a week. They don't always arrive on time and I have called the office several times about this, but I am generally happy with what the carers do". Others told us time keeping was not an issue and understood that staff had to travel from one visit to another. One person said, "Yes they come when they say they will. I don't know how they do that every day." Another person told us, "Carers are mostly on time and never make me feel as though I am just a name on a sheet."

The service provided support to people 24 hours a day seven days a week. Most people and relatives we spoke with felt there were enough staff to carry out visits, and spoke positively about the service. One person said, "This is wonderful care and I feel very lucky."

Staff completed training in safeguarding vulnerable adults as part of their induction training and then at

regular intervals. Staff knew how to report concerns and said if they had any concerns they would raise them immediately with the management team. A safeguarding log was kept which showed appropriate and prompt action had been taken. For example, where appropriate disciplinary action had been taken and staff were required to complete additional training.

Thorough recruitment and selection procedures were in place to check new staff were suitable to care for and support vulnerable adults. The service had requested and received references, including one from their most recent employer. Background checks had been carried out and proof of identification had been provided. A disclosure and barring service (DBS) check had also been carried out before staff started work. These checks help employers make safer recruitment decisions and reduce the risk of unsuitable people working with vulnerable groups.

People had risk assessments in place where required. These were accessible to staff and regularly reviewed by care co-ordinators or supervisors. All identified risks had appropriate care plans in place which detailed how people should be supported to manage those risks. For example, the use of specific equipment to assist people to mobilise. In addition to risk assessments around people's individual needs there were also risk assessments around the internal and external environment of people's homes, and the control measures in place to minimise potential risks. For instance, in relation to trip hazards and electrical equipment.

Medicines were administered safely and appropriately. All medicine administration records (MARs) were fully completed with any reasons for non-administration recorded. Weekly medicines audits were completed to monitor the quality of medicines administration and ensure this was managed safely. Staff competencies were regularly assessed by the registered manager, care co-ordinators or supervisors to ensure those administering medicines were skilled to do so safely.

The provider kept a log and detailed records of all accidents and incidents. Records included details of those involved, what had happened and details of action taken following an incident or accident. Actions included informing a social worker, carrying out a care review and updating a moving and handling assessment. Accidents and incidents were regularly analysed to look for trends, although none had been identified.

Is the service effective?

Our findings

Most people and relatives felt that staff knew what they were doing and were competent in carrying out their role. One person we spoke with said, "I'm very pleased with my care. They seem to know what I need before I do." Another person told us, "They appear to have been trained for this work and the confidence in their delivery means I am getting good care."

However, one relative we spoke with felt inexperienced staff needed more training. They told us, "One time they sent a young girl who had no idea how to handle my [family member] with care."

Records we viewed showed new staff had completed an induction programme which included training in areas such as first aid, moving and assisting, safeguarding vulnerable adults and infection control. One staff member said, "I completed an induction which prepared me for my role." The provider told us how they had recently introduced a new induction programme with extra supervisions, shadowing shifts and competency checks so staff who were new to care received enough support and guidance. The provider said, "Some new staff need more time to shadow experienced staff."

Staff completed further training at regular intervals on issues such as diabetes, equal opportunities and dementia care. The provider had a computer based system in place to ensure training was kept up to date. Training records we viewed confirmed staff training in a range of key areas was up to date.

Staff told us they had received enough training to do their job. One staff member told us, "I received training before I started my job and get refresher training yearly."

Staff received themed supervisions and observations every three months and an annual appraisal. The purpose of supervisions and observations was to promote best practice, offer staff support and identify any areas for development. Themed supervisions on topics such as the Mental Capacity Act meant staff could update their knowledge in between training updates.

Notes of supervisions were meaningful and contained a good level of detail about training needs and where staff could develop further. Regular observations checked if staff were patient and caring, respected privacy, dignity, choice, completed records accurately and promoted independence.

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, and whether any conditions or authorisations to deprive a person of their liberty were being met. At the time of the inspection people

had capacity to make decisions about their care. The registered manager explained that some people were supported by relatives to make decisions relating to their care. The provider had procedures in place should people lack capacity and the registered manager had knowledge and understanding of these.

Each person who used the service had an assessment about their nutritional well-being. People received support with nutrition and making meals as part of their individual care package, where people had needs in this area. The care plans about this were personalised and included details of people's preferred way of being supported. For example one person's care plan stated, 'I like pasta and noodles but dislike meatballs.'

The registered manager told us, and records confirmed, how staff worked with external staff from other agencies such as social workers, occupational therapists and other health and social care professionals to assess people's needs and provide appropriate care. This meant people were supported to maintain good health by accessing other services.

Is the service caring?

Our findings

People and family members said the agency provided good care, and people were happy with the care and support they received. People and relatives told us staff were kind and caring and listened to what people wanted and needed. People said they had positive relationships with care staff. One person said, "I couldn't ask for better care, they are so kind and lovely." A second person told us, "The care is just great." A third person commented, "I would not have recovered as well as I have without the care and dedication of the carers. They have been my 'life support' in all of this."

A family member commented, "We have carers every day. I can't fault them, they are all lovely." Another relative said, "[Family member] looks forward to the carer coming and we feel relieved that the care is so good."

Staff had completed training on dignity and respect. The provider carried out observations of care workers at work as part of their assessment and monitoring of good practice. People told us care workers treated them with respect and provided care and support which maintained their privacy and dignity. One person said, "Staff always observe my dignity especially after personal care."

People were supported to express their views and to be involved, as far as possible, in making decisions about the care and support provided. People and their relatives had been given the opportunity to provide feedback about the service through the completion of annual questionnaires, which had last been conducted in July 2017. Out of 302 surveys issued 85 were returned (68% of these were completed by people who used the service and 32% were completed by relatives or friends). The results of the survey were positive. For example, 95% of people who responded said staff protected people's privacy and 98% of people who responded said staff were polite and courteous.

The provider had received 54 compliments in 2017 via the annual survey. People's comments from the annual survey included, 'All carers are very helpful to me,' 'Thank you for an excellent service' and 'I feel very confident relying on the care I have received.'

Each person who used the service had a copy of the service user guide and the provider's statement of purpose in their care plan. These were kept in people's homes so they could refer to them at any time. These are information documents produced by the provider in order to explain to people who used the service what the purpose of the service is, what to expect and what the service cannot do.

The registered manager understood the role of advocacy and had contact details available if anyone who used the service required the support of an advocate. An advocate is someone who supports people, particularly those who are most vulnerable in society, to ensure that their voice is heard on issues that are important to them.

Is the service responsive?

Our findings

People and family members told us individual needs were assessed before the service was provided. Senior staff told us they met with people and their family members and completed an assessment of the person's needs. This ensured the service was able to meet the needs of people they were planning to support.

Each person's needs were then set out in care plans which included clear guidance for staff about how to support people with their specific needs, such as mobility, personal care and medicines. Care plans were quality checked by senior staff and were reviewed and updated regularly. Care plans were 'person centred' which meant they included guidance for staff focused on the person's wellbeing and what they wanted to achieve from their care package. People kept a copy of their care plans in their own homes so they and their care workers could refer to them at any time.

Care plans were well written and contained information about people's daily routines and specific care and support needs. For example people's care plans included guidance for staff on whether the person liked a shower or bath and at what time, what they liked to eat and how they wanted to be supported. This meant staff had appropriate guidance on how to provide person centred care to people.

Care plans contained detailed information about people's communication needs and preferences. For example, one person's care plan stated, 'I will move my head to indicate no and use hand gestures to indicate people talk too much. Staff are to talk to me and explain what is happening and fully involve me in what is happening. Staff not to bombard me with conversation.'

People and relatives were involved in care planning as far as possible. One person told us, "I am involved every step of the way in my care plan and I think it is important to have that input if at all possible." Another person said, "I am always considered when they talk about my care and I do feel my input is welcome and taken into account."

The registered manager or other office based staff had regular contact with people via telephone calls. People were spoken with regularly to check they were happy with the service provided. People told us they knew how to report concerns and felt able to do so. For example, one person said, "Of course I know how to complain but if things keep going the way they are I see no reason to be calling anyone." Staff told us they would report any concerns raised by people to the registered manager.

People who used the service were given a copy of the provider's complaints policy when they started using the service. This contained clear information about how to raise any concerns and how they would be managed.

Records showed five complaints had been received in 2017, which had been dealt with appropriately and promptly. The registered manager was clear that concerns and complaints were integral to quality assurance and that taking any learning from these was essential to avoid repeated issues. For example, where people had requested a change in care workers this was quickly acted upon.

Is the service well-led?

Our findings

The service had a registered manager who, together with the deputy manager and care co-ordinators, was responsible for the day to day management of the service. We were assisted throughout the inspection by the registered manager and regional manager. All records we requested to view were produced promptly. Records were well kept, easily accessible and stored securely. We spoke with the registered manager and the regional manager at length and they were co-operative and open to working with us collaboratively.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The registered manager had informed CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.

Most of the people we spoke with said the service was well managed. For example, one person told us, "The management are available if I need to speak to them and do return my calls." Another person said, "I think they do their best for the staff and us, it cannot be easy to please everyone." People who told us their calls were sometimes late felt the service was not so well managed. We saw the provider was already addressing this particular issue by ensuring regular checks of staff rotas so travelling time between calls was kept to a minimum to support staff to keep to their call schedules.

Staff we spoke with told us they felt supported by the registered manager and the care co-ordinators, and if they had any issues they could ask for help. Staff said the registered manager was approachable and accessible. Staff were regularly consulted and kept up to date with information about the service and the provider. Staff meetings were held regularly. Minutes of staff meetings were available to all staff so staff who could not attend could read them at a later date. Staff told us they had plenty of opportunities to provide feedback about the service.

Staff spoke positively about the registered manager. One staff member said, "I feel [registered manager] is doing really well. They've worked their way up and are keen to learn. They always want the best for this agency and the service users."

The registered manager told us, and records confirmed, that procedures to assess and monitor the quality of the service provided (also known as audits) were undertaken in a variety of ways. For example, we noted that people's daily records were checked at regular intervals to ensure these fully reflected the care and support people needed and wanted. We also noted that people's medicine administration records were now being checked more frequently than at the last inspection by a designated staff member with specific responsibility for this task. This helped to identify and manage risks to the quality of the service.

Actions arising from audits carried out by the provider, registered manager and deputy manager were captured in monthly improvement plans with target dates for completion. All actions had been completed or were being addressed at the time of our inspection. This meant audits were effective in identifying and generating improvements within the service.

