

Newline Care Services Ltd

Newline Care Services

Inspection report

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29 June 2018

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Ratings

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

Summary of findings

Overall summary

We carried out this announced inspection between the 14 June and 29 June 2018. The registered provider was given short notice of our intention to inspect the service. This is in accordance with the Care Quality Commission's [CQC] current procedures for inspecting domiciliary care services.

Newline Care Services is a community based domiciliary care service which provides personal care and support to adults living in their own homes. The service is operated from offices in the Idle area of Bradford and supports people in both Bradford and Leeds. At the time of the inspection 54 people were using the service.

Our last inspection took place in January 2017 and at that time we found the service was not meeting four of the regulations we looked at. These related to Safe care and treatment, Need for consent, Safeguarding service users from abuse and improper treatment and Good governance.

On this inspection we found the registered provider had made improvements in all areas of service delivery and no breaches of regulations were identified.

People told us they felt safe having their care and support provided by Newline Care Services. We found staff had received training in safeguarding vulnerable people and were aware of the correct action to take if they witnessed or suspected any abuse. Staff were aware of the whistleblowing (reporting poor practice) policy and told us they were certain any concerns they raised would be taken seriously by the registered manager.

The care records we looked at showed people's needs had been assessed prior to any service commencing. They were detailed and showed what support the person required and how the service planned to provide it. The assessment process ensured staff could meet people's needs and the information gathered was used to develop support plans and risk assessments.

We found support plans were person centred and contained detailed information that guided staff on the level of support people needed to meet their health and social care needs. Care records were reviewed regularly to ensure they reflected people's changing needs and detailed risk assessment were in place.

People's nutritional needs were met if this was part of their agreed care package and people were encouraged to eat a varied and balanced diet. People told us staff treated them with respect and promoted their independence and right to privacy.

There were enough staff to meet people's assessed needs. People received continuity of care provided by a small staff team who knew them well. Safe recruitment practices were followed to reduce the risk of people being unsuitable to work in the caring profession being employed. Staff were trained and supported to have the skills and knowledge to meet people's needs. Staff enjoyed their role and felt valued by the registered manager.

The service had an infection control policy which gave staff guidance on preventing, detecting and controlling the spread of infection. Staff had received training on infection prevention and control.

The registered manager demonstrated a good understanding of their responsibilities under the Mental Capacity Act 2005 (MCA) and staff demonstrated good knowledge of the people they supported and their capacity to make decisions. The registered manager and staff were aware of the process to follow should a person lack the capacity to consent to their care.

We found the registered manager and all the staff we spoke with were able to tell us about the people who used the service. They knew their likes and dislikes and things that were important to them.

There was a complaints procedure available which enabled people to raise any concerns or complaints about the care or support they received. People told us they felt able to raise any concerns with the registered manager and felt these would be listened to and responded to effectively and in a timely manner.

The registered manager and staff were aware of the need to protect people's confidential information and all personal information was securely stored and computers password protected.

There was a quality assurance monitoring system in place that was designed to continually monitor and identify shortfalls in service provision. The service benefitted from a strong management team who gave clear leadership and direction.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People had been safeguarded from the risk of abuse.

Risks to people had been identified. Measures were in place to manage risks whilst still supporting people to remain as independent as possible.

People's medicines were managed safely by trained and competent staff.

Sufficient staff were employed for operational purposes and safe recruitment and selection procedures were followed.

Is the service effective?

Good ●

The service was effective.

Staff had the knowledge and skills to support people effectively. Staff received training and support to enable them to meet people's needs.

People were supported to have their nutritional needs met.

Staff had a general understanding of the Mental Capacity Act 2005 and applied its principles in their day to day work.

People were supported to access healthcare support when needed.

Is the service caring?

Good ●

The service was caring.

Care and support was provided in a caring and respectful way.

People's rights to privacy, dignity and independence were valued.

People were treated as individuals and were involved in planning how they wanted their care and support to be delivered.

Is the service responsive?

Good ●

The service was responsive.

Care plans were in place outlining people's care and support needs.

Staff were knowledgeable about people's needs, their interests and preferences which enabled them to provide a personalised service.

There was a clear complaints procedure and people who used the service and their relatives knew how to make a complaint if they needed to.

Is the service well-led?

Good ●

The service was well led.

People who used the service and staff told us the registered manager was open and approachable.

Senior management created a positive culture within the service that made staff and people who used the service feel included, valued and well supported.

There were systems in place to monitor the quality and safety of the service and drive improvement.

Newline Care Services

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.

We visited the provider's offices on the 14 June 2018. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure the registered provider was available. The inspection was carried out by two adult social care inspectors and an inspection manager.

We used information the provider sent us in the Provider Information Return [PIR] submission. 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. We also looked at notifications sent to us by the provider. A notification is information about important events which the provider is required to tell us about by law.

During the visit to the provider's office we looked at the care records for people who used the service, staff recruitment files, training records and other records relating to the day to day running of the service. We also spoke with the registered provider, business manager, care administrator and office administrator.

In addition, as part of the inspection process we carried out telephone interviews with twelve people who used the service or their relatives. We also spoke with eleven staff members by telephone between the 14 and 29 June 2018.

Is the service safe?

Our findings

When we inspected the service in January 2017 we found the service was in breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulations. This was because the provider had failed to identify or report some safeguarding incidents to the local authority safeguarding team as required.

On this inspection we found systems and processes were in place to ensure all allegations of abuse were investigated and reported both to the Local Authority Safeguarding Unit and the Commission [CQC]. The staff we spoke with told us they received safeguarding training and were confident any concerns raised with the registered manager would be dealt with appropriately. In addition, the registered manager told us people who used the service, their relatives and staff were aware they could contact them at any time if they had any concerns. These safety measures meant the likelihood of abuse occurring or going unnoticed was reduced.

The people we spoke with told us they felt safe having their care and support provided by Newline Care Services staff." One person said, "I feel safe in the knowledge that all the staff that visit me genuinely kind and caring." Another person said, "The staff are very good and I have been visited by [Name of registered manager] a number of times to make sure I am happy with the service provided." People told us calls were not missed or shortened and they received the service they expected.

We saw there was a system in place for monitoring accidents and incidents. The registered manager told us if an accident/incident occurred an investigation was always carried out to establish if any themes or trends could be identified which might result in preventative measures being put in place. This process should help to keep people safe and avoid a reoccurrence of the accident.

When we inspected the service in January 2017 we found the service was in breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulations. This was because safe recruitment practices were either not in place or being followed.

On this inspection we improvements had been made the service now had robust policies and procedures in place to ensure only people suitable to work in the caring profession were employed. We looked at four staff employment files and saw they contained an application form including a full employment history, interview questions and answers, health declaration, at least two professional references and proof of identity which included a photograph of the person. We saw that checks had been carried out with the Disclosure and Barring Service (DBS). The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant.

The staff we spoke with told us the recruitment process was thorough and done fairly. They said they were not allowed to work until all relevant checks on their suitability to work with vulnerable people had been made. The registered manager confirmed the agency employed sufficient staff for operational purposes and staff recruitment was on going.

When we inspected the service in January 2017 we found the service was in breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulations. This was because we concluded the systems in place to manage medicines were not safe.

On this inspection we found improvements had been made, policies and procedures were in place in relation to the safe administration of medicines in people's own homes and staff had to complete medication training before being allowed to administer medicines. This was confirmed by the staff we spoke with. One staff member said, "We have training in supporting people with their medicines. My client's medicines are mostly supplied in dossett boxes. The medicines are organised into compartments by date and time making it very simple to administer medication."

We found the medication administration records [MARs] we looked at had been completed correctly by staff and were returned to the office on a monthly basis for audit purposes.

People who used the service and their relatives told us they received their medicines on time and raised no concerns about the competency of staff. One person said, "I prefer the staff to give me my tablets as I have poor eyesight and some of them are so small I am afraid I might lose them." Another person said, "It is important I get my tablets on time so it is safer for the staff to give them to me just in case I forget to take them."

We saw detailed risk assessments were in place which guided staff on what action they might need to take to identify, manage and minimise risks in order to promote people's safety and independence. The risk assessments we looked at included the risk of falling, manual handling, mobility, medication and the environment. They showed how the person might be harmed and how the risk was managed. We saw that risk assessments had been regularly reviewed and updated when people's needs changed.

The service had an infection control policy; this gave staff guidance on preventing, detecting and controlling the spread of infection. This included the use of personal protective equipment (PPE) including disposable gloves and aprons. The staff we spoke with told us they were kept well supplied with personal protective equipment such as gloves, aprons and hand sanitiser's and had received infection control training.

Is the service effective?

Our findings

One person said, "The staff definitely know what they are doing when they come here. They know exactly what I need. I think they are very well trained." Another person said, "The staff are brilliant. They always have a smile and never leave until they know I am settled."

The registered manager told us all new staff received comprehensive in-house induction training and staff with no previous experience in the caring professional were required to complete the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. In addition, registered manager told us all new staff shadowed a more experience staff member before being allowed to work alone. We saw new employees were also given a staff handbook to aid learning on important policies and were supported to achieve further qualifications in health and social care.

The staff we spoke with confirmed they had completed induction training which included a period of shadowing a more experienced staff member. One staff member said, "I spent two weeks shadowing and two weeks working in a care home [Operated by the same care provider] as part of my induction." Staff said they were encouraged to attend further training to strengthen their skills and knowledge base.

When we inspected the service in January 2017 we found the service was in breach of regulation 11 [Need for consent] of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because management and staff lacked understanding of the lawful processes for assessing mental capacity and determining best interest decisions and these processes had not been followed.

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 to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act [MCA]. In the case of Domiciliary Care applications must be made to the Court of Protection.

On this inspection we found the registered manager and staff we spoke with had a good understanding of MCA and were able to tell us how they involved people in decisions about the care they received and how they ensured people gave consent before care and support was provided. For example, they said if someone did not have the capacity to make decisions about their care, their family members and health and social care professionals would be involved in making decisions on their behalf and in their 'best interests' in line with the MCA 2005. This demonstrated to us if people were unable to consent to care and support their preferences were discussed with everyone involved in their care and treatment.

In addition, the registered manager was aware of the need to know people's relatives had lasting power of attorney (LPA) and the implications this may have in relation to their care and welfare. (LPA). A LPA is a way

of giving someone you trust the legal authority to make decisions on your behalf if you lack mental capacity at some time in the future or no longer wish to make decisions for yourself. There are two types of LPA, one for health and welfare and the other for property and financial affairs.

People told us they were asked for their consent before care was given and they were supported and enabled to make their own decisions. One person said, "They [Staff] knock before they come in and always greet me with a 'Good Morning and how are you today' which is lovely." Another person said, "They [Staff] always ask my permission before they assist me and never do anything I don't want them to do." Staff had been trained in the principles of the MCA and followed the provider's policy and procedure. People's capacity to consent to care and support had been assessed and recorded within their support plan.

The support plans we looked at clearly addressed the support each person required, dependent on their individual circumstances. For instance, some people needed a reminder to make sure they did certain things, such as taking medicines. For others, staff needed to help people to make day to day choices and decisions, such as what clothes to wear or what food to eat.

We saw evidence people were supported to maintain good health. Information on people's medical history and existing medical conditions was present within their support plans to help staff be aware of people's healthcare needs. We saw staff supported people to access other healthcare professionals if needed and liaised with health and social care professionals involved in their care if their health or support needs changed. This included healthcare professionals such as GPs, occupational therapists and district nurses. Care records showed staff shared information effectively with other healthcare professionals and involved them appropriately.

We found that an assessment of people's nutritional needs and food preferences had been completed as part of their initial assessment. We saw if people required staff to assist or support them to prepare food and drink as part of their care package information was present within their support plan.

Is the service caring?

Our findings

People and their relatives spoke very positively about the care and support they received. One person told us, "The staff are all very kind and caring. They enable me to do things for myself. They take time to help me and I am never rushed." Another person said, "The staff are wonderful and so helpful. I couldn't be any happier with the service." A relative commented, "The staff are really lovely, they are genuinely very helpful and patient. They are helping [Name of person] to do a lot for themselves."

Staff understood and promoted people's privacy, dignity and independence. The people we spoke with told us staff helped them do things for themselves whenever possible and encouraged them to be as independent as possible. The support plans we looked at contained information about the tasks people could complete and the level of support they needed for others. This was designed to ensure staff did not do things for people that they were able to do for themselves, therefore promoting and maintaining their independence and quality of life. One person told us, "Some days I can do more than at other days. Staff always ask me what level of support I need when they first arrive."

The registered manager told us they did their best to ensure relatives were involved in any reviews and decisions on care, and if someone did not have access to family or friends who could support them, the service would arrange for an advocacy service to offer independent advice, support and guidance to individuals.

Staff told us they loved their jobs and were proud of the personalised care and support they were able to provide to people. They said they would recommend the service as a place to work and would be happy for a loved one to receive support from the service. One staff member said, "People get very good care. I know we all treat them like they are our own parent." We don't have to rush and can do things properly. Another said, "I'd have no hesitation in recommending this service."

We looked at how the service worked within the principles of the Equality Act 2010 and in particular how the service ensured people were not treated unfairly because of any characteristics that are protected under the legislation. We spoke with the registered manager about the protected characteristics of disability, race, religion and sexual orientation and they showed a good understanding of how they needed to act to ensure discrimination was not a feature of the service.

We saw the language and terminology used in care plans and support documents was respectful and appropriate. This demonstrated people received care and support in a way that helped ensure their privacy and dignity was maintained.

Information about people was treated confidentially. The registered manager was aware of the new General Data Protection Regulation (GDPR); this is the new law regulating how companies protect people's personal information. People's care records and files containing information about staff were held securely in locked cabinets and computers were password protected.

Is the service responsive?

Our findings

The people we spoke with and their relatives told us in their experience the agency had a flexible approach to providing care and support. They were able, with reasonable notice, to change the time or duration of their visit to fit in with prior engagements or appointments.

The registered manager told us that a full needs assessment was completed for all prospective clients and we saw evidence of this within the care files we looked at. The assessment covered all aspects of the person's needs along with details of their physical and mental health and any equipment staff would need to use in the delivery of care.

A relative said, "We were surprised at the detail recorded in the initial needs assessment they did for [Name of person]. It was comprehensive and yet structured in a way that encouraged [Name of person] to be able to continue doing what they wanted and could do for themselves." Another relative said, "The initial assessment for [Name of person] was very thorough which resulted in a support plan which reflected all their needs. I was very impressed."

Everyone we spoke with told us there was a support plan in their home in which staff recorded details of the support they had provided during each visit. One person said, "I was involved in planning the support I receive along with my nearest relative. It contains everything the care workers need to do and how I like it done and it works perfectly well."

We looked at three support plans and found they were person centred and provided staff with the information they required to make sure people received appropriate care and support. We saw support plans were reviewed at least annually or sooner if there was a significant change in the care and support they required. This helped to ensure people received care that was responsive to their needs and personalised to their wishes and preferences.

Staff told us information in people's care plan was always up to date. One staff member said, "There is a detailed task sheet care plan with risk assessment and the allocated time. If we want to change anything in the support plan we would inform the office and they would update the plan."

The staff we spoke with understood that people could be isolated in their homes and that their visits could be important in reducing isolation. One staff member said, "I always spend time talking to people, we generally chat about everyday things or events that interest them. Sometimes I know I'm the only person they might see that day so I like to make sure they have a smile on their face when I leave."

We looked at what the service was doing to meet the Accessible Information Standard (2016). The Accessible Information Standard requires staff to identify, record, flag and share information about people's communication needs and take steps to ensure that people receive information which they can access and understand, and receive communication support if they need it. The registered manager informed us the agency were still working toward fully meeting this standard, however, people's communication needs were

assessed and support plans put in place to help staff meet their needs. In addition, the registered manager told us key policies and procedures could be produced in different formats or languages if required.

We saw the provider had a complaints procedure in place which highlighted how people could make a formal complaint and timescales within which it would be resolved. The registered manager told us they had not received any complaints since the last inspection visit. However, they confirmed they were proactive in dealing minor concerns before they escalated further.

The people who used the service and/or their relatives told us they were aware of the complaints procedure and had a telephone number for the agency which they could use both during and out of normal office hours if they had any concerns. One person said, "I would tell the carers or ring the office if I was not happy or needed to make a complaint." Another person said, "I would call the office if I needed to. The details are all in the folder, I would know what to do."

Staff we spoke with said they knew how to manage a complaint and felt confident management would listen and act on any concerns raised. One staff member said, "All the clients know how to complain. Information is given to them at the start." Another said, "I would record all the information and would speak with the manager if a person brought a complaint to my attention."

Is the service well-led?

Our findings

The people we spoke with and their relatives told us that they valued the service provided and said the registered manager and staff team were committed to providing a good service. One person told us, "It's an invaluable service. I'm very happy with it." Another person told us, "I would definitely stay with Newline Care Services. They try to go that extra mile." People also told us they were able to contact the office staff and there was always someone available to talk to them if they had any worries. One person told us, "They [office staff] are very good if you ring them, they are polite and try their best to help."

When we inspected the service in January 2017 we found the service was in breach of regulation 17 [Good governance] of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the registered provider did not have effective systems in place to monitor, assess and improve the quality of the services provided.

On this inspection we found improvements had been made and there were now effective processes in place to monitor the quality of the service. The registered manager recognised the importance of this. Records demonstrated regular audits were carried out to identify any shortfalls in the quality of care people received. The registered manager told us the audit results were reviewed and analysed for themes and trends which might lead to changes in established procedures or work practices.

The service had a registered manager in post. They were knowledgeable about the requirements of the post and their responsibilities regarding the Health and Social Care Act 2014. All services that provide health and social care to people are required by law to notify the Care Quality Commission, (the CQC), of important events that happen in the service. The registered manager confirmed they were aware of the need to notify the CQC of all significant events which affected people's care and support in line with their legal responsibilities.

The registered manager was also aware of the statutory Duty of Candour which aimed to ensure that providers are open, honest and transparent with people and others in relation to care and support. We saw that any incidents that had met the threshold for Duty of Candour had been reported correctly.

We found there was a clear management structure in place. Each person's roles and responsibilities were clearly defined, outlining the part they played within the agency and their contribution to the overall quality and safety of the service. We saw senior management worked closely with local external organisations and received regular updates from national organisations in relation to changes in legislation and best practice.

We received consistently positive feedback about the management of the service from the staff we spoke with. Comments included, "They are always supportive of the service users and the staff," "They are all approachable and get involved," "They respect our knowledge," and "I feel valued and respected. I love my job."

Staff told us they were proud to work for the service and demonstrated a high level of commitment to the

people they supported. Staff told us they felt highly motivated and said they received good practical support from the registered manager whenever they needed it. They also appreciated being able to contact the management team out of normal office hours.

We saw staff meetings provided opportunities for staff to meet as a team and discuss their work. The minutes of the meetings we looked at showed areas of best practice were discussed as well as issues relating to health and safety and working with other agencies. Staff could discuss their work at these meetings, share any worries they had about individuals and seek advice. The staff we spoke with told us they could bring their views to the meetings and they were listened to. In addition, an annual staff survey was carried out to seek their views and opinions of the service and to establish the level of engagement they had with the organisation.

The registered manager told us as part of the quality assurance monitoring process people were contacted by telephone and senior staff also carried out random spot checks on staff as they worked in people's homes to make sure care and support was being delivered in line with their agreed support plan. In addition, annual surveys were also sent out to people who used the service and their relatives.

We saw the survey questionnaires for both people who used the service and staff were directly linked to the five questions asked by the commission at every inspection which are, Is the service safe, effective, caring, responsive and well-led? The registered manager confirmed the information provided was collated and an action plan formulated to address any concerns raised.

The registered manager told us feedback from people who used the service and/or their relatives and staff was an integral part of the quality assurance monitoring process and their views and opinions were always valued and acted upon.