

Lineline Care Limited

Lineline Care

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

Linelifcare Limited is a domiciliary care service providing personal care for people living in their own homes. At the time of the inspection, one person was receiving personal care from the service.

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

An assessment of the person's needs was completed before the service started to provide care. The person was supported by a consistent group of staff who were aware of their needs and how to support them safely and effectively.

Systems were in place to safeguard the person from abuse. Staff had received training in recognising signs of abuse and were aware of their responsibilities to report any concerns there may be.

The person was 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.

Staff followed the most up to date infection prevention control guidance and had access to a plentiful supply of personal protective equipment.

Safe systems of recruitment were in place to ensure that only suitable staff were employed by the service to provide care and support to the person.

Staff were provided with an induction, training and support and had their competencies assessed to ensure they supported the person in line with their identified care needs.

The provider had introduced a number of quality checks to monitor the service and identify any areas for improvement. The provider was keen to develop their own learning in order to grow the service and drive improvement.

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

This service was registered with us on 21 January 2019 and this is the first inspection.

Why we inspected

This service had not been inspected since their registration.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection 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.

Good ●

Is the service effective?

The service was effective.

Good ●

Is the service caring?

The service was caring.

Good ●

Is the service responsive?

The service was responsive.

Good ●

Is the service well-led?

The service was well led.

Good ●

Lineline Care

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by one inspector.

Service and service type

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

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

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 it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 02 September 2022 and ended on 02 September 2022.

What we did before the inspection

We reviewed information we had received about the service and 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 the relative of the person who used the service. The registered manager was not available for the inspection. We spoke with both directors, one of whom was also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with two care staff. We looked at one care plan, two staff recruitment files and training records and records relating to the management of the service.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The person was supported by staff who had received training in how to recognise abuse and were aware of their responsibilities to raise any concerns that may be brought to their attention. A member of staff told us, "I would speak to the manager or the office if I was concerned."
- A relative told us they had no concerns regarding the safety of their loved one when supported by staff from Linelife Care.

Assessing risk, safety monitoring and management

- The person's needs, and any risks associated with their needs were assessed and reviewed. This included any identified risks in their home.
- Staff were aware of how to support the person safely, and risks to the person were managed, but risk assessments lacked some detail. The provider advised they would address this immediately.

Staffing and recruitment

- The person was protected from the risk of harm because the provider followed safe recruitment practices.
- References and DBS checks [Disclosure and Barring Service] were completed prior to staff commencing in their role. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were sufficient numbers of staff to meet the person's needs. A relative confirmed staff turned up on time and stayed the correct length of time for each call. The provider advised call monitoring took place through regular phone calls with staff and staff spoken with confirmed this.
- The provider was in the process of recruiting more staff in order to help grow the business and take on more packages of care. They advised plans were in place to recruit a member of staff to work in the office and take calls, as the service began to grow.

Using medicines safely

- There was no one currently supported by the service with their medication.
- Staff had received training on how to administer medication safely to those people who required this level of support when required.

Preventing and controlling infection

- The provider had an infection control protocol in place which reflected the latest government guidance.
- The person was supported by staff who had received training in infection prevention control.
- Staff confirmed they had access to supplies of personal protective equipment (PPE) to keep them and the

people they supported, safe.

- A relative confirmed staff wore appropriate PPE when supporting their loved one.

Learning lessons when things go wrong

- Staff were aware of their responsibilities to report on any accidents and incidents they were made aware of.
- There were currently no records of any accidents or incidents taking place, but the provider had a process in place to record and review these events for any trends in the future.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- The person's needs were assessed by Linelife Care Ltd prior to them taking on the package of care, to ensure they could meet their needs.
- Care was planned and delivered in accordance with best practice and current guidance. For example, the provider liaised with and followed the guidance of healthcare professionals.

Staff support: induction, training, skills and experience

- Staff were provided with an induction and training to provide them with the skills required to carry out their role. Staff were given the opportunity to shadow a number of shifts and had their competencies assessed prior to supporting people.
- Staff spoke positively about their induction and the support they received. A member of staff told us, "They [management] told us everything we needed to know."
- A relative confirmed they had no concerns regarding the skills of the staff who supported their loved one.

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

- Staff currently prepared one person's meals in line with their requirements. A member of staff said, "On arrival, we always ask if [person] would like a cup of tea before doing anything else. Whatever [person] needs, we would do."

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

- The provider worked alongside other agencies to ensure the person's healthcare needs were met. This included GPs, and social workers and supporting families in accessing additional equipment to assist their loved one.
- Staff were aware of the person's healthcare needs and what to do if the person became unwell. A member of staff told us, "I would speak to a family member and the office" [to report any concerns].

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.

- There was no one currently using the service who lacked the capacity to consent to their care or treatment, therefore applications to deprive a person of their liberty had not been required.
- A relative confirmed staff obtained their loved one's consent prior to supporting them.
- Staff understood the importance of ensuring the person's consent was obtained prior to supporting them and their rights respected. A member of staff told us, "We always ask permission before we do anything."

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- The person was supported by staff who had received training in equality and diversity and understood the importance of treating the person with respect. Staff confirmed they checked how the person they supported wished to be referred to and followed this.
- Staff spoke respectfully of the person they supported and the importance of ensuring they listened to the person and only supported them when they were ready to accept that support. A member of staff told us, "If a person was feeling a little unwell, we would wait a little bit and check first" [before supporting with care].

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

- A relative told us they were happy with the support their loved one received, and that staff listened to them and involved their loved one in decisions regarding their care.
- A relative confirmed they and their loved one were aware of the care plan and had been asked to confirm the contents were correct.

Respecting and promoting people's privacy, dignity and independence

- A relative told us their loved one was treated with dignity and respect by the staff who supported them.
- Staff were aware of the importance of maintaining the person's privacy and dignity whilst providing support.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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

- The person's care plan reflected their needs and how they wished to be supported.
- A relative confirmed the provider had sought the information they required to make sure the person received the care and support they needed and wanted.
- The person was involved in the planning of their care. The provider told us, "We will review care plans every six months or if people's needs have changed."
- From conversations with staff, it was clear they knew the person they supported well.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The person's communication needs had been assessed to see if any additional support was required. For example, we saw a note had been made to ensure the person had their glasses to hand at all times. A member of staff told us, "[Person's name] speaks English and is able to tell us everything they need."

Improving care quality in response to complaints or concerns

- A relative we spoke with told us they had no concerns or complaints but were confident they would be listened to if they raised any concerns.

End of life care and support

- The provider does not currently support anyone who was receiving end of life 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.

This is the first inspection for this newly registered service. This key question has been rated good. 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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The person and their family were contacted on a weekly basis to provide feedback on the service they received. A relative told us they were very happy with the service and would recommend it to others. They told us they had no problem getting hold of the provider to discuss their loved one's package of care.
- Staff spoke positively about the support they received from the provider. A member of staff described managers as, "Good people, they are supportive and helpful."

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

- The provider had contacted professionals when they had some concerns regarding the safety of a person when supporting them with particular areas of their care. They also shared their concerns with family members. This was in accordance with the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guideline's providers must follow if things go wrong with care and treatment.

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

- The provider was aware of the need to ensure quality checks were in place to provide oversight of the service on a daily basis. They were keen to ensure they had the correct systems and processes in place in order to support their business as it grew and had signed up for additional learning and training to improve their knowledge.
- Checks were currently made to ensure staff turned up for calls on time and feedback was obtained from the service user's family on a regular basis.
- Staff were provided with a handbook outlining their role, what was expected of them and where to gain advice and support. Staff practice was monitored to ensure care was delivered in the way the person wished.
- The provider was aware of their legal requirement to inform CQC and other organisations, of any concerns.

Working in partnership with others

- The provider worked alongside other agencies, including GPs and other healthcare professionals, to meet

the person's needs.