

Care Line Homecare Limited

Careline Homecare (Sheffield)

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 well-led?

Good ●

Summary of findings

Overall summary

About the service:

Careline Homecare (Sheffield) 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 92 people were receiving support from the service.

Not everyone using Careline 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.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

At the time of the inspection, the location did not care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

Right Support

The model of care maximised people's choice, control and independence. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. There were 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.

Right Care

People's likes, preferences and dislikes were assessed, and care packages met people's expectations. Risks to people's health and safety were identified and assessed to ensure safe care delivery for people. Care was person-centred and promoted people's dignity, privacy and human rights. Care plans were up to date and detailed the care and support people wanted and needed. People's medicines were managed safely.

Right Culture

The ethos, values, attitudes and behaviours of leaders and care staff ensured people using services lead confident, inclusive and empowered lives. People who used the service and their relatives told us staff were kind and caring. People and relatives engaged in planning people's care and support. The provider had strengthened their systems for monitoring the quality and safety of 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 and update

The last rating for this service was requires improvement (published 20 June 2019) and there were breaches of regulation. At this inspection, we found improvements had been made and the provider was no longer in breach of regulations.

At our last inspection we recommended the service consider current guidance on the Mental Capacity Act 2005 (MCA) and act to update their practice accordingly. At this inspection we found the provider had acted on any recommendations and had made improvements.

Why we inspected

We carried out a comprehensive inspection of this service in May 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions safe, effective and well-led which contain those requirements and recommendation.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement 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 (Sheffield) on our website at www.cqc.org.uk.

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.

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 safe

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Careline Homecare (Sheffield)

Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

Inspection team

The inspection team consisted of an 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.

Service and service type

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure the provider or registered manager would be available to support the inspection. Inspection activity started on 22 March 2023 and ended on 18 April 2023.

What we did before inspection

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about. We sought feedback from professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 4 people who used the service and 7 relatives on 22 March 2023. We met with the registered manager on 22 and 27 March 2023 and 17 April 2023. We looked at 3 people's care records, and a range of records relating to the management of the service including staff training records, audits and meeting minutes. We received feedback from 6 members of care staff.

This was an 'inspection using remote technology'. This means we did not visit the office location and instead used technology such as electronic file sharing to gather information, and video and phone calls to engage with people using the service as part of this performance review and assessment.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection risks to the health and safety of people using the service were not adequately assessed. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Before people received the service an initial assessment was undertaken to assess whether the service could meet their needs.
- People had individualised risk assessments in place. These detailed the specific risks posed to them and guidance for staff about how to manage those risks in the least restrictive way.
- People's risk assessments covered areas such as their mobility, personal care, medicines, equipment, and manual handling needs, as well as their home environment.
- Staff were familiar with people's support needs, risks, and the control measures in place to mitigate the risks. For instance, there was clear guidance about how staff could safely support people to mobilise and the equipment to be used. This helped to protect people from the risk of injury.

Using medicines safely

At our last inspection safe medicine procedures were not followed consistently. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Medicines were managed safely.
- Risk assessments were completed for the safe management of people's medicines at the beginning of a care package.
- People's care records included the medicines people were taking, the reasons why and the possible side effects. Where people were prescribed medicines which were time specific, there was information recorded to inform staff how these medicines should be taken.
- One relative said, "It gives me peace of mind that someone is there to sort out small problems and help with [person's] medication."

- People had electronic medication administration records (MAR) in place. Staff recorded medicines they administered, and the registered manager was able to check these entries in real time. This helped to make sure people received their medicines as prescribed. Medicines audits were completed, and any concerns were highlighted and addressed in a timely manner.
- Staff received training in the safe management of medicines and their competency was checked every 12 months.

Systems and processes to safeguard people from the risk of abuse

- The provider had appropriate systems in place to safeguard people from abuse.
- We asked people if they felt safe with the staff and people's feedback was positive. People's comments included, "Yes, I do. [Staff] are always polite and caring. There are two who come quite regularly, and you can sit and put the world to rights. I have a good rapport with [staff's name]", "Yes, because the carers we have are very careful and very caring" and "Oh yes, very safe. [Staff] talk to me and look after my needs and wants."
- People's relatives said, "[Person] feels safe because [person] knows the staff. They are just nice people that come. They are friendly and talk to [person]", "I have never felt [my relative] wasn't safe with these staff, they really love [my relative] and [my relative] likes them" and "Oh yes, definitely yes. I have met most of [the staff] and they seem a reputable company and seem likeable people and trustworthy."
- Staff were trained in their responsibility to safeguard people from abuse. They knew what action to take if they witnessed or suspected abuse. Staff were confident the registered manager would act upon any concerns.

Staffing and recruitment

- Safe recruitment procedures were in place to ensure only staff suitable to work in the caring profession were employed.
- There were enough staff deployed to meet people's needs and keep people safe. People told us they were usually supported by the same care staff, who they had got to know very well.
- People told us their scheduled calls were not missed, and staff arrived on time and stayed for the appropriate length of time. One relative said, "If [staff] are stuck at another call they will phone me to let me know they are going to be late. Even with Covid or snow they never let us down at all."
- Care staff used an 'app' on their phones to log their arrival and departure at people's homes. This allowed the office staff to monitor progress in real time, including tracking any late visits.
- People could request a copy of their weekly visit schedule, so they would know in advance the care staff who were scheduled to support them each day.

Preventing and controlling infection

- People were protected from the spread of infection.
- The provider had a policy in place to promote effective infection control practices.
- Staff completed training in infection prevention and control.
- Staff had access to personal protective equipment such as gloves, aprons and shoe covers. This supported them to prevent the spread of infection.

Learning lessons when things go wrong

- The provider had a system in place to learn from any accidents or incidents
- Staff members were aware to report any issues the office, including any accidents or incidents.
- There were appropriate processes in place for recording and investigating accidents and incidents. The registered manager analysed each accident and incident, to identify the cause and to identify any themes or trends. This information was used to help reduce the risk of further incidents.

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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last inspection the provider had not 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.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- People's records were completed appropriately when they were supported to be seen by healthcare professionals. This showed the service worked with other agencies to promote people's health.
- Where people required support from other professionals, and guidance had been provided this was included in people's care plans.
- Staff were aware of the need to contact the office if people were unwell or had an accident.

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.
- One relative told us staff knew their family members' needs and preferences from reading their assessment. They went on to say, "[Staff] have been with [person] long enough to know their gestures and body language, and from feedback from us. We are involved in care planning. We have a care plan in the house."

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 MCA 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 MCA. When people receive care and treatment in their own homes an

application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

At our last inspection we recommended the service consider current guidance on the Mental Capacity Act 2005 (MCA) and update their practice accordingly.

At this inspection we found the provider had acted on this recommendation and had made improvements.

- People were consulted about their care needs and staff sought their consent before offering care.
- We were assured the service was acting within the principles of the MCA. People were supported to make decisions about their care and their preferences were respected.
- Assessments of people's capacity to make decisions about their care and support were completed where this was appropriate.
- Where people lacked capacity to make decisions about their care, staff consulted with appropriate individuals, such as people's close family members, to ensure decisions were made in their best interests. Where best interest decisions were made, they were recorded in people's care records.
- The service was acting within the principles of the MCA.

Staff support: induction, training, skills and experience

- Staff were trained to be able to provide effective care.
- Feedback was positive regarding staff's training and competence. For instance, a person told us, "Staff support me very well, they help me to get dressed. If I need anything they help me. They take care of me very well." One relative said, "All of them [staff] are well experienced and every so often they update their training with the hoist and medicine."
- When 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.
- Staff told us they were provided with training and had regular supervision and appraisal. One staff member told us, "I found my training to be very thorough, interesting and informative. The annual refresher ensures you keep up to speed on all aspects of training initially given."
- Managers undertook 'spot checks' of staff's practice in people's homes. This covered areas such as staff's professional appearance, confidentiality, manual handling, bathing, infection control and food preparation.

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

- People told us they were happy with the support they received with meals and drinks.
- Care records included people's dietary needs and how they should be assisted with their meals.
- People's likes, and dislikes were included in their care plan.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant 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;

At our last inspection the systems which were in place to monitor the safety and quality of the service were not always effective. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good Governance.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The systems to monitor the quality and safety of the service had improved considerably.
- The provider had introduced an electronic care planning, recording and monitoring system. Managers were able to review a variety of records in relation to people's care in real time. The system allowed the registered manager to have an oversight of logged events such as accidents and incidents, complaints and staff training. The registered manager reviewed this monitoring information on a regular basis. This meant audits were completed in a timely manner and concerns, for instance, regarding medication highlighted during the audit process were addressed quickly.
- When asked what they liked about the service, one relative said, "Good communication, [staff and managers] listening to me and [my family member]. They show respect, understanding the different circumstances and I feel they are there to support me, not just [my family member]."

Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a registered manager in post who provided leadership and support. We found the registered manager open, honest and committed to making difference to the lives of people using service. The registered manager demonstrated an open and positive approach to learning and development. They were open to change, keen to listen and seek advice when necessary.
- People and relatives gave positive feedback about the management of the service.
- The service had clear lines of organisation and staff were clear of their roles and responsibilities. One staff member told us, "I have an excellent manager who has supported me throughout my employment at Careline. If ever I've been unsure about a situation, especially when I first became employed by Careline. She has given me help and guidance."
- The registered manager made sure statutory notifications about accidents, incidents and safeguarding concerns were sent to the CQC when required.

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 gain the views of people who used the service and their relatives.
- 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.

Working in partnership with others

- The service worked in partnership with key organisations to support care provision, service development and joined-up care.
- The service worked well with health professionals, social workers and the local authority.