Careline Homecare Limited

Careline Homecare (Newcastle)

Inspection report

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Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Requires improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Requires improvement
Is the service well-led?	Requires improvement

Overall summary

This inspection took place on 5, 12, 14 and 19 August 2015 and was announced. We announced the inspection prior to our visit to the provider's head office, to ensure that the office was accessible and we were able to meet the registered manager or a senior member of the service. By announcing the inspection, the manager was able to facilitate our requests to speak with staff and organise visits and telephone calls for us to see and speak with people and their relatives.

Careline Homecare (Newcastle) provides personal care and support to people in their own homes in the Newcastle area. At the time of our inspection, the service provided care and support to 450 people.

At the previous inspection in February 2015, we issued a warning notice related to medicines management. We identified breaches in a further three regulations; staffing;

Summary of findings

care and welfare and assessing and monitoring the quality of service provision. Following this inspection, the provider sent us an action plan telling us what actions they were going to take to improve.

At this inspection, we found that improvements had been made, although we still found shortfalls in medicines management.

There was a registered manager in place who had been in post since December 2014. 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 and associated Regulations about how the service is run.

Some people, relatives and staff told us that more staff were required to support people, especially in the Gosforth, Kenton and Newbiggin Hall areas. The manager informed us that more staff had been recruited and more were in the "pipeline to start." Safe recruitment procedures were followed.

Most people told us that they felt safe with the staff who visited them in their homes. One person raised concerns about her care and support and we received an anonymous concern about two people's care and support. We referred these concerns to the local authority's safeguarding adults team.

Staff told us that there was sufficient training available. This was confirmed by training records which we examined.

We checked how the service followed the principles of the Mental Capacity Act 2005 (MCA). The MCA governs decision-making on behalf of adults who may not be able to make particular decisions. The manager was aware of the Supreme Court judgement in relation to deprivation of liberty. She was liaising with the local authority to ascertain what implications this ruling had on people who used their service.

People's nutritional needs were met. Healthcare professionals such as the GP or district nursing service were contacted if there were any concerns with people's health care needs.

We found that staff were knowledgeable about people's needs and they demonstrated a caring approach whilst supporting people.

People and relatives told us that they were involved in their care. They told us that they generally saw the same care workers or the same small team of care workers. The number of missed calls had reduced from 13 to seven since our previous inspection.

There was a complaints procedure in place and people told us that they could raise any issues or concerns with staff. Some people, relatives and staff told us that they felt the office staff needed to be more efficient in responding to telephone enquiries. Regular surveys were carried out to obtain the opinions and views of people and their representatives. We noted that 176 people were "very satisfied" with the service, 127 were "satisfied," 49 were "neither satisfied nor dissatisfied," six were "very dissatisfied" and nine people had just started using the service and could not comment.

Services are now required by law to display their CQC ratings at their premises and on their website. We discovered that the provider had not displayed their rating from the February 2015 inspection on their website.

We received mixed views from staff about working at Careline Homecare (Newcastle). Some staff told us that they did not feel valued or supported in their work. Other staff told us that they enjoyed their jobs and felt supported by their line manager. We considered improvements were required to ensure that there was a positive culture within the service.

There were continued issues with the Electronic Call Monitoring System. This meant that late or missed calls were not always identified in a timely manner.

During our inspection of the service, we found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These related to 'Safe care and treatment' in relation to medicines management and the 'Requirement to display performance assessments.' You can see what action we told the provider to take at the back of this report.

We issued a fixed penalty notice which related to the failure to display their CQC performance rating which the provider has accepted and paid in full.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

Not all aspects of the service were safe.

We found the provider was working to improve the way medicines were managed. However, further work was necessary to fully protect people from errors resulting from poor medicines records.

Some people, relatives and staff told us that more staff were required to support people, especially in the Gosforth, Kenton and Newbiggin Hall areas. The manager informed us that more staff had been recruited and more were in the "pipeline to start." Safe recruitment procedures were followed.

Most people told us that they felt safe with the staff who visited them in their homes. There were safeguarding policies and procedures in place.

Is the service effective?

Good

The service was effective.

Staff told us and records confirmed that they received appropriate training to meet the needs of people they cared for. Some people and relatives informed us that new staff required further training. Supervision and appraisal sessions were carried out to support staff.

People confirmed that staff asked for their consent before carrying out any care and support.

People received food and drink which met their nutritional needs and they could access appropriate health, social and medical support, as soon as it was needed.

Is the service caring?

Good

The service was caring.

We spent time observing staff interactions. We saw that staff were kind and treated people with respect.

We observed that staff promoted people's privacy and dignity. They knocked on people's front doors before they entered.

Staff were aware of people's needs, their likes and dislikes and could describe these to us.

Is the service responsive?

Requires improvement

Not all aspects of the service were responsive.

Most people and relatives told us that they generally saw the same care workers. They said however, that sometimes staff did not always turn up on time.

Summary of findings

The number of missed calls had reduced from 13 to seven. All missed calls were investigated to ascertain if there were any trends or themes.

We looked at care plans and saw that these were personalised and contained details of people's individual needs and their likes and dislikes.

There was a complaints procedure in place and regular surveys were carried out.

Is the service well-led?

Requires improvement 

Not all aspects of the service were well-led.

The provider had failed to display their CQC inspection rating from their last inspection in February 2015 on their website.

We received mixed views from staff about working at Careline Homecare (Newcastle). Some staff told us that they did not feel valued or supported in their work. Other staff told us that they enjoyed their jobs and felt supported by their line manager. We considered improvements were required to ensure that there was a positive culture within the service.

There were continued issues with the Electronic Call Monitoring System. This meant that late or missed calls were not always identified in a timely manner.

Careline Homecare (Newcastle)

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.

The inspection team consisted of three inspectors; a pharmacist inspector; a specialist advisor in governance and two experts by experience who had experience of homecare. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

The inspection took place on 5, 12, 14 and 19 August 2015 and was announced. We announced the inspection prior to our visit to the provider's head office, to ensure that the office was accessible and we were able to meet the registered manager or a senior member of the service. By announcing the inspection, the manager was able to facilitate our requests to speak with staff and organise visits and telephone calls for us to see and speak with people and their relatives.

We visited the service's head office and carried out visits to people's homes. We accompanied care workers on their visits which they referred to as "calls" to see people. We accompanied the care workers during various times of the day from 7.30am until 9.30pm to ascertain how care was delivered at different times of the day.

Following our inspection, our experts by experience spoke with people and relatives by telephone to obtain their views.

We spoke with the nominated individual who was the head of quality, the registered manager, the regional manager, the human resources manager, two care coordinators, a training officer and 13 care workers.

We examined care plans and related medicines records. We also checked records relating to the management of the service such as audits and surveys. We looked at staff recruitment and training information.

Prior to carrying out the inspection we reviewed all the information we held about the service. We did not request a provider information return (PIR) because of the late scheduling of the inspection. A 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.

Requires improvement

Is the service safe?

Our findings

At our last inspection on 4 February 2015, we found that people were not fully protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to manage them safely. We issued a warning notice and told the provider they needed to take action to improve.

At this inspection we found that improvements had been made; however there were still shortfalls with the management of medicines. Arrangements did not always ensure that the administration of people's prescribed medicines were accurately recorded. We saw that the forms which care workers signed to record when people had been given their medicines did not always clearly demonstrate exactly which medicines had been administered on each occasion. Details of the strengths and dosages of some medicines were not recorded. We also found gaps in six people's medicine records where some dates had not been signed for the administration of medicines. It was therefore not always possible to confirm if people had been given their medicines, or what medicines had been given.

Two people were prescribed medicines which were not recorded on their MAR. This meant there was a risk that staff may not administer them as prescribed. In addition, staff were crushing one person's tablet to assist her to take it. There was no evidence however; that this action had been checked with the pharmacist to ensure that crushing the tablet would not alter its effectiveness.

Several people were prescribed creams and ointments. Many of these were applied by care staff. The agency had a body map in the care plan which described to staff where and how these preparations should be applied. However, it was not sufficiently detailed for some people as it referred to 'cream' but did not specify the name of the cream and for other people, the frequency or area of application was not specified. This meant there was a risk that staff did not have enough information about what creams were prescribed and how to apply them.

Care plans did not clearly record assessments of people's individual medicines needs and the level of support required. For one person the care staff had responsibility to obtain prescribed creams but this was not documented. This meant there was a risk that staff did not have enough information about what support people needed with their medicines to ensure they were given their medicines in a safe, consistent and appropriate way.

This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. [Safe care and treatment].

The manager told us and records confirmed, that staff supervision was carried out to discuss any concerns regarding medicines. In addition, regular staff notices were disseminated to remind staff of the importance of recording medicines correctly. We read the June 2015 staff notice which stated, "Please make sure you are following your training and all medication must be documented individually."

There was a lone working policy in place which gave advice to staff on remaining safe while working alone. There was no system in place however, to ensure the safety and wellbeing of staff in the event they did not complete each visit safely or return home safely after the end of the shift. Staff were not provided with company mobile telephones so they either had to use their own phone or not have any means of contact. We spoke with the nominated individual about this issue. She told us that they were looking at other monitoring systems.

We received mixed opinions from people, staff and relatives about staffing levels. One staff member said, "Staffing has got better, more staff have been recruited." Another said, "My rota is fine, since it's been zoned. " Many staff in the Gosforth,Kenton and Newbiggin Hall areas said however, that more staff were still needed. One staff member said, "It's no better…It's worse at the weekends. You feel horrible because you are rushing." A person said, "The staffing needs to improve, but they could be really good. They've got some really nice staff and it's a shame they can't get more. Too many are just rookies." We checked staffing hours between 10 –16 August 2015. We saw that 11 of the 129 staff had worked in excess of 60 hours, with one care worker working 92 hours and another 82. We spoke with the manager about this issue. She told us that these staff had chosen to work these hours and all had opted out of the European Working Directive.

The manager told us that she had analysed staff turnover to ascertain if there were any key trends or themes. She

Requires improvement

Is the service safe?

said that this analysis identified a number of reasons why staff left Careline Homecare (Newcastle). These included personal issues, sickness, a move to residential care and commencing college or university.

The manager told us that the provider had responded to staff departures by increasing recruitment and targeting particular problem zones. They had also re-zoned certain areas to minimise the distance care workers need to travel, particularly in Gosforth; since there were a high number of care workers who walked to and from calls. In addition, a staff consultation exercise had taken place to discuss their availability and preference for a particular zone(s) to help ensure consistent staffing levels.

We followed six care workers on their calls. We found that staff carried out their care and support in a calm, unhurried manner.

Most people told us that they felt safe with the care workers who visited them in their homes. One person said, “I’m not frightened of them. They’re lovely.” One person however, raised a concern about her support which we passed to the local authority’s safeguarding team. In addition, we received anonymous concerns regarding the care and support of two people which we also referred to the local safeguarding adults team. The manager told us that she had also referred our concerns to the local safeguarding adult's team.

There were risk assessments in place for most identified risks. These informed staff what actions they should take to minimise risks, such as moving and handling and risks associated with medicines management. We visited one person at home who had fallen. This accident had been reported to the local authority and ourselves. The manager was carrying out an investigation.

Staff told us and records confirmed, that relevant checks were carried out before they started work. These included Disclosure and Barring Service checks. Two written references were obtained. These checks were carried out to help make sure prospective staff were suitable to work with vulnerable people. We saw that checks were also carried out to ensure that job applicants were legally allowed to work in the UK.

Good

Is the service effective?

Our findings

We received mixed opinions from people and relatives about the knowledge and skills of staff. Most told us that their regular care workers were experienced and knowledgeable. Comments included, "I've got them well trained," "Yes, she knows what to do," "Some are better than others, especially concerning cooking but my current carers are very good" and "[Name of care worker] is great. She is very confident." Some people and relatives commented that new staff required further training. Comments included, "Some newer staff don't have the right attitude, but some others are marvellous," "Some newer ones don't really know and don't work hard enough and just watch the others do all the work" and "'They could do with better training or experience and they don't shadow for long enough." We spoke with the manager about these comments. She explained that this shadowing time could be extended depending upon the experience and confidence of staff.

All new staff were required to attend a mandatory five day induction training. This was unpaid and included a range of training such as moving and handling, safeguarding, fire safety, tissue viability, nutrition and hydration and infection control. This was followed up by 16 hours of unpaid shadowing of an experienced member of staff.

We attended an induction session for new staff. We spoke with the trainer who spoke enthusiastically about his job. He said, "I love my job, it's all about passing the skills over to staff. It's nice to see them develop." Staff were positive about the training they had received. One new member of staff said, "[Name of trainer] has been brilliant. The training is very physical, it's hands on." Another said, "[Name of trainer] knows his stuff, he's good at describing things." They said however, that additional moving and handling equipment for them to practice with would be beneficial. The manager informed us that no further equipment had been purchased because an occupational therapist visited people at home and trained staff on how to use specific equipment.

Staff said that there was training available. This included vocational training such as National Diplomas in Health and Social Care which were previously known as National Vocational Qualifications (NVQ's). Staff told us and records confirmed, that they had access to training in safe working practices such as moving and handling. We observed staff moving and transferring people. The correct procedures were followed. Records confirmed that staff completed training to meet the specific needs of people who used the service such as those who required specialist feeding techniques, dementia care and end of life care.

The manager told us and staff confirmed, that one to one meetings known as supervision sessions were carried out. An appraisal was also undertaken. These are used, amongst other methods, to check staff progress and provide guidance.

We checked how the service followed the principles of the Mental Capacity Act 2005 (MCA) which governs decision-making on behalf of adults who may not be able to make particular decisions. The registered manager was aware of the Supreme Court judgement in relation to deprivation of liberty. The Supreme Court ruled that anyone who was subject to continuous supervision and not free to leave was deprived of their liberty. The registered? manager was liaising with the local authority to ascertain what implications this had on people who used their service.

We observed that staff always asked for people's consent before carrying out any care and support. One care worker asked whether a person wanted to have a shower, another asked whether she could assist the person to get out of bed help an individual get up and dressed. One individual said, "They always check first before doing anything."

People and relatives told us that staff supported people with eating and drinking. One person who had diabetes told us, "I'm happy with it." She told us that staff came on time to help support her with her meals which was important because she had diabetes. We visited another person who also had diabetes. The care worker told us that she always tried to visit this person early to ensure she had her breakfast on time. We read other care worker entries however, which recorded that staff had on occasions visited later in the morning. A third person said, "They are too late for meals sometimes and at night I don't have a lot but they can be so late my appetite has gone anyway." The manager explained that "time critical calls" were clearly marked on staff rotas which indicated that care must be delivered at that time. She said those people who required time critical calls included those who had diabetes, took certain medicines, attended day centres or had other appointments.

Good

Is the service effective?

Staff were knowledgeable about people's dietary needs and their likes and dislikes and could describe these to us. We observed staff support people with their nutritional needs. Staff followed safe working practices with regards to food hygiene and presented people's meals nicely. They took pre-prepared 'ready meals' out of their original packaging and presented them on a plate. Staff always asked people what they would like. We visited one person who required assistance with eating and drinking. Staff provided this support in a calm, unhurried manner. We noted that advice had been obtained from the speech and language therapist about the texture of his food.

We observed two care workers administering nutritional fluids to one individual via a Percutaneous Endoscopic Gastrostomy (PEG) tube. This is a tube which is placed directly into the stomach and by which people receive nutrition, fluids and medicine. The care workers ensured the person was in the correct position and observed them throughout the procedure for any signs of discomfort.

We noted that new care planning documentation was in place for some people. We saw that malnutrition risk assessments known as Malnutrition Universal Screening Tools were included; although these had not been completed.

We checked people's care plans and observed that staff contacted health and social care professionals such as GP's and district nurses if there were any concerns with people's health or welfare. People and relatives confirmed that the relevant health and social care professionals were contacted. Comments included, "They alert me if he needs the doctor for an infection or sores. He has a full time catheter and they need to check him for any signs of infection," "They keep an eye on me. They spotted my foot was swollen one day. I got the doctor and after that it was alright" and "They have alerted me to the need to get the doctor before now." One person was complaining of pain and staff contacted the GP to request a visit on the day of our inspection. In addition, the person's moving and handling requirements had changed so the occupational therapy team had been contacted for advice about moving and handling and equipment.

Good

Is the service caring?

Our findings

Most people and relatives were complimentary about their regular care workers. Comments included, "The carer is very good and her heart is in the job. I look forward to her coming round," "She's as good as gold, she'd do owt [anything] for me" and "I've never had so much care and support."

We observed that people related well to staff. There was humorous banter and laughing during our visits to people's homes between people and staff. One staff member was checking a person's catheter bag to ensure that it did not require emptying. The person started to laugh and said, "Stop looking up my kilt." The staff member replied, "I've found it [catheter bag]." To which they both laughed. We read daily communication records. One entry stated, "Had a lovely chat." The person told us, "I like to have a chat with them, because it may be the only chat I have."

Staff spoke enthusiastically about ensuring people's care was at the forefront of their minds. One care worker said, "I look after the lads like they are my dad." Staff were kind to people and treated them with respect. Staff knew people's likes and dislikes and described these to us. We heard one staff member say, "On a Sunday, you like to watch Songs of Praise don't you." One person said, "I love them [care staff] all, don't I." The care worker said, "and we love you too." We observed another care worker take time to give mouth care to a person and assist them to put on their favourite, "coconutty lip balm."

Staff were able to give examples of how they supported people with their individual needs. This included meeting people's emotional needs. One care worker said, "She hadn't had ice cream for one and a half years, so I went out to get her strawberry Cart D'Or [ice cream]." Another care worker told us and the person confirmed, that she had cancelled her holidays in order that she could be with the person when they moved into an extra care housing scheme. The care worker said, "I wanted to be there for her," "Isn't that lovely of her" the person replied.

Most people and relatives told us that staff were respectful and promoted people's privacy and dignity. This was confirmed by our own observations. Comments included, "They are very polite and respectful and they always ask if they can do anything extra for me like making a cup of tea," "They are respectful in my house," "The care is all done with dignity and she is friendly but very respectful," "It's done in a very dignified and careful manner," "The staff are always polite and respectful. It's all done with dignity and we have a good rapport." One person told us however, that one care worker did not always promote their dignity. We passed this feedback onto the manager who told us that she would look into this concern.

Staff were able to give examples of how they ensured they promoted people's privacy and dignity. One care worker said, "I always close the blinds when she's getting dressed and then open them again afterwards so she can see what's going on outside."

We noted that care files contained information about people's life histories. This gave information about people's background and their likes and dislikes. This information helped staff to provide more personalised care.

Most people with whom we spoke informed us that they had received a telephone call or visit from office staff to seek their feedback. They told us that they felt involved in their care. Comments included, "When it was set up by Careline, it was all agreed with me," "They come round and do a review each year. They do some questions with me," "I do have a care book which includes all the details. It was at first all agreed but with some leeway" and "It was set up with a plan agreed with us. We agreed the times and she wanted ladies. They have mostly kept to the plan but there have been some punctuality problems, and the first visit is sometimes too late. This still happens now and again."

We asked the manager about advocacy arrangements. She told us that no one was currently using an advocate. She told us and records confirmed, that there was a procedure in place should the need for an advocate arise. We checked the service user guide which was available in each person's house. This stated, "We do realise that some people may have difficulty communicating or may be confused, bewildered or worried by the processes surrounding the provision of care. If you feel this way you may benefit from the use of an advocate." Contact details were included in the service user guide.

Requires improvement

Is the service responsive?

Our findings

Most people and relatives told us that the regular care workers were responsive to people's needs. One relative said, "They call three days a week and she's over the moon with them and she's used them for a few years." Other comments included, "My two carers [names of staff] are excellent. I suffer with depression and they know exactly how to handle me. If it were not for them, I would not even get out of bed," "They're good to me. They will do anything for me," "It helps me to be able to get out and in this way it really helps me…They help me bathe and cover my leg in the morning, but not in the evening. In the evening they take the stocking off before I go to bed. They also apply the creams to help my skin," "The regulars know when I want to go out so they make sure they get here. I do have some regulars. It's generally not a stranger calling every day. Just one of the ladies is not really likable," "She has three main carers which is superb for my mum as she has dementia" and "They help me to get out to my group where I enjoy singing."

Some people told us however, that there were occasions when they did not see their regular care workers. Comments concluded, "At the start we did ask for continuity of care, but some staff have gone sick, some are just different or new staff" and "An odd one from amongst the newer ones is not as good and I prefer my regular or someone I know and I even prefer to do without if they can't help me with someone I like." One person said that she had seen 22 care workers in one month. She told us, "I wrote the names all down to help remember them but I never expected to see that many." We discussed this with the manager who told us that there had been a number of care workers on annual leave, but this issue had now been resolved.

Most of the people or relatives told us that missed calls were rare. One person told us, "They let me down a while ago, but it's alright now." One person we visited however said, "My niece had to phone the office because they missed two visits." The manager told us and records confirmed, that there had been seven missed calls in July 2015. This number had decreased following our last inspection in February 2015 and represented 1 in every 3,355 calls.

At our previous inspection, some staff, people and relatives told us that there was sometimes a delay in the second member of staff arriving if two staff were required. We were unable to verify this since the second member of staff did not record the time when they arrived and we were unable to obtain this information from the Electronic Call Monitoring system [ECM]. ECM is the process of recording the start time, the end time and duration of home visits for people who are receiving home care. Staff 'clock in' and 'clock out' by telephoning a free number when they arrive and leave each home visit. ECM not only helps local authorities ensure that services are being delivered appropriately; it also helps to flag up any missed or late calls.

At this inspection, some people and relatives mentioned that this was still an issue. One relative said, "The problem is getting two carers here at the same time. The first carer just has to wait." We noticed that records still did not document the time that the second care worker arrived. We visited one person at home with a care worker. Two care workers were required; however the second care worker did not arrive. The manager informed us that an alternative care worker was sent to this call since the second care worker had been held up. The manager told us however, that the family member had cancelled the second care worker prior to their arrival.

We looked at care plans and saw that these were personalised and contained details of people's individual needs and their likes and dislikes. We observed that most of the care plans identified the care and support which was required.

Surveys were carried to obtain people and relatives' feedback. We looked at 22 quality assurance telephone checks which had been completed recently. This feedback was entered into the Branch Reporting System [BRS] which enabled the manager and other provider staff to check the latest quality assurance scores in real time. The BRS was a computerised monitoring system which had been introduced to collect and utilise performance data.

On 19 August 2015, we noted that 176 people were "very satisfied" with the service, 127 were "satisfied," 49 were "neither satisfied nor dissatisfied," six were "very dissatisfied" and nine people had just started using the service and could not comment. The manager told us that these scores changed on a daily basis. We saw that action was taken when issues were raised. We read that one person wanted a weekly call rota to be sent to them. We noted under the 'further actions' heading, was recorded,

Requires improvement

Is the service responsive?

"Please add to rota spreadsheet." The manager explained that weekly monitoring checks were instigated if there were any ongoing concerns with people's care. She said that staff contacted people by phone to check they were alright and to ascertain if the concerns or issues had been resolved.

There was a complaints procedure in place. Some people and relatives told us that the complaints procedure could be improved. They said that sometimes they did not receive any feedback about what actions had been taken in response to their concern or complaint. Others told us that they were happy with the way their complaints or concerns had been dealt with. We spoke with one relative who had contacted us over a year ago to complain about the service. At this inspection she told us that improvements had been made and she felt that the management of the service had "greatly improved." Another person contacted us during our inspection to raise a concern about missed calls. He told us that staff had not turned up to take him shopping. We passed this complaint onto the manager who said that she would address this immediately. We spoke with this person again at the end of our inspection. He told us that improvements had been made and there had been no further missed calls although he said that Careline Homecare (Newcastle) was still "on probation."

Compliments were recorded We read some of the compliments which had been recently received. One person had written, "The two carers that visit go above what I expect [names of staff] – these two ladies are wonderful and I have nothing but praise for them." Another stated, "[Names of staff] were praised by [name of relative] for the support given to her and her husband during an emergency situation." Staff were sent a letter from the manager to inform then that a compliment had been received which would be added to their personnel file for discussion during their appraisal and supervisions. We read one letter which stated, "I would like to take this opportunity to thank you for your continued effort and for providing care of a high standard."

Although we found that improvements had been made at this inspection, there has to be consistency over a period of time to achieve a good rating. We have taken the provider's history of continued breaches into account when rating this domain. In addition, some people and relatives still raised concerns with the continuity of care and lateness of some visits.

Requires improvement

Is the service well-led?

Our findings

Services are now required by law to display their CQC ratings at their premises and on their website. Providers have to display their ratings within 21 days of them being published on the CQC website. We discovered that the provider had not displayed their rating from the February 2015 inspection on their website. The nominated individual stated that they had encountered some technical problems with uploading the rating on their website.

This was a breach of regulation 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found concerns with certain aspects of medicines management and have taken enforcement action in relation to this issue. We have taken this action into account when deciding upon our rating of 'requires improvement' for this domain. In addition, we have carried out seven inspections of the service since July 2011, including this inspection. We noticed that the provider had only been compliant with all regulations inspected on one occasion in October 2011. We considered that action was required to ensure that improvements were consolidated to prevent the service yo-yoing from compliance to non-compliance with the regulations. Although we found that improvements had been made at this inspection, to achieve a rating of good requires consistency over a period of time.

We spoke with the regional manager about the ongoing shortfalls with medicines management. She stated, "We've been very proactive in highlighting the issues; we haven't just sat back…We're not there yet, but we're getting there." We also conferred with the nominated individual who said, "It's much safer than it was." She spoke very positively about the manager and her leadership. She said, "I think [name of manager] is amazing. Now she is here, we are getting there."

Many people and relatives told us that they were generally happy with the service which was delivered. Comments included, "It's a very personalised service to my needs," "They seem well organised," "'If I have to call the office they are very polite. For me it's a good service" and "I would recommend them but with reservations - they are not a slick operation, but have still been good for mum." Some however, felt that improvements could be made. Comments included, "The carers are okay but the office are not very good" and "Their communications are terrible and they don't let me know enough of what is going on. For us, everyday things have to be right and I want to know who is calling at my door." One person said that improvements were needed to ensure that people were notified if their care workers were going to be late.

We received mixed comments from staff about working at Careline Homecare (Newcastle). Their opinions depended upon the area in which they worked. Many staff in the Dinnington area informed us that they were happy and enjoyed working at the service. Comments included, "I love my job," and "Everyone I speak to is happy. You will never satisfy everyone." However, many staff in the Gosforth, Kenton and Newbiggin Hall areas informed us that they did not always feel valued. One care worker said, "I certainly don't feel valued." Another said, "I'm on the verge of leaving."

Many staff told us that they felt that certain working conditions could be improved. The majority of staff were employed on 'zero hours' contracts. They also had to use their own mobile phones and did not receive reimbursement to cover the costs. Staff explained that they did not get any travelling time between home visits. This was confirmed by some people and relatives with whom we spoke. One person said, "I am asked to sign their time sheets and they allow for no travel time and there are even overlaps so it's not physically possible for them to be on time, so naturally time keeping was no good."

We spoke with the manager about this issue. She told us that staff received above the minimum wage to cover these costs. The manager told us that there were still issues with the ECM system as sometimes staff forgot to 'clock in and out'. In addition, not all people who used the service were linked to the system since they did not have a telephone. This meant that ECM did not monitor the calls effectively. We discussed this with the nominated individual. She told us that they were looking into other call monitoring systems.

A group newsletter was produced. We read the April 2015 newsletter in which an article about being valued and rewarded was included. This stated, "We know we haven't always done as well at this as we might, but we are working hard to make sure that you feel more included, valued and

Requires improvement

Is the service well-led?

rewarded for the incredible work you do." The article explained that a staff discount scheme had been introduced for local retailers, including supermarkets to help reduce weekly grocery costs.

An 'introduce a friend' scheme was also in place whereby employees received £150 if a friend was successfully appointed to work at the service.

Checks were carried out on all aspects of the service including medicines, care plans, staff recruitment and training. The results of these checks were entered into the BRS. This system was now fully embedded and provided real time feedback about all the areas checked. Continuity checks were undertaken for individuals to analyse how many care workers each person saw. The manager explained that a continuity report was not produced to demonstrate overall compliance for everyone who used the service. She told us that she would look into this issue.

Missed calls had decreased to seven in July 2015. Missed calls were routinely and continuously monitored and maintained on a spreadsheet in order to ascertain any trends and performance manage individual staff. Information about missed and late calls was disseminated to staff via staff notices. We read the staff notice for June 2015. This stated, "All missed calls are investigated…When we ask you to attend an investigation, it is to allow us to gather as much evidence around the incident and determine why it happened. This allows us to either review procedures or identify difficulties where staff may not be following procedures."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment People were not fully protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines. Regulation 12 (1)(2)(g).

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 20A HSCA (RA) Regulations 2014 Requirement as to display of performance assessments The provider failed to display their CQC performance rating on their website.

The enforcement action we took:
We issued a fixed penalty notice which the provider has accepted and paid in full.