

Care Line Homecare Limited

Careline Homecare (Tameside)

Inspection report

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13 June 2018
26 June 2018

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place at the service offices on 11, 13 and 26 June 2018. We gave the provider 48 hours' notice as we needed to be sure that a manager would be available to participate in the inspection.

Careline (Tameside) is a domiciliary care agency and is part of the City and County Healthcare Group. They provide personal care to people in their own homes in the community in the Ashton under Lyne area. At this inspection there were 250 people using the service for personal care, including people living in Hurst Meadow assisted living and extra care scheme. This was the first inspection of the service since they re-registered with the current provider on 23 December 2016.

During this inspection we identified breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 with regards to; staffing, responding to complaints and good governance. We are considering our enforcement options.

People who used the service did not always receive their planned visits. Some people received visits for personal care that were much shorter than the commissioned planned visit. We did not find any evidence that people had been harmed because of these issues but could not be confident they were provided with safe care.

The service had a robust system for recording and responding to complaints but we found not all complaints had been recorded.

Governance and audit systems were in place but had not been fully utilised. We found the service had not identified the concerns we found at the inspection. This meant there was not an effective way of monitoring if care had been provided or concerns responded to.

Some people using the service told us they felt safe. Safeguarding means; protecting people from the risk of harm and abuse. Staff were aware of what might be a safeguarding concern and how to report this.

Staff received appropriate training. People who used the service told us staff were well trained and knew what they were doing. Staff received regular supervision from senior staff.

People who used the service praised the caring attitude of the staff and told us staff made sure their dignity and privacy were respected when receiving personal care. People's cultural backgrounds and preferences were identified and staff were aware of any support people needed to maintain these.

People received person centred care, their needs had been fully assessed and care plans had been developed to ensure their needs were met as they preferred. We saw records in the daily care notes that showed care staff were following the care plans.

The service provided information packs for staff and people who used the service that identified the core values and expectations of the organisation.

The service was committed to learning and improving and was attending provider forums to share knowledge and experience with others.

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 consistently safe

There were not always enough staff to ensure people received the personal care they were assessed as needing. Some people received visits that were too short and occasionally some people did not receive a visit.

The service had clear safeguarding policies and procedures in place and staff were aware of how to recognise any concerns and how to report them.

Risk assessments had been completed which identified the specific risks each person face. Care plans had been developed which supported people to manage these risks.

Requires Improvement ●

Is the service effective?

The service was effective.

Staff had received training to enable them to provide support. People who used the service reported feeling confident in the abilities of the care staff.

People's ability to make decisions for themselves had been considered in line with the Mental Capacity Act (2005) to ensure their rights were respected.

Staff understood the importance of getting consent from people before providing care. People using the service told us staff always asked their permission before supporting them.

Good ●

Is the service caring?

The service was caring.

People using the service praised the caring attitude of the staff supporting them.

Care plans included communication guides which ensured care staff addressed people in the way they preferred and communicated with them in the best way possible.

Good ●

Staff supported people to uphold their dignity and respect when providing personal care. People using the service described how staff ensured they had dignity and privacy when required.

Is the service responsive?

The service was not consistently responsive

Not all complaints had been recorded.

Care plans were person centred and reflected the individual needs and preferences of the people using the service.

People had been supported to maintain their health and wellbeing. Some people were being supported to access local community facilities.

Requires Improvement ●

Is the service well-led?

The service was not consistently well led

Governance systems had not identified concerns in relation to staffing levels, missed visits and short visits.

The service had clear values and strove to provide high quality care, these were shared with staff through handbooks, supervision, meetings and training.

The service worked closely with commissioners and had established links with other care providers to share and improve skills and knowledge.

Requires Improvement ●

Careline Homecare (Tameside)

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 was 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.

This inspection took place at the service offices on 11, 13 and 26 June 2018. We gave the provider 48 hours' notice as we needed to be sure that a manager would be available to participate in the inspection. Telephone interviews for staff were conducted on the 13, 15 and 22 June 2018 by an Assistant Inspector from the Care Quality Commission (CQC). The inspection was carried out by one adult social care inspector from CQC. In addition to this, an Expert by Experience conducted telephone calls to people using the service on the second day of inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. At the time of our inspection 253 people were being supported by the service.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements the plan to make. Prior to the inspection we reviewed information we held about the service, including statutory notifications. A statutory notification is information about important events which the provider is required to send us by law. In addition, we contacted the local authority contract monitoring team and safeguarding team who provided us with any relevant information they held about the service.

During the inspection we spoke with 18 people who used the service or their relatives. We also spoke with 10 staff members, the registered manager and regional manager. We looked at the care records of 18 people who used the service and other associated documents including policies and procedures, safety and quality audits and quality assurance surveys. We also looked at six staff personnel and training files. We reviewed the rotas and visit logs for four weeks prior to the inspection.

Is the service safe?

Our findings

Some people told us they felt confident and safe in their home with the carers. One person said, "I feel very relaxed and believe the girls are trustworthy when caring for me." Another said, "I am happy and feel fine when they visit to care for me, I never have any problems." A third said, "I have confidence in the way they look after me." Some people felt staff were often too rushed, one person said, "Sometimes a little rushed and new staff miss or forget things, but they do work hard and are friendly." Staff we spoke with had mixed views, some staff felt they had enough time to support people safely. One person said, "Yes, we have enough staff where I work." However, some staff felt they had too many calls at the weekend or if people were off sick. One person said, "We are struggling, last week I had 18 tea time calls and this meant I was late for my link round [where a person needs two carers]." Another person said, "At the weekends there is half the staff, sometimes during the week you also have extra calls."

Some people reported not getting all their visits. One person said, "They can be late, and sometimes at weekends no one turns up. When I phone the office they just say we will look into it." Another person said, "Sometimes I wait and no-one comes."

We reviewed the electronic call logs of some of the staff for the four-weeks prior to our inspection to see whether there was enough time for the care identified in the care plan to be provided. We found evidence that some carers were spending a substantial amount of the visit time providing care, this was also evident in the daily care notes. However, we found some staff regularly had a high number of calls and were not able to provide care for most of the planned visit. On one day a member of staff was booked to provide 43 visits over 15 hours but the call log showed they had only provided direct care for a total of four and a half hours. Another member of staff had been booked to provide 33 visits over 12 hours but the call log showed they had only provided direct care for a total of four hours. A third member of staff was booked to provide 20 visits over ten hours but the call log showed they had only provided direct care for a total of two and three-quarter hours. Though some of the visit time is permissible travel time between visits this would not account for the shortness of these visits. We looked at some of the call logs which indicated visits that had been for significantly shorter than had been assessed as necessary. We asked the registered manager whether in relation to five people they would have received personal care during these visits. We found four of the five people should have received personal care and one person who had been supported already by a relative. We could not be confident people had received the care they were assessed as needing. We have shared our findings with the local authority commissioners.

This meant there had been a breach of regulation Reg 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 with regards to staffing.

Safeguarding means; protecting people from the risk of harm or abuse. The service had clear policies and procedures in place. The safeguarding process and who to contact in the local authority safeguarding team was displayed in the office. The service kept a log of concerns reported to the local authority and the outcome of any investigations.

Staff we spoke with understood how to recognise a safeguarding concern and how to respond. One person said, "Safeguarding is making sure everyone is safe and looked after." Another person said, "I make sure I document things clearly and report anything unusual to the office."

Staff had been recruited safely; we reviewed the staff files for six members of staff. Staff files included all the necessary documentation including; application forms, interview notes, proof of identity and references. The Disclosure and Barring Service, (DBS) carry out a criminal record and barring check on people who intend to work with vulnerable adults. This can help employers to recruit suitable staff. At this inspection we found DBS checks had been undertaken prior to staff starting employment.

We reviewed the service's medication policies and procedures. We also checked the medication records which were in the monthly report books, kept in people's home but returned to the office at the end of each month. Medication records included full details of all prescribed medicines. Body maps were in place to show where any topical creams needed to be applied. All medicines to be given 'when required' had a clear protocol to ensure staff knew when to give them. Staff signed to indicate they had given the person their medication if they needed support. There were risk assessments to determine the level of support a person needed to safely manage their medication.

There were clear risk assessments in each person's care plan to identify the specific risks the person needed support to manage including; mobility, personal care, medication, finances and nutrition. There were management plans in place to provide guidance for staff to minimise the identified risks. There were also environmental risk assessments in place to provide staff with information about the property and area they were visiting. This showed the service was committed to keeping people safe in their environment.

The service had an infection control policy which staff understood the importance of. Personal protective equipment such as gloves and aprons were provided by the agency and stored in people's homes which ensured staff could minimise the risk of infection.

Accidents and incidents were recorded in a log at the office. We reviewed these and found a full log and analysis of accidents and incidents. In one incident staff had made a medication error, this had been reported as a safeguarding, in addition the staff had received themed supervision to ensure future incidents were avoided. The themed supervisions and process for reviewing incidents were thorough and could be followed easily. We found one incident regarding financial procedures where there had been an inappropriate use of a service users bank card. We saw this had been fully addressed and appropriately responded to. This showed the service was committed to learning from incidents and making improvements.

Is the service effective?

Our findings

People's needs had been assessed and care plans developed which outlined the level of support needed. People had been involved in their assessments. People using the service said they thought staff knew how to support them. One person said, "The staff are well trained in their work and a big help to me living alone." Another person said, "They understand my needs and explain what they are able to do for me. I like them." Another person said, "The staff seem well trained and know what they are doing when looking after me."

New staff received an induction which included; health and safety, principles of care, safeguarding and effective communication. New staff also shadowed existing staff to develop their knowledge. Staff received regular training appropriate to their role. Staff said they had enough training. One person said, "We get two weeks of training at the start that covered a multitude of topics. Refresher training every 12 months and update training if there is anything new or there are changes." Another said, "I have had various training including medication, health and safety and manual handling, I feel it is enough to do my job."

The service was introducing a 'Fitness to practice passport', this covered key areas of practice and established the standards expected when providing care and keeping records. The provider had developed the 'fitness to practice passport' and was in the process of implementing this across all their locations. There was a passport for new staff which included assessed observations and 'consequences training' which sought to ensure staff understood what might happen if they did not follow agreed practices. This showed the service were committed to the ongoing training and development of the staff team and learning from mistakes to improve the quality of care for people using the service.

Staff received regular supervision with their manager. Supervision is a one to one meeting with the manager or senior to discuss staff's development and performance. All staff we spoke with reported receiving supervision.

People's health care needs were identified in their care plans. There was enough detail to ensure care staff could support people effectively. For example, where some people had diabetes the impact this had on them and how they were supported to manage it was recorded. We could see people had been supported to meet their health needs. Where a person was living alone staff had ensured they attended medical appointments, supporting them if required.

We looked at how the service supported people to maintain good nutrition. Care plans included information about the support the person needed to prepare food and their preferences were also recorded. People were offered a choice, one person said, "I am asked daily how I am feeling and if I want a drink." Another said, "I am well fed and looked after." Records of food and drink taken were kept in the daily care notes when required. Where some people needed pureed diets or thickened fluids this had been recorded which ensured staff could provide the correct support.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making a particular decision 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 a particular decision, any made on their behalf must be in their best interests and as least restrictive as possible.

We checked whether the service was working within the principles of the MCA. Care plans contained assessments of people's capacity to make decisions for themselves and their ability to consent to receive care and support. These decisions had been considered and reviewed regularly in their care plans. Staff were knowledgeable about seeking consent from people who told us staff always asked before providing any care and support. One person said, "They ask before they do anything as I like to discuss my daily requirements." Another said, "They ask me if I want a drink before doing anything, she is very considerate and respectful."

Is the service caring?

Our findings

People using the service praised the caring attitude of the staff. One person said, "Staff are very patient and helpful, they are considerate in every way." Another said, "They are brilliant, I feel well looked after by the carers." A third person said, "It makes my day. I look forward to them coming so I have someone to talk with." One of the relatives we spoke with said, "When they sit and feed my mum I always hear the carers talking and discussing their families or plans for the weekend."

One person felt unhappy with the care they had received and felt staff could have provided them with more support in relation to their personal care. We discussed this with the registered manager who explained the circumstances where some personal care needs might not be provided for. We were satisfied with the explanation provided. However, the registered manager will consider this further and we will review the outcome of this at the next inspection. Some people had raised concerns about staff being rushed and too busy at times. This meant staff did not consistently have enough time to support people in a personalised way. We have considered the impact of this in the well led domain of this report.

Staff were skilled at supporting people to maintain their dignity and respect. One person said, "When using the shower, I am appropriately assisted in a way that does not encroach on my privacy." Another person said, "I do feel that they treat me with respect and I have confidence in the way they look after me."

The service ensured people were consulted about their daily living choices. People told us staff promoted their decision making to enable independence with their day to day living choices. One person said, "I am asked daily how are you feeling today, what would you like to do or would I like a drink." Another person said, "I understand what is happening as she [care worker] explains as she does her job and I am able to give my decision before anything is done." A third person said, "They speak to me in a respectful manner and ask lots of questions regarding my general requirements for the day." Staff also reported accommodating people's choices in flexible ways. One person said, "If [name] doesn't want to get out of bed in the morning I make sure they have had their medication and breakfast, make sure they are comfortable and say I will be back later." Another said, "We try to encourage people to get up but it's their choice. We all have days like that."

We looked to see how the provider promoted equality, recognised diversity, and protected people's human rights. People's cultural and religious beliefs were recorded in their care plans. The service ensured people were supported to maintain them. Staff were knowledgeable about people's backgrounds and how this might affect their diet or preferences. The service had an equality policy that applied to service users and staff. This recognised those groups with protected status under the Equality Act 2010.

People's records and information was held securely in locked cabinets in the office. Records were removed from people's homes every month for safe storage and auditing.

Is the service responsive?

Our findings

The service had a complaints policy and procedure which provided robust systems to record and respond to complaints. This included, investigation reports, quality assurance outcome records and themed supervisions for staff when needed. We looked at the complaints log the service held. We found they had followed the process for the complaints recorded. However, we found not all complaints had been recorded. During the inspection we heard from three people who had complained to the service but these were not in the log. One person advised they had complained over two months prior to the inspection and had heard back only since the inspection had begun. Another person said they had been logging their concerns for months and had not heard anything back. A third person told us they had complained about visits being missed but we could not find their complaint in the log or the missed visits. We discussed these with the registered manager who acknowledged that not all complaints had been recorded.

This had been a breach of Regulation 16 (1) and (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. With regards to receiving and acting on complaints.

The service recorded compliments received and ensured staff were aware when they received them. The registered manager reported they would ring staff to let them know and send them copies of cards and letters received.

We reviewed the care records for 18 people to see how the service provided personalised care that was responsive to people's needs. We found assessments and care plans had been completed holistically and fully reflected the person's needs and preferences. The person had been at the centre of their care plan. There were clear details which described how to support each person to meet their needs. This included descriptions of how to provide intimate personal care and when to withdraw to ensure the person had privacy. We checked the daily notes completed by care staff when they provided care and found staff had followed the care plan and respected the person's preferences.

People's personal histories were recorded and written in the first person. In addition, people's cultural identity and background were included. This ensured staff were aware of the person's specific needs. There was clear information about how best to communicate with the person, including how to address the person. Staff referred to the care plans to ensure they supported people as they preferred. One person said, "Everyone is different, I read the care plan to understand their history." Another said, "I get to know the person, know exactly what they want and how to speak with them. I build up a rapport."

People who used the service reported being involved in their care plans and reviews. One person said, "I am very much involved in discussing my care requirements with the help of family." Another person said, "Each time she visits we discuss my needs for the week which is helpful." A third person said, "My partner is too old to help me so she [carer] sorts everything out for me and I am grateful for all their help." We found the service responded to changes in people's needs and supported people to access health services when needed.

The service did not routinely provide support for people at the end of their lives. However, the registered manager reported they worked alongside community based health services such as district nurses or Macmillan nurses should someone need this support to ensure they provided sensitive and consistent support.

The service used a combination of surveys and quality assurance questionnaires and meetings to get feedback from people using the service. We reviewed some of the quality assurance visit records in the care files and found these contained details of any concerns and how these had been responded to.

Is the service well-led?

Our findings

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. There was a management structure in place, in addition to the registered manager there were care coordinators.

Some staff we spoke with felt the service was well managed. One person said, "The manager we have got is a good manager all round. They manage us as best they can with the resources they have which is more of a staffing issue. They have recently recruited more staff and the weekend calls were not as busy." However, one member of staff we spoke with felt the management did not address staffing issues. We discussed this with the registered manager who explained there had been some concerns which we saw had been addressed. Staff we spoke with reported enjoying working for the agency. One person said, "I love working here." Another person said, "I enjoy what I do, I enjoy working with people and I enjoy the job, I can find it frustrating if things are not done properly."

We looked at the systems used to assess, monitor and improve the quality and safety of the service. This included the services audits of care records, call logs and missed visits. There were clear and robust systems in place which had been developed at provider level, however we found these had not been fully utilised. People's care records were kept in a document in their home called a 'report book'. These included a full log of care provided, times of visits and medication administered. The books were returned to the office at the end of each month. The registered manager said they audited all the report books every month. In addition the service used an electronic system called Roadrunner, this system uses phones provided to each care worker to log in and out of the person's home at the start and end of each visit. Information is then stored and can be reviewed.

We looked at 500 pages of call visit logs these showed not all visits had been recorded and not all visits had been for as long as booked for. We compared them with the report book records for six people to see whether some of the missing records were due to a failure of the technology or due to visits being missed. We found evidence in the report books that some visits had been completed but had not shown on the electronic log.

However, we found some visits had been missed. On one day, we found two people did not receive their lunch time call. There was no reason recorded in the report log. There was also no record the call had been missed at the office. We found, following receiving a concern, one person who was assessed as needing two carers to support them with all transfers had on some occasions been supported by one carer. We discussed this with the person who confirmed this did sometimes happen and they accepted this if they felt confident with the staff. The electronic records of these visits did not always correlate with the report book kept in the person's home. We found the report log records in April showed one carer had visited instead of two.

We looked at the missed calls log the service kept in the office and found none of the missed calls we found

had been recorded. We found only one visit had been logged as missed during the first six months of this year, though two were subsequently added and were in the process of being investigated. We discussed these concerns with the registered manager. They told us they had not had time to audit the previous months' report books and were unaware of any missed calls. We asked them what the procedure was for reporting missed calls, the registered manager said the care staff would let them know. The missed calls we found had not been identified or recorded. This meant that there had been a failure in the governance system. We could not be confident missed calls would be identified which could mean people were at risk of harm if they had not received a call.

It was also not certain that audits had or would identify when visits were much shorter than assessed as needed and whether there had been any harm to the person.

This meant there had been a breach of regulation Reg 17 (1) and (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 with regards to Good Governance.

The service worked closely with the commissioning authority and had robust auditing systems in place. These included six monthly contract and performance management meetings. However, these had not identified the staffing level issues we had found. The service also had internal auditing systems of performance in all aspects of service delivery and administration which were overseen by the regional manager. The registered manager had links with provider forums where different care providers met to share skills and knowledge.

Staff received a staff handbook which outlined the core values and culture of the organisation. Staff meetings ensured staff were kept up to date with changes and developments. Staff awards and rewards schemes encouraged good practice. Spot checks were carried out every three months which ensured staff were aware of what was expected of them. Any issues identified had been addressed.

The service had recently been supporting some individuals to go out into their local community as part of an initiative to improve people's health and wellbeing.

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	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints Not all complaints received had been recorded or responded to through the service's complaints procedure.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Governance and auditing systems had not identified missed calls or short visits.

The enforcement action we took:

We issued a warning notice