

# Care Line Homecare Limited

# Careline Berwick

## Inspection report

Office 107 The Workspace  
90 Marygate, Boarding School Yard  
Berwick upon Tweed  
Northumberland  
TD15 1BN

Tel: 01289303041  
Website: [www.carelinehomecare.co.uk](http://www.carelinehomecare.co.uk)

Date of inspection visit:  
03 May 2022

Date of publication:  
15 June 2022

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Careline Berwick is a domiciliary care agency providing personal care to people in their own homes. At the time of our inspection there were 157 people 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.

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

People and their relatives spoke positively about the care they received. Care plans were detailed and included risks assessments. Medicines were managed safely. People were safeguarded from abuse. Effective infection prevention and control systems were in place.

Staff received regular training, supervision and appraisal. Staff worked with external professionals to ensure people received the support they needed.

The registered manager and provider had effective governance systems in place. Feedback was regularly sought and acted on. Lessons were learnt and shared from incidents and accidents across the provider's services.

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

The last rating for this service was good (published 14 February 2019).

### Why we inspected

We undertook this inspection as part of a random selection of services which have had a recent Direct Monitoring Approach (DMA) assessment where no further action was needed to seek assurance about this decision and to identify learning about the DMA process.

### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

Details are in our safe findings below.

### **Is the service well-led?**

**Good** ●

The service was well-led.

Details are in our well-led findings below.

# Careline Berwick

## 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 team consisted of one inspector and an 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.

#### 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 announced the inspection. This was because the majority of the inspection took place remotely.

Inspection activity started on 20 April 2022 and ended 25 May 2022. We visited the location's office on 2 May 2022.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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 information gathered as part of monitoring activity that took place on 15 March 2022 to help plan the inspection and inform our judgements. We used all this information to plan our inspection.

During the inspection

We requested and reviewed care records remotely. We visited the office and spoke to the registered manager and regional manager. We spoke to 16 people who use the service and seven relatives of people who use the service. We spoke to four staff members including field supervisors and care workers. We continued to review documents including training records and medicines audits.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safe. The provider had policies in place to help keep people safe from abuse. One relative said, "I do feel [person] is safe as they get in touch if there are any issues big or small so I feel I can trust them."
- Safeguarding concerns were recorded, reported and investigated appropriately. Staff and managers were confident in their knowledge of safeguarding procedures. The safeguarding policy was accessible to all staff.
- Staff had completed safeguarding training. One staff member said, "The policies are all available in the office and induction pack, plus we get regular training on [safeguarding]."

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

- Risks were assessed, and actions were put in place to keep people safe. Care plans included detailed information about risks to people and how they should be managed.
- Systems and processes were in place to learn from accidents and incidents. Lessons learnt were shared across all services belonging to the provider.

Staffing and recruitment

- Staff had been recruited safely, in line with best practice guidance. Disclosure and Barring Service (DBS) checks had been carried out on all staff. 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 enough suitably trained staff to provide support to people who use the service. The registered manager acknowledged that recruitment had been challenging recently. Jobs were being advertised more widely including a social media campaign and with posters and leaflets in the local areas.

Preventing and controlling infection

- The provider had procedures to promote safe infection control practices. Staff had recently received refresher training.
- The management team carried out spot checks on staff which included checking whether their PPE was appropriately used.

Using medicines safely

- Medicines were managed safely. Medicine records were electronic and clearly detailed what medicines people needed to take and when they needed to take them. 'As and when required' medicines were administered safely.

- One person said, "I am on lots of tablets, the carers sort them out for me and remind me what they are for."
- Medicines audits were carried out regularly.

# 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 our last inspection we rated this key question good. The rating for this key question has remained 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

- The provider created a positive culture focused on providing person-centred care. The provider recognised the benefits of people receiving continuity of care staff however there were some challenges with this due to staffing pressures.
- One person said, "They not only care for me but their staff help each other, one of the carers I have doesn't drive and another carer picks her up in order to get to the next person on time. That's team work."
- Staff spoke positively about working for the service.

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

- Staff understood their roles. Staff at all levels spoke warmly about the people they cared for and their desire to provide good quality care.
- The registered manager and provider carried out a range of quality assurance audits to monitor and improve standards at the service. Where issues were identified action was taken to address them.
- Management understood the duty of candour and the need to be open and honest. The registered manager had reported incidents to CQC and other stakeholders where appropriate.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service engaged with people and staff to gather their views. Quality assurance calls were made to people and their relatives to ensure the care they received was appropriate and effective.
- People's equality characteristics were taken into account when care was planned.

Continuous learning and improving care

- The provider had systems to monitor the care people received. A range of areas were checked including care planning, medicines and spot-checks on staff. The findings were used to improve the service.

Working in partnership with others

- The registered manager and staff worked effectively with other healthcare organisations. One relative said, "If there are any issues they help me decide who to speak to, but they get resolved, recently the carers were concerned about her skin integrity and we now have the district nurse involved."

