

**We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.

## Care at Home Service, Allendale Road

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Tel: 01912782898

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We inspected the following standards as part of a routine inspection. This is what we found:

**Respecting and involving people who use services** ✓ Met this standard

**Care and welfare of people who use services** ✓ Met this standard

**Safeguarding people who use services from abuse** ✓ Met this standard

**Requirements relating to workers** ✓ Met this standard

**Complaints** ✓ Met this standard

## Details about this location

Registered Provider	Newcastle-upon-Tyne City Council
Overview of the service	The Care at Home service provides personal care to adults who need support to continue living independently at home.
Type of service	Domiciliary care service
Regulated activity	Personal care

## Contents

*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

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## Summary of this inspection

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### Why we carried out this inspection

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This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 7 December 2012, talked with people who use the service and talked with carers and / or family members. We talked with staff.

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### What people told us and what we found

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People who used the service told us their privacy and dignity were respected. They also said their views and experiences were taken into account in the way the service was provided and delivered. The relative of a person using the service said, "Can't praise my wife's carers enough. They look after her very well. They always ask her before they do anything. They check my wife is alright with how they have cared for her."

People experienced care, treatment and support that met their needs and protected their rights. The people we spoke with said they received good care and support delivered by kind and reassuring staff. One person using the service said, "The care is great. I would rate them really highly. The staff are kind and caring."

People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

You can see our judgements on the front page of this report.

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### More information about the provider

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

**Respecting and involving people who use services** ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

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### Our judgement

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The provider was meeting this standard.

People's privacy, dignity and independence were respected. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

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### Reasons for our judgement

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People who used the service were given appropriate information and support regarding their care or treatment. For example, a copy of the agency's service user guide had been given to people during the initial assessment visit. This provided helpful information about a range of topics, including details about what support people could expect once they started to use the service. The guide was written in plain English and available in a format which most people would find easy to understand. People confirmed they had been given information about the service during the initial assessment visit carried out by Care at Home.

People said they had been involved in, and consulted about, the agency's assessment of their needs. A senior member of staff said, "When I carry out a pre-service assessment, I explain why I am there and what I would like to do. I ask the person's permission to do this. I make sure they are involved in every step of the assessment." Another senior member of staff said, "I always begin by explaining to the person that we have received information about the help and support they need. I give them the opportunity to say whether they agree or not. I make sure they have sufficient time to answer the various questions I ask. I make sure they are involved at all times."

People's privacy, dignity and independence were respected. The acting manager showed us evidence which demonstrated how the service promoted people's privacy and dignity. For example, the provider had produced a dignity policy which meant staff had clear guidance about how they should respect people's privacy and dignity. Staff told us their training covered how they should protect people's privacy and dignity and they spoke knowledgeably about how they did this. Staff had attended various events aimed at promoting people's dignity such as a dignity conference and working dignity lunches.

People told us staff respected their privacy and dignity. One person said, "Even though my carer gets the key to the door from the key safe, she always knocks on the front door and lets me know she is the house." Another person said, "Staff only go into the parts of the house they need to go into. They never go anywhere they shouldn't without my

permission." Respecting people's privacy and dignity meant people felt in control, valued, confident and able to make decisions for themselves.

People's need assessments and support plans provided evidence that staff encouraged and promoted their independence. Staff were clear about the steps they should take to promote people's independence. People we spoke to said staff always encouraged them to be independent without forcing them to do things they felt unable to do. One person said, "My carers look after me well. I feel I am treated in a dignified manner. Staff encourage me to do what I can for myself – it keeps me going." Promoting people's independence meant they were able to continue living their lives in their own home with the right amount of support to keep them safe.

**People should get safe and appropriate care that meets their needs and supports their rights**

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**Our judgement**

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The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

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**Reasons for our judgement**

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Care and treatment was planned and delivered in a way that ensured people's safety and welfare. People's needs had been assessed before they received a service. We were told that following receipt of a care manager's referral, an appointment would be made to visit the person wishing to use the service. One of the team leaders told us, "The first thing I do is to explain why I'm there. I go over their needs as told to us by their social worker. I check out if they agree with this. I ask them to tell me what they see as their needs and how they think we might be able to support them." Staff told us they completed various health and safety checks to make sure people's homes were safe both for the person receiving the service as well as for the staff who would work there.

People we spoke to said they had received an initial visit during which they had been asked about their needs and what support they needed. The sample of records we looked at confirmed that information about people's needs had been obtained and recorded.

We looked at a sample of care records to see whether steps had been taken to protect people against the risk of receiving unsafe care. We saw that the risks associated with the administration of people's medicines and providing care in their home environment had been assessed. We saw measures had been put in place to reduce the risks identified and safeguard people using the service from the risk of harm. When we spoke to staff they told us they had no concerns about their own safety or that of the people they supported.

We were told information obtained during each person's needs assessment had been used to devise their care plan. People confirmed they had received a copy of their Care at Home care plan. They also said they knew what it contained and confirmed they had agreed to the contents.

Staff told us they always received enough information about people's needs before they supported a person for the first time. They told us office staff would text them about any visits they needed to carry out to support new people. They said they would then contact the office and obtain further information about the support needed. They told us people's care plans were delivered before the first visit which meant they could read them before providing care and support.

People told us they were very happy with the support they received from the service.

People said staff were reliable, kind, understanding and cheerful. They also said they felt staff were competent in carrying out the support they required and were always flexible in how they responded to their needs. Most people said they usually had the same carers, except where staff took their holidays or were sick. A senior member of staff said people were notified of changes to their usual carers by telephone. They said, "We let people know at the earliest possible moment if a stand-in carer is to be provided. If carers are likely to be late because an earlier appointment has taken longer than expected, we call and let them know about this too." These arrangements helped to ensure that, wherever possible, people received consistent care from the same staff.

People said the staff always turned up, stayed for the right amount of time and never appeared to be in a hurry when they provided care. They also said staff always provided them with the care set out in their care plan. The acting manager said the service had employed sufficient numbers of staff to enable them to deliver care at times convenient to the person using the service.

We spoke to staff about how they were expected to handle emergencies. They told us there were clear procedures for dealing with emergencies which included contacting the duty desk to ask for support and advice. Staff told us the telephone number for the duty desk had been stored on the mobile supplied to them by Care at Home. A member of staff said, "If you need any help, you just ring the emergency number. The duty desk staff are available from 07:30 to 22:00 each day. You can ask for any advice you need, or make them aware of any concerns." This meant that staff were able to provide safe care because they could access support and advice at any time, including out of hours.

**People should be protected from abuse and staff should respect their human rights**

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**Our judgement**

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The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

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**Reasons for our judgement**

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People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. Appropriate safeguarding and whistle-blowing policies and procedures were in place. Staff confirmed they had read these policies and procedures. They also said they had completed safeguarding adults training and would feel comfortable raising concerns about the management of the service. They told us they had never witnessed any abuse but said they were clear about the action they should take to raise concerns about people's safety and well-being.

People using the service told us they felt they were in 'safe-hands'. One person said, "My girls know what they are doing. I'm looked after well. If I'm worried that something is not being done properly, I just tell them and they sort it out. I'm never worried that they don't know what they're doing". These arrangements helped to ensure that people were protected from the risk of abuse or harm.

## Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

### Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

### Reasons for our judgement

Staff were able, from time to time, to obtain further relevant qualifications. We looked at a sample of staff training records which showed staff had completed training to help them, and the people they supported, stay safe. This included training in first aid, infection control and moving and handling. Some staff had also completed additional training to help them, and their colleagues, meet the special needs of people using the service. For example, training in dementia care and challenging behaviours. All staff had completed equality and diversity training which helped them to recognise and value people's individual differences. Staff had completed training in how to use the Mental Capacity Act (2010). Staff said they were happy with the amount and type of training they received. A member of staff said, "I've done lots of training. There's always information about training coming round. If you want to do something, you've just got to ask. But, you've always got to do your mandatory training."

We also spoke to staff about the induction they had received. Staff were very positive about their induction experience and said they had received the initial training they needed to do their job. One staff member said, "The Council was good. I got the training I needed to do my job. I was given the opportunity to shadow more experienced staff and to meet some of the people I would later provide support to." Another member of staff said, "I think I had a good induction. I received training in a number of areas. It was just right for me." Providing staff with a thorough induction helps them to meet the needs of the people they care for and provide them with consistent care.

Most staff had completed a relevant qualification in health and social care. For example, 61% of care staff had obtained a National Vocational Qualification in Health and Social Care (NVQ) at Level 2. 75% of senior staff had obtained a NVQ at Level 3. 100% of team leaders and the acting manager had completed the Registered Manager's Award as well as a NVQ at Level 4. Providing staff with opportunities to complete this training helps to make sure they have the knowledge and skills to safely meet people's needs.

Staff received appropriate professional development. Staff told us they received regular supervision. These were one-to-one meetings with a senior member of staff. We were told that staff supervision covered areas such as the needs of people using the service and staff's professional development. Staff said they valued the supervision they received and said it gave them an opportunity to talk with their line manager. We spoke to a senior

member of staff who told us they kept an electronic record of the one-to-one meetings they held with their team. We looked at their diary and saw evidence of planning for future supervision sessions.

**People should have their complaints listened to and acted on properly**

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**Our judgement**

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The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

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**Reasons for our judgement**

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People were made aware of the complaints system. The provider had devised a complaints procedure which provided good guidance about how complaints should be addressed. Staff we spoke with said they had been told how complaints should be handled. They confirmed they had read and understood the provider's complaints procedure. These arrangements helped to ensure any complaints or concerns raised by people who used the service were taken seriously and dealt with promptly.

We saw evidence which confirmed complaints had been investigated and, as far as practicable, resolved. The acting manager was able to demonstrate that they had taken immediate action to address the concerns raised by complainants. People told us they had never had to make a complaint. They also said they would feel comfortable about making a complaint because the staff were so pleasant.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

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**Minor impact** – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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