

CareOLine Carers Service Limited

CareOLine Carers Service

Inspection report

Orchard House
267 Portland Road
London
SE25 4XB

Date of inspection visit:
12 September 2018

Date of publication:
01 October 2018

Ratings

Overall rating for this service	Inspected but not rated
Is the service safe?	Inspected but not rated
Is the service effective?	Inspected but not rated
Is the service caring?	Inspected but not rated
Is the service responsive?	Inspected but not rated
Is the service well-led?	Inspected but not rated

Summary of findings

Overall summary

CareOLine Carers Service was newly registered with the Care Quality Commission (CQC) in August 2017. This is the first inspection of the service since registration.

CareOLine Carers Service provides personal care to people living in their own houses and flats in the community. CQC only inspects the service being received by people provided with 'personal care', that is help with tasks related to personal hygiene and eating. Where they do this, we also take into account any wider social care provided.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was not able to be present for this inspection. However, records maintained by them indicated they had a good understanding of their legal responsibilities.

At the time of this inspection, one person had recently started using the service. The person received the support that had been planned and agreed with them. The person's choices for how this was provided were respected and staff delivered support in line with the person's wishes. Staff had access to current information about the level of support the person required along with guidance on how to keep the person safe from identified risks. Staff encouraged the person to carry out tasks to help them develop independent living skills and to eat and drink enough to meet their needs.

Staff worked closely with external health professionals involved in the person's care and shared information about the person in a timely way. They reported any concerns about the person so that appropriate support could be obtained from the relevant healthcare services. The person had capacity to consent to specific decisions about their care and support needs. Staff were due to receive formal training in the Mental Capacity Act (MCA) 2005 so that they would have a clear understanding of their responsibilities under this Act.

Staff received training to safeguard people from abuse. They also received training specific to their role to help them to meet people's needs. Staff followed good practice to ensure risks were minimised from poor hygiene and cleanliness when providing personal care and when preparing and handling food.

The provider had clearly stated values and aims for the service, focussed on people experiencing good quality care and support. They had put systems in place that would enable them to monitor and review the quality of service and to deal with any complaints made by people. The provider worked in partnership with other agencies to develop and improve the delivery of care to people. Records relating to the person, staff and to the management of the service were accurate and up to date.

As the service had only recently begun supporting one person, we were unable to obtain sufficient evidence to rate the service at this 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?

Staff were trained to safeguard people from abuse. Risks to the person using the service had been assessed and plans were in place that instructed staff on how to ensure these were minimised.

There were enough staff to support the person and the provider had checked their suitability and fitness to do so.

Staff followed good practice to reduce infection risks when providing personal care and when preparing and handling food.

Inspected but not rated

Is the service effective?

The needs of the person using the service had been assessed. Staff were trained to help them to meet these needs. Staff were supported in their role to continuously improve their working practices.

Staff supported the person to eat and drink enough to meet their needs. They worked closely with external health professionals involved in the person's care and reported any concerns they had about the person so that appropriate support was sought when required.

The person's consent was sought before any support was provided to them.

Inspected but not rated

Is the service caring?

Staff understood the needs of the person using the service and what was important to them in respect of their care and support.

Staff supported the person to develop and maintain independent living skills.

The person was supported by staff they were familiar with which helped to ensure continuity and consistency in the level of support they received.

Inspected but not rated

Is the service responsive?

The person using the service received the support that had been

Inspected but not rated

planned with them. Their choices for how this was provided were respected and staff delivered support in line with the person's wishes.

The person was supported to take part in activities and pursue interests that were important to them.

There were arrangements in place to deal with complaints should these arise.

Is the service well-led?

The provider had values and aims for the service, focussed on people experiencing good quality care and support.

The service had a registered manager in post who understood their registration responsibilities.

The provider had systems in place to monitor and review the quality of service that people experienced. Records were accurate and up to date.

The provider worked in partnership with other agencies to develop and improve the delivery of care to people.

Inspected but not rated

CareOLine Carers Service

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 12 September 2018 and was announced. We gave the provider three working days' notice of this inspection as we needed to be sure that senior staff would be available to speak with us on the day of our inspection. The inspection team consisted of a single inspector.

Prior to the inspection we reviewed the information we held about the service. The provider had not sent us a recent Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. However, we were aware the service had only recently started operating in July 2018 and we took this into account when we inspected the service and made the judgements in this report. We also reviewed the information we held about the service, including any statutory notifications submitted about key events that had occurred at the service.

At this inspection we visited the provider's main office. We spoke to a line manager. We looked at the records of the person using the service and four staff records. We also looked at other records relating to the management of the service, including the service's policies and procedures.

After the inspection we spoke to the person using the service, but they were not able to give us detailed feedback due to their complex communication needs. We also spoke to one care support worker.

Is the service safe?

Our findings

Staff had received training in how to safeguard people from abuse. The service had a policy and procedure for staff to follow for reporting a safeguarding concern about an individual to an appropriate person and/or agency to enable them to investigate this. Staff had also received training in equality and diversity to help them identify and reduce the risk of discriminatory behaviours and practices that could be harmful to people. A senior staff member confirmed there had been no safeguarding concerns raised about the person using the service since they started receiving care and support.

Risk of injury or harm to the person using the service from their specific healthcare conditions and needs had been assessed. Guidance was in place for staff on how to manage and mitigate these risks and these reflected best practice. This information was current, so staff had up to date guidance about the actions they should take to keep the person safe.

Staff supported the person to prevent and manage behaviour that might challenge them and/or others. Staff were trained in using strategies and distraction techniques to reduce the risk of harm to the person and others should this need arise.

There were sufficient numbers of staff to support the person. The provider had robust recruitment and selection processes to check that staff were suitable and fit for their role. Recruitment records for four staff showed the provider had checked their eligibility to work in the UK, had obtained character and employment references for them, sought evidence of their qualifications and training and undertook appropriate criminal records checks. We noted that some employment references obtained for staff were completed electronically and not always stamped by the former employer. We discussed this with a senior staff member who told us they would ensure an additional check took place in these instances to seek assurances about the authenticity of the reference.

At the time of this inspection, staff were not required to support the person using the service with their medicines. Staff had received training in medicines administration to help them provide this aspect of a person's care should this be required.

Staff had received training in infection control and had access to supplies of personal protective equipment (PPE) to help them reduce the risk of spreading and contaminating people with infectious diseases. Staff had also received training in food safety so that they were aware of the procedures that needed to be followed when preparing and storing food to reduce the risk of people acquiring food related infections that could lead to illnesses.

Is the service effective?

Our findings

The provider had systems in place to assess and plan support for people in line with current legislation, standards and evidence-based guidance to help people achieve effective outcomes. For the person using the service the information from their assessment had been used to develop an individualised support plan so that staff had appropriate and relevant information about the care and support they required.

Staff had received relevant training to help them meet people's needs. This included training in safeguarding children and adults, moving and handling procedures, infection control, medication awareness, food safety, health and safety, basic life support, first aid, challenging behaviour and equality and diversity. Staff were supported to continuously improve in their role to help them provide effective support to people. Staff had supervision (one to one) meetings with senior staff to discuss their working practices, any issues or concerns they had about their work and any further training or learning they needed to support them in their role. A staff member told us they felt well supported by senior staff.

The person using the service required support from staff with their meals. Their support plan set out their specific needs and preferences for this so that staff provided them with food and drink of their choice. Staff recorded what they had prepared and provided at mealtimes so that all involved in the person's care and support could monitor that the person was eating and drinking enough to meet their needs.

Staff worked closely with external health professionals involved in the person's care. They ensured information about the person was shared in a timely way which helped professionals to assess and review the effectiveness of strategies and techniques being used to support the person with their specific health needs. Staff maintained records detailing the support provided to the person and reported any concerns they had about the person's health and wellbeing promptly so that appropriate support was sought for them.

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. Any application for people receiving care in their own home must be made to the Court of Protection.

The person using the service had capacity to consent to specific decisions about their care and support needs. Staff were prompted as part of the person's support plan to respect their wishes and choices when providing them with care. A senior staff member told us formal training had been planned and was due to be provided to all staff in the Mental Capacity Act (MCA) 2005 and associated codes of practice so that they would have a clear understanding of their responsibilities under this Act.

Is the service caring?

Our findings

Staff had been provided with detailed information about the person using the service to help them get to know and understand the person they were supporting and what was important to them in respect of their care and support needs. This included information about the person such as their life history, the people that were important to them, their likes and dislikes, hobbies and interests and their preferences and choices for how they wished to be supported with their needs. There was also detailed information about how the person communicated and expressed themselves which helped staff understand what the person needed in terms of their care and support. Staff were given clear guidance on how to support the person if they become anxious or distressed so that this would be done in a caring and considerate way.

For the person using the service, acquiring the skills they needed to become as independent as possible, was a key goal for them and their support plan prompted staff on how to support them to develop the skills they needed to do this. For example, staff were prompted to ensure the person was encouraged to take part when getting washed and dressed each morning to develop and maintain a routine regarding their personal care.

The person's records also instructed staff to ensure the person was treated with dignity and respect at all times and the ways in which they could maintain the persons' privacy when being supported. A senior staff member told us they had observed staff supporting the person and said the person was asked for their permission before being provided with support, offered choice and given space and time when they needed this. This demonstrated staff were sensitive to people's needs and discreet when providing care and support.

The person using the service was supported by the same core group of staff to ensure continuity and consistency in the level of support they received. This had helped the person develop positive relationships with staff so that they could become comfortable and familiar with. The person had been able to specify who they preferred to be supported by and senior staff wherever possible tried to ensure this preference was met.

Is the service responsive?

Our findings

The person using the service was receiving care that was personalised and tailored to their needs. Their records showed they and their relative had contributed to the planning of their care and support. This helped to ensure that their decisions and choices would be used to inform the care and support provided to them. The information from these discussions was used along with information received from the funding local authority about the care package the person required, to develop a support plan for the person which set out in detail information about the support they needed from staff with their personal care needs, their dietary needs and their physical and psychological health needs. The information on the plan was personalised and reflective of the person's choices and decisions about how they wanted support to be provided to them. A copy of this plan was placed in a file in the person's home so that staff supporting them had easy access to this. Records maintained by staff indicated the support they had provided reflected what had been agreed and planned for the person. This included respecting the person's choices and decisions about how support was provided to them.

Staff supported the person using the service to take part in activities and pursue interests that were important to them. This included supporting the person to take trips and participate in activities out in the community such as visits to the museum or to the library. This helped to ensure the person's social and physical needs were met to positively promote their health and wellbeing

There were arrangements in place to deal with complaints about the service. Information about how to make a complaint had been provided to the person using the service. This set out how any complaint they made would be dealt with and by whom. A senior staff member confirmed there had been no complaints made by the person using the service since they started receiving care and support.

Is the service well-led?

Our findings

Although CareOLine Carers Service was newly registered with CQC in August 2017, the service first started to provide personal care to a person living in their home in July 2018. A senior staff member told us it was the provider's intention to grow this aspect of their business. The provider had clearly stated values and aims for the service, focussed on people experiencing good quality care and support. The provider had developed information for people which set out the service's values and aims so that they were aware of the standards they should expect in terms of their care and support. The provider used individual supervision and team meetings to ensure staff understood the service's values and aims and were able to demonstrate how the support they provided improved the quality of people's lives. This meant the provider was ensuring all staff were actively contributing to the achievement of the service's values and aims.

The service had a registered manager in post. The registered manager was not able to be present for this inspection. However, records maintained by them indicated they had a good understanding of their registration responsibilities and when to submit statutory notifications about key events that occurred at the service as required. This was important as we needed to check that the provider took appropriate action to ensure people's safety and welfare in these instances.

The provider had systems in place to monitor and review the quality of service that people experienced. This included a four-week review of people's care and support once they started to use the service and a rolling programme of unannounced spot checks on staff to review their working practices and competency when undertaking their duties. At the time of this inspection these checks had yet to commence as the person had only recently started to use the service. A senior staff member told us that they had met with the person and their relative regularly since the service to them commenced to check that the support being provided was meeting the person's needs. They said they had not documented these meetings but told us they would do this going forwards so that a clear record was maintained of all agreed improvements and actions so that the provider remained accountable for these.

Records relating to the person and to staff had been recently reviewed by senior staff to check these were accurate and up to date. The registered manager also reviewed the service's policies and procedures and ensured all staff were informed when these changed so they could update their knowledge and understanding of these.

The provider worked in partnership with other agencies to develop and improve the delivery of care to people. For example, staff had worked collaboratively with external health professionals to embed good practice in relation to supporting people with dysphagia.