Care Line Homecare Limited

# Careline Homecare (South Tyneside)

## Inspection report

Unit 3
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Tel: 01915368107

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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|---|---|
| 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

This inspection was carried out on 21 December 2016 and was announced. We gave the registered provider 24 hours' notice as it was an extra care service and we wanted to make sure someone would be in.

The last inspection of this service was carried out in August 2015. At that time the provider was failing to meet the regulations relating to medicines management. The provider sent us an action plan showing how they intended to address these matters. During this inspection we found the provider had made improvements in all these areas.

Careline Homecare (South Tyneside) is registered to provide personal care to people living in their own homes. At the time of the inspection there were 350 people in receipt of a care service.

The service had a registered manager who had been in post since January 2016. 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.'

Staff had a good understanding of how to safeguard people and were confident in their role. The registered provider had an up to date whistle blowing policy which they ensured staff were aware of through staff meetings and supervisions.

People received their medicines in a safe way. All staff administering medicines had received up to date training and competency checks. Medicine administration records were completed and there were appropriate protocols in place for those people who required 'when required' medicines.

All risks to people's safety were assessed and monitored. All risk assessments had associated care plans in place to guide staff how to support people to manage those risks safely.

Staff rota systems had been changed to ensure they were more efficient in the deployment of staff, taking into consideration travel time, staff skill sets and history of support provision. The registered provider continued to recruit staff in a safe way, ensuring all appropriate checks were completed prior to staff commencing work.

Staff received regular supervisions and annual appraisals to discuss their personal development and success in their roles. Staff had received up to date training in a number of areas and the registered manager had an ongoing training plan to ensure staff training was kept up to date.

People were supported to meet their nutritional needs with staff supporting them when required. People had appropriate nutritional care plans and risk assessments in place if they required support to maintain a

healthy balanced diet.

People had access to a range of healthcare professionals and staff supported them to access them in a timely way.

People's needs were assessed shortly after admission to the service and details of their life history were included in care records. People's care plans were personalised to each individual and included preferences, likes and dislikes. Care plans were reviewed regularly and updated in line with people's changing needs.

The registered provider had a number of quality audits in place to monitor service provision and inform ongoing development.

## 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.

Medicines were managed in a safe way.

Staff understood how to safeguard people and were confident in their role.

All identified risks were assessed and managed.

Newly recruited staff had appropriate checks completed.

### Is the service effective?

Good

The service was effective.

People and their relatives felt staff were appropriately skilled and experienced.

Staff had up to date training and received regular supervisions. They also received annual appraisals to support their ongoing development.

People were supported to meet their nutritional needs.

People were supported to access health professionals.

### Is the service caring?

Good

The service was caring.

People and their relatives were happy with the service and felt staff were friendly, chatty and caring.

People were treated with dignity and respect. Staff encouraged people to maintain their independence.

People had access to advocacy services should they require them.

### Is the service responsive?

Good

The service was responsive.

People and their relatives felt the service met people's individual care needs.

Care plans were personalised to each individual. They were reviewed regularly and updated in line with people's changing needs.

People and their relatives new how to raise any issues or concerns. Complaints received were fully investigated and acted upon.

## Is the service well-led?

Good

The service was well led.

There was a registered manager in place. Staff felt they were approachable and felt supported by them.

Staff attended regular meetings to discuss the service and any potential improvements.

The registered manager had adequate quality audit systems in place to monitor the ongoing quality and improvement of the service.

# Careline Homecare (South Tyneside)

**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 is 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 was carried out on 21 December 2016 and was announced. We gave the registered provider 24 hours' notice as it was a domiciliary care service and we wanted to make sure someone would be in. The inspection team consisted of one adult social care inspector and one 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.

Before the inspection we asked the provider to complete 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 they plan to make. This was completed and returned within the required deadline.

We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales. We contacted the local authority commissioners of the service, the local authority safeguarding team and the clinical commissioning group.

We spoke with four people who used the service and three relatives. We also spoke with the registered manager, the regional manager and three care workers. We looked at the care records for four people who used the service, medicines records for six people and recruitment records for three staff. We also looked at records about the management of the service, including training records and quality audits.

Good

# Is the service safe?

## Our findings

At the last inspection in August 2015 we found people's medicines were not always being managed in a safe way. This was due to the number of medicine errors that had occurred. We found some people's medicine administration records (MARs) were inaccurate or incomplete. This meant we could not ensure that people had received all their medicines. Medicines audits were not effective as they had not identified these issues and they were not completed in a timely way.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we found improvements had been made to the management of medicines. We looked at the MARs for people receiving support from the service. The MARs had been completed and signed by appropriately trained staff when medicines had been offered and administered. All MARs we viewed clearly set out what medicines people were to receive and when. All errors identified were documented including reasons errors had occurred and subsequent action taken. For example, staff discussion and raised during next staff meeting.

People and their relatives told us they felt the service was safe. One person said, "My carers are very trustworthy people. They have never taken any money or anything out of the house. I've got the cream of the cream. They are very good at looking after me when I have a bath." One relative said, "When my [family member] has had a shower they (staff) dry them on the bed as it is easier. They also make sure that the chair lift is right." Another relative told us, "The carer will tell me if [family member's] got a bruise, a red patch or something out of the ordinary."

Staff had a good understanding of safeguarding people and were confident in their role to protect people from abuse. One staff member told us, "Safeguarding is to make sure that people are kept safe from harm. To look after them, making sure that they get what they need and keeping them safe." Staff were also able to explain the reporting process to us. One staff member said, "It would be confidential. I would go straight to the manager."

The registered manager had a safeguarding file in place which contained a log of all safeguarding concerns. The file also contained copies of referrals and consideration logs sent to the local authority safeguarding team, investigations and any action taken. There had been three safeguarding concerns in the last 12 months. Actions included notifying the police, changes to people's care packages and disciplinary action against staff members.

Risk assessments were completed for people receiving support from the service. We saw all areas which were assessed were clearly linked to care plans and documented how the risk should be avoided.

During the last inspection in August 2015 staff had raised concerns about the lack of travelling time and people feeling their care was rushed. The registered manager informed us they had reviewed this and

introduced a new electronic rota system that did not allow calls to run parallel to each other unless they were in very close proximity to each other. For example, the same or next street. Staff confirmed there had been improvements. One staff member told us they felt that the co-ordinators were "definitely" well organised with the rotas. They said, "If someone has been in hospital and comes out, they get it sorted. I have never had a problem with my rota in two years. I have time to get to where I'm going. I get my rota by post on a Friday ready for the Monday."

The registered manager explained the new electronic rota system 'Carefree' which was implemented in September 2016. They demonstrated how they arranged support for people to be provided by the same care workers were possible. If a person's usual care workers were unavailable, the system listed alternative staff in relation to staff availability, previous support hours they had provided to a person and staff member's skills. The registered manager explained, "If someone needs a peg feed we would select a staff member with that specific skill." Percutaneous endoscopic gastrostomy (PEG) is an endoscopic medical procedure in which a tube is passed into a person's stomach through the abdominal wall, most commonly to provide a means of feeding when oral intake is not adequate.

The provider had recruitment and selection procedures to check new staff were suitable to care for vulnerable adults. We viewed the recruitment records for three members of staff. We found the provider continued to recruit staff in a safe way. Staff files contained applications, interview score sheets and references from previous employers. The provider also checked with the disclosure and barring service (DBS) whether applicants had a criminal record or were barred from working with vulnerable people.

The provider kept a log of all accidents and incidents. Three incidents had taken place in the last twelve months. Records included details of those involved, what had happened and subsequent action taken. For example, making a referral to the local authority safeguarding team and revising people's care plans to reduce the risk of a reoccurrence. The registered manager told us they monitored accidents and incidents to identify any potential patterns or trends. At the time of the inspection there were no trends identified.

Good

# Is the service effective?

## Our findings

People and their relatives told us staff had the right skills and experience. One person said, "The carers know their job and know what they need to do." Another person told us, "They do everything that I need them to do. I can't complain." A relative told us they felt that staff were skilled enough to support their family member and said, "They are dedicated to their jobs."

All new staff completed a five day induction course which the registered manager told us covered all of the mandatory training. Staff then had to complete the care certificate which included observations and competency checks. The registered manager told us new staff spent a minimum of 16 hours shadowing existing staff but this could be increased if they still did not feel confident in their new role or management felt they were not competent yet.

Staff told us they received training to support them to carry out their role effectively. One member of staff we spoke with said, "I am given training such as manual handling and medication and I get a lot of updates." They went on to say, "The training is good. I have learnt a lot and I am still learning. They have put me in to do my Diploma in Health and Social Care. I have already done my Level Two. It's brilliant because it teaches you a little bit more. If you have any questions you have someone there to go through it with you."

Staff had up to date training in areas such as safeguarding adults, first aid, moving and handling, safe handling of medicines, DoLS, MCA and fire safety. Additional awareness training was available to staff members that reflected people's specific needs such as epilepsy, Parkinson's disease, heart failure and dementia.

Staff told us and records confirmed they received regular supervisions and annual appraisals. Discussions included any employment related issues, service related issues and health and safety. Any concerns the manager or staff member had and agreed actions were recorded. For example, one staff member didn't feel confident using a stand aid. Agreed action was for the staff member to shadow another specific member of staff to gain more confidence and understanding.

Supervisions were office based and themed. Themed supervisions included mental capacity, medicines and safeguarding. Themed supervisions still covered the areas mentioned above but also included specific questions around subjects and the staff member's answers were recorded.

Staff told us and records showed they received annual appraisals. Records we viewed showed appraisals included discussions around roles and responsibilities, practical skills, understanding people's needs, health and safety, improvements and developments including any training identified. They also discussed what had been good and bad in the last year, what staff had achieved and targets for the forthcoming year. All discussions were recorded as well as agreed scores and actions.. Worker and employer to complete separate forms then come together for discussions and to agree scores and actions. Actions included enrolling on specific courses.

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.

We checked whether the service was working within the principles of the MCA. The registered manager told us that everyone currently receiving support had the capacity to make decisions in relation to their care. She said, "I would request an assessment from the social worker (if someone lacked capacity to make decisions)." The registered manager went on to tell us she would make a referral to the duty team if the person didn't have a dedicated social worker.

Staff had received up to date training in MCA. The registered manager had made pocket information cards for all staff with information on the Mental Capacity Act 2005. Information included main points of law, to always assume a person has capacity to make decisions and emphasising the importance of always obtaining consent prior to providing support. The cards also contained guidance around what staff should do if they were concerned about someone's ability to make decisions. The registered manager explained they were confident staff knew the procedures but the card offered some extra guidance should it be needed and staff carried these on their person while supporting people.

People were supported to meet their nutritional needs and maintain a healthy diet where required. People had nutritional care plans in place to detail what support staff should provide and included people's preferences, likes and dislikes relating to food and drinks. One person we spoke with said, "They make me a cup of tea. They make whatever I want. I can't fault them." One relative told us, "They make sure that [family member] gets a balanced diet. They write down what they give her. They give her soup, sandwiches and a slimming dinner."

People had access to health professionals and were supported by staff to access services when required. One person said, "If I need a doctor, the carers will ring or stop and wait to make sure I see someone." Another person told us, "A couple of months ago a carer came when I was vomiting. They rang the GP who came out and I was taken straight to hospital. The carer more or less took over because I wasn't going to bother. She was friendly and dealt with it very efficiently." From care records we noted people accessed a variety of professionals including GPs, podiatrist, district nurse and pharmacist.

Good

# Is the service caring?

## Our findings

People and relatives told us staff were caring and they were happy with the service provided. One person said, "I am very happy. I have got good carers. They are very caring and do everything that they're supposed to do." Another person told us they were "very happy" with the care and support they received. They went on to say, "I have got very good carers." Another person commented, "They're really good. They can sit and talk to me. They're well worth having."

People and relatives told us staff were chatty and friendly and communication was positive. One person told us staff spent time chatting and listening to them. They said, "They are like a family and not like carers. I have a good relationship with them."

Staff supported people to meet their individual needs and preferences. One person said, "The carers are very, very respectful. I can't complain about that. They help me in the shower." They went on to explain how staff respected their wishes when supporting them with a shower and they were in control of their washing routine.

People and relatives told us staff treated them with respect and maintained their dignity while supporting them with personal care. One person said, "Anything they do they do really well. One carer is very caring and gives me my showers." Another person told us staff respected their wishes and helped them to maintain their dignity. They said, "Sometimes I might say that I don't want a bath and the carers will wash me down." While explaining how staff treated their family member with dignity and respect, a relative said, "They don't rush her. If she is having her breakfast when they come they tell her not to rush as they've got time. They are very considerate."

Staff members had access to information in people's care records about their preferences, including their likes and dislikes. For example, one person's personal care plan stated, 'Give me my tooth brush with tooth paste on and I will brush my teeth.'

Staff were issued with a handbook on commencement of their employment which included information and guidance about the service. Induction training was delivered to staff which covered privacy, dignity and confidentiality. The service also had policies and procedures in place for staff to access on these issues.

People were supported to be as independent as possible. One relative told us they felt staff enabled their family member to maintain a level of independence and to make choices. They said, "They do for my [family member] what she needs. They give her a bit of independence by asking her to do things. She can choose what clothes to wear."

At the time of the inspection no one required an advocate. An advocate is someone who represents and acts on a person's behalf, and helps them make decisions. The registered manager said, "No one requires an advocate at present. The local authority would be our first point of contact if someone did require an advocate and we would support them to access appropriate services."

Good

# Is the service responsive?

## Our findings

People and their relatives told us they felt the care and support provided was personalised to each individual. One relative said, "The carers take good care of my [family member]. They shower her and dress her. They put creams on my [family member's] legs. Her skin is very good at the moment."

People's needs were assessed shortly after admission to the service. The assessment was used to gather personal information about people to help staff better understand their needs. This included life history, people's next of kin and any cultural or religious beliefs. The assessment also included details of important events in each person's life. This meant staff had access to information to help them better understand the needs of the people they supported.

People had personalised care plans in place to guide staff as to how they wanted their care provided. Care plans included details about people's specific preferences and wishes. People's care plans were set out as routines and broken down into morning, midday, evening and night. The routines were tailored to people's preferred routines at specific times of day. Records confirmed care plans were reviewed on a regular basis, in line with people's changing needs.

People and their relatives told us they felt involved in the ongoing planning of the care and support received. They told us they participated in reviews with the provider and received telephone calls from time to time asking if they were still happy with the service and if there is anything they felt needed to change.

People and their relatives told us they knew how to complain and would feel confident doing so but didn't have any complaints to make. One person said, "I can't complain. The carers are very good and very friendly. They always ask me on their way out if there is anything else they can do, but I usually say there is nothing." A relative told us about a complaint they had previously made relating to a call being very late. Records showed this was due to the staff member's vehicle breaking down. The relative did confirm it was "a one off".

The registered manager kept a log of all complaints received. There had been 10 complaints received in the last year. Issues raised included missed medicines, late calls and too many carers. Records showed complaints were fully investigated, including findings, subsequent action taken and resolutions. Actions included telephone quality checks carried out with people, staff supervisions, change of rota and disciplinary action where appropriate.

Good

# Is the service well-led?

## Our findings

The service had a registered manager. They had been pro-active in meeting their responsibilities in relation to submitting relevant notifications to the Care Quality Commission. Staff told us they felt the registered manager was approachable and they felt supported in their roles. One staff member said they "felt well supported by the Manager". In relation to the co-ordinators, they said, "The co-ordinators are as good as they can be. I have never had any problem at all."

The provider had out of hours arrangements in place to ensure staff members were able to contact a member of management if necessary. The registered manager informed us that out of hours arrangements were organised on a weekly rota between the co-ordinators. The allocated co-ordinator had the company mobile phone which all office phones were diverted to. They also had a tablet containing a list of every person's name and address, details of key safe numbers, copies of rotas and details of all carer's names and telephone numbers. Staff were aware of the arrangements and to ring the office number at any time for guidance, to phone in sick, to request assistance or advice. The registered manager told us details of out of hours arrangements, including contact numbers were included on the back of staff ID badges. If a co-ordinator couldn't answer a query or deal with a specific issue, they would contact the registered manager.

The provider had a system in place for staff covering out of hours to provide a daily handover of information to other senior managers. Written handovers were completed during each period of out of hours cover. Details included, time of call, reason for call and what action was taken. For example, a person contacting the service to cancel a call due that night or next morning. The staff member on duty would check the rotas and contact the staff member who was due to go to the person's house to complete that call. The covering staff member would then update the electronic system on return to the office the next day to record the cancelled call, including the reasons why.

Staff told us they had the opportunity to raise any concerns or issues as well as share ideas during staff meetings. One staff member said, "We meet different people from different areas. We learn about different problems and how to deal with them." We viewed minutes of meetings and noted discussions included training, specific policies and procedures, medicines management, MCA and best interest decisions, whistleblowing, safeguarding and health and safety. All agreed actions were recorded and followed up during the next scheduled meeting.

Senior staff meetings also took place on a quarterly basis to discuss and plan the quality and development of the service. Those meetings were attended by the registered manager, the co-ordinators and senior workers. Topics of discussion included care plans, log books, shadowing, weekend support and missed calls. Again, all actions were recorded and followed up during the next meeting to check on progress.

The registered provider had systems in place to check on the quality of the care people received. Checks carried out included medicine audits, daily record checks, accident monitoring and analysis and safeguarding monitoring. Specific spot checks were carried out on staff and included the general appearance of the care worker, whether they wore their identity badges and if they supported the person in

accordance with their care plan. Other areas included documentation, reporting concerns and staff member's approach. From the spot check records we viewed, there were no actions required. The registered manager informed us the registered provider visited the service at least once a week to discuss any issues with the registered manager.

The registered manager also monitored continuity of care as part of the monthly quality assurance process. At the time of the inspection we did not note any issues with missed or late calls. The registered manager told us they would raise any identified issues with the co-ordinators to investigate further.

People received regular telephone calls to obtain their views on the punctuality of staff, support provided and staff attitude. We saw from previous records that people were happy with their care and support.