

Care Line Homecare Limited

Careline Berwick

Inspection report

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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

About the service: Careline Berwick is a domiciliary care agency that was providing personal care to 180 older people at the time of the inspection.

People's experience of using this service: People received good care from kind and considerate staff.

People told us the service was safe. Staff had a good understanding of safeguarding and the whistle blowing procedure; this included knowing how to report concerns. People were supported by punctual and reliable staff. The provider followed robust recruitment checks prior to new staff starting their employment. Medicines were managed safely. Incidents and accidents were fully investigated and action taken to keep people safe.

Staff confirmed they were well supported; they received regular one to one supervisions and appraisals. Training was up-to-date for all staff. Staff supported people to have enough to eat and drink where this was necessary. People were supported to access healthcare services when needed.

People's needs had been assessed to identify the care they wanted; this was used as a baseline to develop personalised care plans. People knew how to raise concerns and felt confident to do so.

The provider had a comprehensive and structured approach to quality assurance. People and staff told us the service was well managed. People and staff had opportunities to provide feedback about the service.

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

Rating at last inspection: Good (the last report was published on 19 August 2016).

Why we inspected: This was a planned inspection based on the previous rating.

Follow up: We will continue to monitor this service and inspect in line with our re-inspection schedule for services rated good.

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 effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Careline Berwick

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: One inspector carried out the inspection.

Service and service type: This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older people.

Not everyone using Careline Berwick receives a 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.

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: This was an announced inspection. We gave the service 48 hours' notice of the inspection visit because it is care at home service.

Inspection site visit activity started on 14 February 2019 and ended on 1 March 2019. We visited the office location on 14 February 2019 to see the registered manager and office staff; and to review care records and policies and procedures.

What we did: Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed all the information we held about the service, this included notifications of significant changes or events.

We checked for feedback we received from members of the public, local authorities and clinical commissioning groups (CCGs). We also checked Companies House records.

During the inspection we spoke with eight people, three relatives, the regional manager, the registered manager and three care workers. We reviewed four people's care records, two staff personnel files, audits and other records about the quality and safety of the service.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse.

- The provider had effective systems to help keep people safe from harm.
- People felt safe with the staff providing their care. They commented, "I feel safe" and "I am very safe."
- The provider had an agreed process for dealing with safeguarding issues; safeguarding concerns were investigated thoroughly and robust action taken to keep people safe.
- Staff were aware of safeguarding and the provider's whistle blowing procedure; they felt able to raise concerns openly and knew concerns would be taken seriously.

Assessing risk, safety monitoring and management.

- Environmental risk assessments were carried out; these helped to keep people and staff safe.
- Other assessments were completed depending on people's needs. For example, where people were at risk of poor nutrition or had difficulties with mobility.
- The provider had plans for dealing with emergency situations.

Staffing and recruitment.

- People received their care from a reliable and consistent staff team. People commented, "I see the same people [staff], that is what I requested. They are very good, I would say excellent" and "They turn up on time, they are very punctual. If they are late, it is unavoidable."
- Rotas usually allowed time for staff to arrive on time and stay for the full length of the call.
- The provider followed safe recruitment procedures; pre-employment checks were done to ensure new staff were suitable.

Using medicines safely.

- Medicines were managed safely.
- Accurate records were maintained; these confirmed people received the right medicines at the right times.
- Audits were completed to check staff followed safe procedures; action was taken to address any concerns identified.

Preventing and controlling infection.

- Staff followed best practice principles for reducing risks associated with infection control.
- The provider had policies and procedures for promoting high standards of cleanliness.
- Managers carried out unannounced checks to ensure staff followed these procedures.

Learning lessons when things go wrong.

- Appropriate action had been taken following accidents to keep people safe and prevent a repeat occurrence.

- The provider monitored all accidents and incidents; this ensured effective action had been taken and to identify lessons learnt.

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.

People's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed when they started receiving a service; this included considering how people wanted to be supported, as well as needs relating to religion, culture and ethnicity.
- Staff described how they adapted their care practice to meet people's cultural and religious beliefs.

Staff support: induction, training, skills and experience.

- Staff received good support and had access to the training they needed. Staff told us, "My line manager is brilliant" and "I am very supported."
- Training, supervision and appraisals were up to date. One person told us, "They [staff] are all very well trained."

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

- Staff supported people to have enough to eat and drink, where this was required. One person commented, "They are always here for my breakfast, lunch and tea."
- Care plans described how people wanted to be supported in this area.

Adapting service, design, decoration to meet people's needs.

- The service was flexible and personalised to each person requirements. One staff member said, "We are flexible, we fit around the client's needs and times."

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

- The provider worked effectively with healthcare services and other agencies to ensure people received the care they needed.
- People were supported to access external health care services if this was required.
- Staff worked alongside health professionals; their recommendations were included in people's care plans to ensure staff followed these consistently.

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. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. We checked whether the service was working within the principles of the MCA.

- The provider followed the requirements of the MCA.
- Care plans contained information about how people needed to be supported to make choices and decisions.
- Staff described how they would liaise with family to find about people's preferences and show them items of clothing to choose from.

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 were supported and treated with dignity and respect; and involved as partners in their care.

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

- People received good care from a caring staff team. People and relatives commented, "I have an excellent team of two [carers]. I am really pleased with the service", "I have no complaints with the girls. Each and every one has been very attentive" and "In my particular case the service is first class. I couldn't wish to get anything better."
- There were positive and caring relationships between people and staff. People and relatives said, "They are smashing girls. We all get on very well" and "The carers are all first class. I get on very well with them."

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

- The provider made information available to people in various ways to aid their understanding. For example, some information was available in an easy-read format.
- People were involved in determining how their care was provided. One person described their usual daily routine. They told us, "I am very happy indeed. The routine suits me, they take on board my particular needs. It suits me. It works like clockwork."
- Care plans clearly identified how people preferred to communicate; this meant staff had guidance on the most effective ways of encouraging people to make choices and be involved in their care.

Respecting and promoting people's privacy, dignity and independence.

- People were treated with dignity and respect. One person told us, "I had a shower this morning, I didn't feel at all embarrassed" and "They [staff] do everything for me, they are very attentive to my needs."
- Staff described how they adapted their practice to ensure people received dignified and respectful care that met their individual needs. For example, seeking consent first, always explaining what they were doing and encouraging people to do as much for themselves as possible.
- Staff supported people to promote their independence. One person told us they relied on staff giving them prompts to help them remember things. They said, "They [staff] remember things that I don't."

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control; End of life care and support.

- Staff were responsive to people's needs and wishes. People said, "Whatever I have asked them to do they have done. They collect my prescription, do a little bit of shopping. They are very good" and "They will do anything for us to help."
- People's care plans were personalised and detailed; they clearly described how people wanted to be supported at each call with all aspects of their care. For example, eating and drinking, personal care and physical health.
- Care plans were reviewed regularly to ensure they reflected people's current needs.
- The provider was motivated to provide opportunities to encourage people to meet up to maintain and develop social relationships. For example, a lunch was being organised to which all people were invited.
- People could discuss their future care wishes when they started receiving care; these were detailed in an 'advanced care plan'.

Improving care quality in response to complaints or concerns.

- People were happy with their care and knew how to raise concerns if needed. They said, "I have no complaints, none at all" and "If there is ever anything I am not happy about, I just phone the office."
- Complaints were investigated robustly following the provider's complaint procedure.

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.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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 provider promoted person-centred care through its values; these were based on respect, independence, dignity and choice.
- Care workers were committed to providing person-centred care. One relative said, "They have some very dedicated girls (staff)."
- The registered manager described how the whole team went 'above and beyond' to ensure people continued to receive care, often in remote areas, during periods of bad weather.

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

- The registered manager completed checks to ensure people received the care they wanted. One person commented, "[Registered manager] calls and sees that everything is alright."
- The registered manager was supportive and approachable. Staff said, "If I need to contact [registered manager], there are no issues she is approachable" and "If I want the [registered manager] I could just ring the office and ask for her."
- The registered manager was proactive in submitting the required statutory notifications to the CQC for any significant events.

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

- People and relatives had been sent a questionnaire to gather feedback; they had given mostly positive feedback. For example, all the people and relatives who returned a questionnaire said staff were polite and courteous.
- Where negative scores had been given, these had been reviewed and an action plan developed.
- Staff could share their views through attending regular staff meetings.

Continuous learning and improving care.

- The provider continued to operate an effective quality assurance system. A comprehensive quality audit had been completed; there was a high level of compliance. Areas checked included medicines, staffing and the quality of care.
- Senior staff carried out spot checks to ensure people were well cared for; this included punctuality, the care worker's competency and whether they followed care plans.

Working in partnership with others.

- The provider worked with local commissioners, other organisations and health care services to promote positive outcomes for people.