

Care Line Homecare Limited

# Careline Homecare (Middlesbrough)

## 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 Homecare Middlesbrough is a domiciliary care service providing personal care to people living in their own homes in Middlesbrough and Redcar and Cleveland.

The service supported young adults and older adults who lived with a mental health condition, learning disability, physical disability or who needed support at the end of their life. In addition, the service also provided a rapid response service. This meant the service supported people who were leaving hospital or a care home or where an existing care package may have broken down. A package of support was put in place the same day.

At inspection 214 people were using the service. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of inspection 194 people received personal care.

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

People received safe care from staff who knew their needs very well. Risks to people were well managed and staff were responsive when people's needs changed. People received their calls on time and staff stayed for the full amount of time. One person said, "The best thing about the service is the consistency."

There were mixed reviews about the knowledge and skills needed to provide effective support to people. The registered manager was reviewing this following feedback during inspection. People were supported with their health and well-being. Recommendations from health professionals had been followed.

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.

People and staff thought highly of each other. Comments included, "Care workers are very considerate. They are very kind. I could not wish for better." And, "Care workers make the service marvellous." People said staff went the 'extra mile.' Staff supported people to be as independent as possible and respected their choices, beliefs and values.

People received care which was central to their individual needs. Care records supported staff to deliver care which met people's needs. A recent vintage tea party organised by the service supported people with their social contact. People said they felt able to raise a concern and were confident it would be addressed.

Leaders had the right skills and knowledge to deliver a safe service. A positive culture supported an open and transparent service. Quality assurance measures had led to continual change at the service. People said

the service was good. Comments included, "It's a good service. A very caring service." And, "Everything is spot on."

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection and update

The last rating for this service was good (published 14 August 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

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 caring?

The service was caring.

Details are in our caring findings below.

Good 

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good 

# Careline Homecare (Middlesbrough)

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

One inspector and two experts by experience carried out this 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.

#### Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

Inspection activity started on 25 February 2020 and ended on 2 March 2020. We visited the office location on 25 February 2020.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from Middlesbrough and Redcar & Cleveland local authority commissioning teams. The provider was not

asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with 32 people who used the service and three relatives over the telephone about their experience of the care provided. We spoke with 10 members of staff including the regional manager, registered manager, a care coordinator and seven care staff.

We reviewed a range of records. This included seven people's care records. We looked at three staff files in relation to recruitment and induction and a further three staff files in relation to supervision, appraisal and training. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# Is the service safe?

## Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People were safe from harm. People said they felt safe when staff supported them.
- Staff had good knowledge of the procedures in place to protect people from potential abuse. Where concerns about safeguarding had been identified, staff had acted quickly.

Assessing risk, safety monitoring and management

- The risks to people were continually reviewed and managed. Staff demonstrated good knowledge of people. This had led to timely care and support being delivered. Records supported staff to manage potential risks.
- People had confidence in staff to manage the risk of potential harm to them. Staff supported people to take positive risks. This led to people being more independent.

Staffing and recruitment

- Enough staff were on duty to safely support people. Calls were carried out on time and staff stayed for the full amount of time. One staff member told us, "We turn up on time. If running late we let the office know."
- People and staff valued consistency with calls. This supported people to have good experiences in their care. One comment included, "I have had the same care workers for a long-time. We have a good relationship. This contributes to why I always feel safe and comfortable."
- Good recruitment procedures were in place. Many staff had worked at the service for a long time.

Using medicines safely

- Medicines were safely managed. People received their medicines when they needed them. Records to support the safe use of medicines were in place. Regular checks of medicines had taken place to ensure good practices remained in place.

Preventing and controlling infection

- The risks of cross infection were managed. Staff had access to equipment to minimise the risk of infection and had completed training in this area.

Learning lessons when things go wrong

- The staff team were open and transparent. A no-blame culture was in place. When things went wrong, staff supported each other to reflect on incidents and make improvements.
- The provider had a good overview of all aspects of the service. Oversight was in place to monitor accidents and incidents. A system of continual improvement was in place.

# 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 the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant 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

- Assessments were in place. These demonstrated that the service could meet people's needs before a package of support was offered.
- People's care needs were regularly reviewed. Changes to people's care were carried out when their needs changed, and records were updated to reflect this.

Staff support: induction, training, skills and experience

- Staff told us they were supported to carry out their roles. This included spot checks, supervision, appraisal and training.
- Some people and relatives felt staff needed additional training. This feedback was shared with the registered manager who was carrying out a review.

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

- People received good support with their diet. Staff ensured people were left with a drink and snack before leaving their homes. Comments included, "I am quite independent, but the days I feel not well the care workers always help me [with dietary intake]." And, "The food they make for me is wonderful. I am lucky."
- Records provided good detail about people's preferences, needs and choices in relation to their diet. Staff had good knowledge of people with specialist dietary needs. Recommendations from health professionals were outlined in the records and these had been followed.

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

- People were supported with their health and well-being. They were supported to make appointments. Records were updated when changes occurred or when professionals made recommendations.
- Staff acted quickly when people became unwell. They liaised with health professionals and relatives to ensure people received the care and supported needed. People said they were reassured by the support which staff gave them when they were unwell.

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 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.

- Staff followed the principles of MCA. Care records demonstrated people's choices and abilities to make decisions. People said staff respected their decisions and always asked for their permission before providing support.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us staff were caring towards them. Comments included, "Staff are brilliant." And, "They are certainly caring and compassionate towards me. And, "We have mutual respect for each other. I have my own mind and they are always respectful and kind. Staff referred to people as 'family.'
- Positive relationships between people and staff had developed. Staff had time for people and understood the importance of listening and making time for people. People told us the care which they received made them feel valued.
- Staff had good knowledge of people, their backgrounds and the challenges which they faced. People told us they were always treated with kindness and compassion. They said staff went the 'extra mile' for them. Staff also told us it was important to them that people have the things which they needed.

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

- People were supported to make decisions around their care. These decisions were respected by staff.
- Good communication was in place. People told us staff listened to them when they needed to talk. One staff member told us, "If people are upset, we sit with them and make them a cup of tea. Listening is so important." People and relatives told us they were kept up to date regarding people's care.

Respecting and promoting people's privacy, dignity and independence

- Staff acted quickly when people needed extra support. Care and support was continually dignified. One person told us staff were, "Very very kind, compassionate and they always give me dignity and respect."
- The support people received from staff had a positive effect on their quality of life. Staff encouraged people to do what they were able to do.
- Staff were respectful of people. One staff member told us, "We respect people, their values and beliefs. Everyone is different." One person told us, "They [staff] always respect what I want. This is because we have built up a good relationship."

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received individualised care and support. Records outlined people's wishes and individual requirements. Staff understood the 'small things' such as how to make a drink in the way people liked. People said this was important to them.
- Staff were very responsive when people's needs changed. They acted quickly to ensure the right support was in place for people.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Communication needs were outlined within people's records. Staff had good relationships with people and knew how to communicate with them effectively.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service supported people with their social contact. A recent vintage tea party had been organised by the service. This was well-attended by people. As a result, friendships had formed. Some people had improved their social contact with others and their local community. Plans were in place to hold another event.

Improving care quality in response to complaints or concerns

- People knew how to raise a complaint if they needed to. They had confidence they would be listened to and their complaint investigated appropriately. Staff said they knew people well enough to determine if people were unhappy with their care and would support people to raise a concern.
- Where complaints had been raised, they had been investigated appropriately.

End of life care and support

- People received good support from staff during their end of life care. Staff had received training in this area. They worked alongside professionals to deliver this specialist care.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

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

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- A positive culture was in place. The staff team worked well together and demonstrated flexibility to ensure people experienced good care. Leaders had integrity and effectively managed the running of the service. In a group discussion with staff, they told us "The staff make this a good service, we do what is required and we go above and beyond."
- People said the service was good. Comments included, "The care workers make the service. They are outstanding." And, "Care workers are very professional. A real credit to the service."
- Staff at all levels had the skills and experience necessary to deliver a good service for people. Staff empowered people. The care which people received had led to positive outcomes.
- Staff continually demonstrated the values of service. They were happy in their roles and were committed to a future at the service. Staff told us, "I like working here." And, "We get satisfaction about making people feel good." And, "I absolutely love my job."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- A registered manager was in place. Staff were supportive of them. Feedback was provided in a constructive manner and supported improvement. Staff at all levels understood their roles in providing safe care to people. One staff member told us, "We try to improve things all the time. We act upon any negative feedback and try to be fair. We are constantly learning."
- Quality assurance measures were effective. They had led to continual improvements taking place.
- The service was transparent. When things went wrong, the registered manager had made the local authority and Commission aware. Thorough investigations took place and improvements carried out where needed.

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

- Regular engagement with people and staff took place. This information was used to make improvements and fed into quality assurance measures. People and staff had confidence in the service.
- Learning from accidents and incidents was in place. Staff had a good understanding of risk. Oversight at provider level was effective. This had led to people continually good safe care.

- The service worked in partnership with health and social care professionals. This supported the delivery of robust care to people. The service engaged in partnership working to support the public to access employment in the care sector.