

Care Line Homecare Limited

Careline Homecare Darlington

Inspection report

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Date of inspection visit:
26 November 2020
01 December 2020
04 December 2020
11 December 2020

Date of publication:
18 January 2021

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Careline Homecare Darlington is a domiciliary care agency which provides care and support to people living in their own homes. At the time of our inspection there were 162 people using the service.

People's experience of using this service and what we found

People expressed confidence in the care they received, and in the abilities, attitude and competency of their care staff. However, nearly every respondent noted, over the last few months, the timekeeping and punctuality of the carers had deteriorated significantly. Many noted this was in contrast with their earlier experiences of the service when they had found it to be very reliable.

The registered manager discussed how the pressures of the second wave of the pandemic had significantly impacted staff and the service performance. Following the inspection, the registered manager wrote to all the people and relatives to apologise for the reduction in service and explain the circumstances.

A large proportion of the staff discussed the pressures they had faced in recent months because of volumes of additional calls being added to their rota. Staff reported they were finding at times they could not get breaks during sometimes 14-hour shifts. The registered manager outlined how pressures on the service had increased over the last few months, as there had been increased levels of sickness and the need for staff to self-isolate. Work was being undertaken to recruit additional staff and review rotas.

We found co-ordinators and supervisors had systems in place to schedule calls and monitor attendance at calls. Two care coordinators covered different areas in Darlington, and they had their own staff team. Staff discussed how they did not get travel time and this had impacted service delivery. People were not always made aware of changes to the times that staff would be visiting. The registered manager confirmed they would ensure rotas were reviewed and travel time would be introduced.

Every staff member was committed to assisting people to have a good quality of life and all available staff had pulled together to cover all the care packages.

Medicines were administered in a safe manner. Systems were in place, which monitored how the service operated and ensured staff delivered appropriate care and treatment.

Staff took steps to safeguard people and promote their human rights. Incidents were dealt with appropriately and lessons were learnt, which helped to keep people safe. When necessary, external professionals were involved in individual people's care.

Appropriate checks were completed prior to staff being employed to work at the service.

The senior management team completed comprehensive audits of the service and constantly looked for

areas for improvement.

For more details, please see the full report which is on CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (report published 30 March 2018).

Why we inspected

This was a planned inspection and completed in line with our current programme. This report only covers our findings in relation to the Key Questions Safe, Responsive and Well-led.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has improved to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Careline Homecare Darlington on our website at www.cqc.org.uk.

Follow up

We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Careline Homecare Darlington

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by two inspectors 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.

Service and service type

Careline Homecare Darlington is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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

We gave the service 48 hours' notice of the inspection. This was because it is a large service operating during the COVID-19 pandemic and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 26 November 2020 and ended on 11 December 2020. We visited the office location on 26 November 2020.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

During the inspection

We spoke with the regional manager, the registered manager, two care coordinators and 14 care staff. We telephoned and spoke with 16 people who used the service or their relatives.

We reviewed a range of records. This included five people's care records and several medicines records, four staff files and a variety of management and quality assurance records for the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection the key question has remained the same. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- People we spoke with were complimentary about the standard of care they received from staff. They found the staff were skilled and competent. However, all discussed how, particularly over the last few months, the timekeeping and punctuality of the care staff had deteriorated. In contrast quality audits the provider had completed with people earlier in the year showed there were no concerns about the timeliness of calls.
- We discussed this with the registered manager and found over the last six to eight weeks pressures on staff had developed due to the increase in Covid19 cases in the community. This had caused them to need to add calls to staff rotas and change call times.
- From the rotas and discussion, we found staff did not have travel time and this led to them cutting short some visits and arriving late at other visits. Alterations were made to scheduled visits, and people were not always informed; this led to them believing staff were late. One person said, "They send us a roster on a Friday, and it has all changed by the Monday. The carers are often very late and are coming late more often recently, it is supposed to be at 7.30pm but it can be as late as 9 or 9.30pm." The registered manager recognised the lack of travel times impacted service delivery and was in the process of adding this to staff rotas.
- The provider operated systems that ensured suitable staff were employed. The registered manager recognised the recent pressures on staff and was actively recruiting. They aimed to ensure staff had calls scheduled in an area; people receive consistent care staff; and staff were available to cover an absence.

Learning lessons when things go wrong; Assessing risk, safety monitoring and management

- The registered manager reviewed all aspects of the service and determined if and where improvements were needed. Incident monitoring records were used to learn lessons, and this led to positive changes. For example, the registered manager close monitoring of administration of medicine practice had led to a marked reduction in errors.
- Staff understood where people required support to reduce the risk of avoidable harm. Care plans contained clear explanations of the control measures for staff to follow to keep people safe.

Systems and processes to safeguard people from the risk of abuse

- The provider had effective safeguarding systems in place and all staff spoken with had training and a good understanding of what to do to make sure people were protected from harm or abuse.
- A person commented, "It is all going very well for me and I have got to know them (staff), now we have settled down to having the same ones, we know them all very well and they all know what they are doing."

Using medicines safely

- People's medicines were appropriately managed. Staff received appropriate training and clear protocols were in place for administering medicines in people's own home.

Preventing and controlling infection

- Staff had received infection control training and said they had plenty of personal protective equipment such as gloves and aprons.
- People reported the way staff always followed COVID regulations and procedures was 'exemplary', with care staff always reported as wearing the appropriate clothing, pinnies, gloves and masks (and disposing of them after use) and washing their hands. One person commented, "They all wear masks and pinnies and gloves too, one or two of them I get on with very well, oh yes I feel very safe with them all."

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- The registered manager understood the duty of candour responsibility, a set of expectations about being open and transparent when things go wrong. Following our inspection, the registered manager wrote to people who used the service and their relatives to explain the recent impact on the service, how this had led to a deterioration in timeliness of calls and to apologise for the impact on the care packages.
- The aims and objectives of the organisation were discussed with staff when they were employed.
- The management team understood their role and responsibilities to ensure incidents that required notifying were reported to the appropriate authorities.

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 management team and staff were enthusiastic and committed to improving the service. They reviewed all aspects of the service to determine where improvements could be made.
- Since the summer pressures on the service had increased due to the COVID-19 pandemic and this had led to increased levels of staff absence. The registered manager acknowledged this had impacted the quality of the service and was putting measures in place to remedy this issue.
- Staff were committed to assisting people to have a good quality of life and all had pulled together to cover all the care packages. The provider had a recognition scheme in place and the registered manager regularly sent out 'Thank You' cards to show staff they were valued.
- Staff told us they felt listened to, however, since the pandemic there had been less opportunity to share their ideas. The registered manager discussed how they were exploring options to replicate systems for involving staff in decision-making.

Continuous learning and improving care; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others.

- The registered manager encouraged feedback from people, which they used to make improvements. For example, following feedback from people, they started monitoring call start and finish times as well as the duration of the visit on the live system. If a staff member's performance dropped below 90% their supervisor completed additional supervisions with them and spot checks were carried out.
- The service worked in partnership with external agencies and actively acted on issues raised. A person commented, "[The manager] is called [name] and they've been here as well when the company were short of carers. They are very nice and friendly."

