

Care Line Homecare Limited

# Careline Homecare (Sheffield)

## Inspection report

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14 May 2019

15 May 2019

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

About the service:

Careline is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides services to younger and older adults, people with learning disabilities, people with physical disabilities and complex health needs. At the time of inspection 245 people were receiving support with personal care.

Not everyone using Careline receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

People's experience of using this service:

Risks to people's health and safety were not always identified and assessed to ensure safe care delivery for people.

Medicines were not always being managed safely.

Care plans were up to date. However, they did not detail what care and support people wanted and needed in relation to health care needs. Information from other health professionals such as speech and language were not included in people's care files. Records did not always demonstrate that people who used the service and relatives were involved in making decisions about the care and support they received or care planning and reviews.

People's likes, preferences and dislikes were assessed, and care packages met people's desired expectations.

People who used the service and their relatives told us staff were kind and caring.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. However, the policies and systems in the service required reviewing to support this practice.

Staff were being recruited safely and there were mostly enough staff to take care of people. Staff were receiving appropriate training and they told us the training was good and relevant to their role. Staff were supported by the manager and were receiving formal supervision where they could discuss their ongoing development needs.

There were a complaints procedure and people knew how to complain. However, the service was not following their procedure in recording their responses to the complainant.

There were mixed views of the registered manager, however, the registered manager had only been in post six months. The provider had systems in place to monitor the quality of care. However, these were not always effective.

Rating at last inspection:

This was the service's first inspection.

Why we inspected:

This was a planned inspection.

Enforcement/Improvement action we have told the provider to take:

Full information about CQC's regulatory response to the more serious concerns found in inspections and appeals is added to reports after any representations and appeals have been concluded".

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe

Details are in our Safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was not always caring.

Details are in our caring findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was not always caring.

Details are in our caring findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Careline Homecare (Sheffield)

## **Detailed findings**

### Background to this inspection

#### The inspection:

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

#### Inspection team:

The inspection team consisted of two adult social care inspectors, an assistant inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. In this case the expert-by-experience had experience of services for older care and people who lived with dementia.

#### Service and service type:

This service is a domiciliary care agency. It provides personal and nursing care to people living in their own houses and flats. It provides a service to younger and older adults and people with complex health needs.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

The inspection was announced. We gave the service three days' notice of the inspection site visit because we needed to be sure someone would be present.

We visited the office location on 13 May 2019 to see the manager and office staff; and to review care records and policies and procedures. We then contacted people who used the service and staff on 14 and 15 May 2019.

What we did:

We reviewed information we had received about the service. This included details about incidents the provider must notify us about. We assessed the 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 used all this information to plan our inspection.

During the inspection, we looked at 10 people's care records, and records relating to the management of the service, including staff training records, audits and meeting minutes. Following the inspection, we spoke with 12 people who used the service, five relatives and five staff.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Regulations may or may not have been met.

Assessing risk, safety monitoring and management

- Before admission to the service an initial assessment was undertaken to assess whether the service could meet people's needs. However, this was basic and required more detail.
- People's care files included assessment of risk which had been conducted in relation to their support needs. Risk assessments covered areas such as the home environment, mobility, personal care, medicines, equipment, and manual handling. However, moving and handling needs had not been adequately risk assessed and required more detail. One person required thickener in their drinks to prevent choking, there were no details regarding the required consistency.
- The care documentation set out the risks and control measures in place to mitigate the risks. For example, one person's risks were related to pressure care. However, the person's pressure charts did not reflect the information recorded in the plan. We discussed this with the registered manager and she informed us this was a recording issue, and this would be discussed with staff at the next team meeting.

The provider was unable to demonstrate they were doing all that is reasonably practicable to mitigate risk. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- Medicines were not always managed safely.
- Some people were prescribed medicines which were time specific. There was no information recorded to inform staff how to manage this.
- There was no up to date information about what medicines people were taking, the reasons why or possible side effects. This means it would be difficult during audits to see if the medicine administration record (MAR) reflects current medicines. We spoke with the registered manager who informed us they are currently planning to roll out an electronic system which would capture all this information.
- Medication audits were not completed in a timely manner and did not always highlight concerns we found.
- Risk assessments were completed for the safe management of people's medicines at the beginning of a care package.
- Staff received face to face and practical training in the safe management of medicines. The staff had their competency checked every 12 months. Records showed staff were up to date with medicines training.

The provider was unable to demonstrate they consistently followed safe medicine procedures. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- There was a safeguarding and whistleblowing policy in place which set out the types of abuse, how to raise referrals to local authorities and the expectations of staff.

- Staff could explain what action to take to ensure people were safe and protected from harm and abuse.

#### Staffing and recruitment

- People told us, "There is a high turnover of staff, there is no consistency", "We used to get a rota with which staff would be coming, this has stopped. But, even when we did get the rota different staff would come" and "I don't get a rota. They are not always on time. I never know when they are coming, they can come at 7.30pm, 8.30pm or 9pm."

- People's relatives told us, "They are mostly on time. It's always the same two that come. One is very good, one is a bit slap happy. I have told [staff member] to their face, it is my way", "I have no rota. They come around the time. On occasion in the last few weeks they didn't turn up. I will ring them in the future to let them know. It's different people that come" and "We don't get a rota. We're supposed to have a locked in time, but they don't stick to it. They don't always come or come too early and then won't come back. I think the staff work their rota to suit themselves. It's a half an hour visit, but sometimes they only stay 10 minutes."

- Staff told us, "No issues with staff themselves to my knowledge, they (care provider) are always crying out (for staff) like any other care company", "We have no staff, loads of staff have left", "Some people don't get continuity of care anymore. The person I'm with now, he just gets anybody on a morning" and "Someone I go to regularly, she has phoned you (CQC) before, I go to her every day and when I don't go, it's more often or not it's the staff who work doubles that she gets, and they are that stretched. They only stay 5 minutes. She doesn't get her full call most of the time."

- We spoke to the registered manager who told us, "This concerns me as nothing has been reported to us at the office. I will be sending out communication to all staff to address this, it will also be an agenda item on the next staff meeting."

- Safe recruitment procedures were mostly in place to ensure only staff suitable to work in the caring profession were employed. However, not all gaps in employment had been checked. We discussed this with the registered manager who rectified this on the day.

#### Preventing and controlling infection

- Staff completed training in infection prevention and control.

- Staff had access to personal protective equipment such as gloves, aprons and shoe covers.

#### Learning lessons when things go wrong

- There were appropriate forms and processes in place for recording and investigating accidents and incidents. There were systems in place to learn when things went wrong.

- Staff members were aware to call the office to report any issues if there was an accident or incident.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

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

- There was no evidence in records to show people had been seen by a range of healthcare professionals including GPs and opticians.
- Records didn't show the service worked with other agencies to promote people's health such as physiotherapists and occupational therapists and the local NHS Trust. We spoke to the registered manager who said this was something they were aware of and was currently in the process of developing relationships with professionals.
- Where people required support from other professionals, if guidance had been provided by such professionals this was not present in people's care plans.
- Staff were aware of what action to take if people were unwell or had an accident. They told us they would contact the office and update them.

The provider was unable to demonstrate they maintained accurate, complete and contemporaneous records of the care and treatment provided. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Assessments of people's needs were completed, outcomes were identified, and care and support regularly reviewed.
- Staff applied learning effectively in line with best practice, which helped lead to good outcomes for people and supported a good quality of life.

Staff support: induction, training, skills and experience

- Staff told us they were provided with training. One staff member told us, "I did 5 days training. All aspects covered, health and safety, food, medication everything really. We also covered safeguarding." However, another staff member told us, "I would suggest, the young girls that have just started should get out shadowing a lot more with doubles teams for moving and handling. There was an incident where a staff member didn't last. If she had time to find her feet and get the knowledge of these things I believe she'd be a good carer."
- People's view was mixed about staff training. People told us, "They very much know what they are doing", "On the whole the staff know what they are doing." However, one person told us, "Staff are not well trained, or they do not take any notice. I have thin skin and carers rub my legs and don't pat dry, so I get blood spots. Staff are upset about the new care co-ordinator"

- Staff were trained to be able to provide effective care. However, we found two staff required training updating. We spoke to the registered manager who put plans in place to rectify this.
- When new staff joined the service, they completed an induction programme which included shadowing more experienced staff. The induction covered topics such as the role of the care worker, confidentiality, person-centred approach, policies and procedures, communication, moving and handling, emergency first aid, infection control, safeguarding, whistleblowing, and medicines.
- We saw staff had regular supervision and appraisal, which they told us they found useful. They also described spot checks in people's homes, which focused on issues such as professional appearance, confidentiality, manual handling, bathing, infection control and food preparation.

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

- Care records showed how people's dietary needs were assessed, such as their food preferences and how they should be assisted with their meal. People's likes, and dislikes were included within the plan.
- One person told us, "I get everything out for them, but they cook the food. They clean the pans, but don't wash the plates as I am still eating."
- Staff gave us examples of how they supported people with their meals.

#### Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- Records showed people signed to consent however we saw that if a person was unable to sign documents, the provider had asked a relative to sign on behalf of the person when there was no evidence that the relative had a Lasting Power of Attorney (LPA). LPA accords the person who is given power of attorney the power to make decisions about your daily routine (washing, dressing, eating), medical care, and life sustaining medical treatment. It can only be used if you're unable to make your own decisions.
- We spoke to the registered manager who told us they would follow up with people's relatives if their relative had an LPA in place. This meant appropriate consent was not always sought where people lacked the capacity to make an informed decision or give consent in accordance with Mental Capacity Act 2005 and associated code of practice.

We recommend that the service consider current guidance on the Mental Capacity Act 2005 (MCA) and act to update their practice accordingly.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People did not always feel well-supported, cared for or treated with dignity and respect. Regulations may or may not have been met.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us, "They [staff] all care, but I have to tell them, sometimes they don't stop long enough. They don't make my bed, they are not all right good. Some I liked a right lot, but they have left", "They are kind and caring. My main carer knows me better than the others, we have a right laugh and a joke" and "I am so happy with her I would be proud if she had been my daughter."
- Relatives told us, "They are kind, we only have male carers, [person] chats to them", "The ones we have now are kind and caring. Some who are not regular don't know [relative]. [Relative] would tell me if they weren't happy" and "They are kind, [relative] has a bit of fun with them, the regular ones. Our regular carers are leaving so everyone is fed up. They talk to me a give me a hug, if I'm down."
- Staff were caring and supportive to the people who used the service. Both staff and management were committed to ensuring that people received the best possible care.

Staff we spoke with were not always positive about their role. They told us, "I want continuity of care, I want them (people) to feel safe with whoever is looking after them", "I wouldn't say it's a high standard of care" and "I get 5 minutes between calls and I'm a walker, so it sometimes takes more than that. They don't mind the lateness if I'm going to be late, I will tell them (people)."

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

- Records did not always demonstrate that people who used the service and relatives were involved in making decisions about the care and support they received or care planning and reviews. However, the registered manager explained as all care plans were updated onto new paperwork, staff were going out to meet with people and families to discuss and agree the plans. We observed this happening on the day of inspection.
- People's diverse needs were recorded. Staff demonstrated a good knowledge of people's personalities, individual needs and what was important to them.
- When people had expressed their views about their preferences these were respected. Staff could tell us about, and records confirmed people's views about how they preferred to be supported had been acted on to promote positive outcomes.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect. Through our conversations with staff, they explained how they maintained people's dignity whilst delivering care.
- The service supported people to live as independently as possible. Staff gave us examples about how they involved people doing certain aspects of their own personal care and day to day activities which supported

them to maintain their independence.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's likes, dislikes and what was important to the person were recorded in care plans. Staff were knowledgeable about people's preferences and could explain how they supported people in line with this information.
- People's communication needs were known and understood by staff. People's care plans included details about their communication needs.

Improving care quality in response to complaints or concerns

- A complaints procedure was in place. Most people who used the service and relatives told us they knew how to complain. One person told us, "I've never had a complaint", "I would ring Careline if I was not happy, but I've not done so." However, one person told us, "I don't know who to complain to now, when I did complain last time they didn't do anything."
- The complaints procedure highlighted how people could make a formal complaint and timescales within which it would be resolved.
- The service had a complaints policy which stated, 'The complainant must be informed of the outcome of the complaint.' We saw in most cases the complainant was not contacted with details of actions taken or an apology where required. However, some information contained in the log did not include investigation information and we did not see written responses or acknowledgements in others. The registered manager told us this is something she had already identified and was going to ensure this was put in place.

End of life care and support

- The registered manager informed us they were not currently providing care for people at the end of life. If this changed they would support people whilst working alongside other professionals to meet people's needs and wishes.

## Is the service well-led?

### Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- The quality assurance systems which were in place to monitor the service had not always been effective in identifying areas for improvement. For example, when people's paper records were returned to the office the care coordinators audited the contents. However, records were not always returned monthly and they were not always audited in a timely manner. For some people records had not been audited since December 2018. Pressure chart audits did not highlight staff were not recording actions they had taken. Concerns we found around medication were not highlighted during the audits.
- There was a registered manager in post who provided leadership and support. They were supported by care coordinators. We found the management team open, honest and committed to making difference to the lives of people living at the service.
- Statutory notifications about accidents, incidents and safeguarding concerns were being sent to the CQC as required.

This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good Governance.

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

- People who used the service and relatives had mixed views about the management. One person said, "I am not happy with the management, but no one is perfect, but I call the office, they don't always co-operate with me, we talk about it then whatever I'm not happy with will carry on. I believe in dialogue." However, another person told us, "I don't know them [management] as individuals. But, I have no complaint, I have some grumbles, but nothing serious."
- The senior management and registered manager met to review the running of the service of a regular basis and were both committed to driving improvement.
- The service had clear lines of organisation and staff were clear of their roles and responsibilities.

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

- The management team and the staff team knew people and their relatives well which enabled relationships to develop and good outcomes for people using the service.
- The quality of the service was also monitored using surveys to get the views of people who used the service and their relatives. This was completed either face to face or via the telephone. The last survey overall results

were positive.

- The service conducted regular spot checks which included visiting people in their home and telephone calls. Records confirmed this. The spot checks topics included punctuality, personal appearance of care staff, respect for service users, ability to carry out care, knowledge and skills, and health and safety.

#### Continuous learning and improving care

- The registered manager understood their legal requirements. They were open to change, keen to listen to other professionals and seek advice when necessary.
- The registered manager demonstrated an open and positive approach to learning and development.

Improvements were made following changes in policy and procedure to ensure regulatory requirements were met.

- There was an electronic monitoring system in place, which included a dashboard. The dashboard allowed the registered manager to have an oversight of logged events such as accident and incident, complaints and training. The registered manager reviewed this on a monthly, quarterly and annual basis.

#### Working in partnership with others

- The service worked in partnership with key organisations to support care provision, service development and joined-up care. For example, the registered manager told us the service had worked with social workers and Sheffield local authority. However, the registered manager told us there was more work to take place to develop relationships with other professionals.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Assessing the Risks to the health and safety of service users of receiving the care or treatment not adequately assessed. Not doing all that is reasonably practicable to mitigate any such risks.</p> <p>Not consistently following safe medicine procedures.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider was unable to demonstrate they maintained accurate, complete and contemporaneous records of the care and treatment provided.</p> <p>Quality checks were not completed in a timely manner and did not highlight concerns we found. T</p>