

Care Line Homecare Limited

# Careline Homecare (Tameside)

## Inspection report

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13 March 2019

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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: This inspection took place on 12 and 13 March 2019. Careline Homecare (Tameside) is a domiciliary care agency and is part of the City and County Healthcare Group. Personal care is provided to people in their own homes in the community. At the time of this inspection, 296 people used the service for personal care, including people living at Hurst Meadow extra care housing scheme.

People's experience of using this service:

- At our last inspection of this service 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. At this inspection, we found improvements had been made and the service was no longer in breach of Regulations.
- The service had appropriate systems and procedures in place which sought to protect people who used the service from abuse. Staff demonstrated a working knowledge of local safeguarding procedures and how to raise a concern.
- We saw missed and late visits were analysed and detailed the circumstance why the missed or late visit had occurred. The management team used this information to reduce the likelihood of it happening again.
- Recruitment and selection of staff was robust with safe recruitment practices in place. This included checks with the Disclosure and Barring Service (DBS). This helped to ensure potential employees were suitable to work with vulnerable people.
- Where support with medicines was part of an assessed care need, these were ordered, stored, administered, recorded and disposed of safely and correctly. Staff were trained in the safe administration of medicines and kept relevant records.
- Accidents and incidents were appropriately recorded and included details of preventive strategies used by the service to reduce the likelihood of such events occurring in the future.
- The staff induction programme was robust and included mandatory training and opportunities for shadowing of more experienced staff.
- Services were delivered in line with the Mental Capacity Act 2005 and staff sought consent prior to providing care and offered people choices to encourage people to make their own decisions.
- People and their relatives told us they were happy with the care provided. People told us staff treated them with dignity and respect and promoted their independence

- People engaged with an initial assessment and were involved in the planning of care. Regular reviews were conducted with people, their relatives and where appropriate, other professionals.
- People received appropriate information, including details about the complaints procedure. People told us they were confident that if they were required to make a complaint, the management would respond and resolve their issue promptly.
- We found there were systems in place to monitor the quality of the service provided to people, which ensured good governance.
- The service was well managed. The culture and ethos was one of openness and transparency.

Rating at last inspection: 'Requires Improvement' (Report published 06 August 2018).

Why we inspected: This inspection was brought forward due to information of concern that had been received by CQC in the weeks leading up to this inspection. These issues are addressed in the well-led section of the full report. At this inspection, we found sufficient evidence to support the service had improved its overall rating to 'Good.'

Follow up: We will continue to monitor this service and plan to inspect in line with our inspection schedule for those services rated good.

## 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 (Tameside)

## **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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection was completed by an adult social care inspector from the Care Quality Commission (CQC). An expert by experience also provided support by making telephone calls to obtain feedback on people's experiences of using this service. 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. Most people who used the service were older adults, but younger people, people living with a physical disability, sensory impairment, or those living with a support need related to their mental health could also be supported by the service.

The service had a manager registered with the CQC. 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 was an announced inspection, which meant we gave the service 24 hours' notice of our visit. This was because the service supports people living in the community and we wanted to be certain there would be someone available to facilitate our inspection.

What we did:

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about and we sought feedback from the local authority who work with the service. We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection we spoke with the registered manager, regional manager, care coordinator and four carers. We also had an opportunity to speak with the head of commissioning and a commissioning officer from the local authority.

We attempted to contact 20 people who used the service by telephone. 12 people responded to our calls and provided feedback about their experiences of using this service.

We looked in detail at six support plans and associated documentation. We looked at two staff files, as well as records relating to the oversight and governance of the service, policies and procedures, recruitment, training and quality monitoring.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse:

- All the staff we spoke with understood their responsibilities to keep people safe and to protect them from harm. When safeguarding concerns were identified, the provider informed the relevant agencies.
- There was an open and transparent culture that encouraged people to raise any safeguarding concerns.
- Policies and procedures for safeguarding and whistleblowing were up-to-date and operated effectively.
- People told us they considered the service to be safe. Comments included, "I do feel safe in my home with my carer. [Carer] will listen if I wish to change anything regarding my care requirements.", "No problems with the service, I certainly feel safe.", and "They always ask how I am feeling, if there is anything they can do or do you need anything. Nothing is too much trouble."

Assessing risk, safety monitoring and management; learning lessons when things go wrong:

- Risk assessments had been developed in conjunction with people and/or their relatives and contained measures to guide staff on how to safely manage risks to keep people safe.
- People had personalised risk assessments in place which were reviewed and implemented promptly when a new risk presented itself. There were also generic risk assessments in place for areas such as medicines and nutrition.
- The provider had a robust framework in place for reporting and recording accidents, incidents and untoward events. This included overarching analysis to help identify trends and minimise reoccurrence. Information was also cascading across the providers network of services to ensure lessons were learnt.

Staffing and recruitment:

- The service had sufficient numbers of staff to meet people's needs.
- When required, the staffing compliment was used flexibly and utilised to support people when there was an unexpected change.
- The service used an electronic system for scheduling and allocating calls. We reviewed the calls logs for the month before our inspection. Whilst we found there were occasions when carers were late or calls had been missed, given that the service delivers more than 2005 hours of care per week, the levels of late or missed calls were within a range that was not representative of an unsafe service.
- Safe recruitment practices had been followed. This included a range of pre-employment checks and checks with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.

#### Using medicines safely:

- People were supported with their medicines when it formed part of an assessed care need. We found safe systems were in place for the receipt, storage, administration and disposal of medicines.

#### Preventing and controlling infection:

- The service had an infection control policy and associated procedures. Staff understood the importance of this when providing personal care.
- Staff had access to personal protective equipment, such as disposable gloves and aprons.

# 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.

People's outcomes were consistently good, and people's feedback confirmed this.

Staff support, induction, training, skills and experience:

- Staff received a comprehensive induction and were required to complete a probationary period to ensure they had the required values and attributes to work at the service prior to being given a permanent contract.
- Staff had the required knowledge, experience and skills to meet people's needs and received an appropriate level of training that was applicable to their role.
- There was an organisational structure in place to support the delivery of supervision. Supervision meetings provided staff with the opportunity to discuss with senior staff any worries or concerns they may have and any training and development they may wish to undertake. Staff also participated in an annual performance appraisal.

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

- Staff supported people with eating and drinking when this was part of an assessed care need.
- Support plans contained relevant documentation to record and monitor people's intake of food and drink. When concerns had been identified, the service would make a referral to the appropriate agency.
- Feedback from people about this element of their care package was mixed. Comments included, "I'm helped with meals and staff always ask what I would like.", "I am able to choose my meals but these are mostly frozen meals cooked in the microwave. Staff seem to have time to cook fresh meals for me." and "I get the help I need with eating and drinking but the pots in the kitchen are sometimes left unwashed."
- During the inspection we spoke with the registered manager about meal preparation. We were satisfied this was always carried out in line with a person's individual care plan, based on the local authority needs assessment.

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.
- 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.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:

- Before a person started using the service, an initial assessment was completed which incorporated the original needs assessment completed by the local authority.
- People and their relatives were involved in the care planning process and where ever possible, people were offered choice in how their package of care would be delivered.
- People's personal histories were captured and detailed to ensure staff had sufficient information to provide care in line with people's assessed needs.
- Through the providers internal quality framework, the delivery of care and support was continually reviewed to ensure best practice and compliance with the law.

# 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.

People were supported and treated with dignity and respect and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence:

- People's privacy and dignity was respected by the carers. People confirmed to us that before a carer entered their home, they knocked and shouted to the person, identifying who they were. Carers also sought consent to enter the property before proceeding to do so.
- Comments from other people who used the service included, "They close the curtains while I'm getting undressed. If I'm using the loo, one does the pots in the kitchen and the other stays in the bedroom.", "I feel my dignity and privacy is always respected, [carer] is always offering to help me. I appreciate [carers] efforts on my behalf." and "I feel respected and safe. My dignity is respected. I feel I can ask [carer] for anything."
- Staff we spoke with told us how they encouraged people to maintain their independence and how people were able to make choices about what they wanted to eat, drink or wear. One carer described how they encouraged people to be independent by letting them do as much as they could and only assisted if that was what the person wanted.
- In 2018, the NHS awarded the service a Dignity in Care 'Certificate of Good Practice' for providing excellent personalised care and team work during challenging weather conditions.

Supporting people to express their views and be involved in making decisions about their care; ensuring people are well treated and supported; equality and diversity:

- People and their relatives told us they had been consulted in the care planning and decision-making process regarding the care and support received.
- 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.
- Careline Homecare (Tameside) serves a community that is diverse and multi-cultural. We looked to see how the service recognised equality and diversity and supported people's human rights.
- Through talking to staff and members of the management team, we were satisfied the ethos and culture of the service was non-discriminatory and the rights of people were recognised and respected. For example, care and support planning documentation captured key information about the person including relationships that were important, ethnicity, sensory needs, and cultural, religious and personal beliefs.
- People who used the service were also afforded the opportunity to request a care worker of the same gender. Equality and diversity training was also provided to staff.

## Is the service responsive?

### Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- Since our last inspection the service had been working collaboratively with the local authority on a project that was seeking to transform how care services were delivered locally to people in their own home. This project also fed into the wider Greater Manchester transformation to enable older people to live well at home.
- The emphasis of this new approach was to move away from 'time and task' based commissioning, to a model that was more flexible, responsive and outcome focused.
- At this inspection, we reviewed several case studies that evidenced the effectiveness of this new approach. One example involved a person who used the service whose historical journey through the care system had been poor. This led to a variety of associated emotional and psychological difficulties and a reluctance to accept help. However, with the help, support, commitment and dedication of staff, enabled by the local authority's new approach to commissioning, we saw how this person had thrived and was now accessing the community independently.
- Care and support plans were comprehensive, person-centred and easy to navigate, with each plan covering a wide range of topics. Care workers also used a 'home care report book' to record their daily notes. These were kept in a person's own home and collected back into the service at the end of each month.

Improving care quality in response to complaints or concerns:

- The provider had a robust system in place for managing complaints. Records were comprehensive and included a complaint register and associated investigation reports. Case by case and service-wide analysis was completed which identified the category of complaint and level of risk.
- At this inspection we looked in detail at three complaints that had been made to the service. We found the service had maintained detailed records and taken concerns seriously. In each case, positive remedial action had been taken and people had been kept informed.

We asked people about their experiences when making a complaint or raising a concern. Comments included, "My complaints are due to not being told who is going to turn up by the carers, management or office staff. My [relative] will speak to the office when I have a problem. No more complaints or problems at the moment though.", "When I do call the office with my complaints they speak to me in a respectful manner." and "No complaints and we chat daily about our families and the news sometimes over a cup of tea."

#### End of life care and support:

- The service did not routinely provide support for people at the end of their lives. However, the registered manager continued to work alongside community based health services such as district nurses or Macmillan nurses. Cards and letters of thanks that had been sent to the service demonstrated care and support for people nearing the end of their life had been provided in a caring, compassionate and sensitive way.

# 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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements:

- This inspection was brought forward due to an increase in concerns being made to CQC about the quality of service and complaints from current or ex-employees. At this inspection, we looked in detail at all aspects of well-led, including the local management team and the role of the provider. We found the majority of concerns expressed by current or ex-employees were employment related and did not impact on the quality or safety of the service. Furthermore, the CQC has no regulatory powers in matters concerning employment or personnel. We found the registered manager and provider to be open, honest and transparent and records demonstrated that due process had been followed in all employment related matters.
- In response to concerns about morale, the registered manager had set up a series of informal 'drop in' sessions so staff could share any issues. The registered manager told us they had hoped this initiative would allow for any issues to be resolved informally, but we were told uptake from staff had been poor.
- The registered manager had submitted all relevant statutory notifications to us promptly. This ensured we could effectively monitor the service between our inspections. When needed, supplementary information was provided to us without delay to help with any further enquiries we had made.
- The provider had a well-established and fully embedded governance framework. Additionally, the registered manager had an excellent understanding of their role in ensuring good governance and compliance with legislation.
- The rating from our last inspection was correctly displayed at the providers business premises and the rating and full inspection report was also displayed on the provider website.

Planning and promoting person-centred, high-quality care and support; continuous learning and improving care; working in partnership with others:

- Since our last inspection the service has improved its overall rating to good, this is testimony to the hard work and commitment of the registered manager wider staff team.
- The service continually pursued opportunities to improve care and people's experience to attain better outcomes for people.
- The registered manager took a lead role in organising and coordinating provider forums, the majority of which were held at Careline Homecare (Tameside).
- During this inspection we had an opportunity to meet with the head of commissioning and a commissioning officer from the local authority. We learnt how the service was fully engaged in collaborative working and was held in high regard by the local authority.

Engaging and involving people using the service, the public and staff:

- People's views were sought through satisfaction surveys and we saw that the management had checked people were happy with their care by contacting them by telephone, conducting visits and asking their opinion during reviews of their care plans. Results from the surveys and feedback had been analysed and discussed. The results were generally positive and showed that people were satisfied with the care provided.
- We viewed a sample of staff meeting minutes and found these were held on a regular basis. We saw actions had been set and then followed up at the next meeting with any progress that had been made.
- People told us they considered the service to be well-led. Comment included, "I am able to recommend this company and staff as they do a good job for me. My carers are always respectful and professional.", "The office management are friendly and update me most of the time regarding staff changes but not always. My carer seems well trained when caring for me but also is hard working, nice and professional. I do recommend the company." and "Yes, I would recommend this company and the care they give to me is very good. They are friendly, nice and show me respect when attending to my needs."