Inspection Report

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

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Management of medicines	✓ Met this standard
Staffing	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Newcastle-upon-Tyne City Council
Registered Manager	Mrs. Andrea Mary Marshall
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'.

Summary of this inspection

Why we carried out this inspection

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.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 13 November 2013, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

We found that people's care was well planned to meet their needs and support them to become as independent as possible in daily living. People and relatives who had experience of the service spoke highly of the care provided. They told us, "She gets the same workers and they're fantastic with her"; "I really cannot fault the care"; and, "The girls were lovely and knew what they were doing".

The service had appropriate arrangements in place to make sure people were supported to take their prescribed medicines safely.

Staffing was properly co-ordinated to provide people with reliable and consistent care from experienced and skilled workers.

There were effective systems for checking the quality of the service. These included getting people's views about their care and the services they received on a regular basis.

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

More information about the provider

Please see our website 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

Consent to care and treatment ✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

Reasons for our judgement

We looked at how people who used the service were able to direct their care and support. We talked with the manager who told us the service was committed to providing people's care in the way they preferred. She said people were consulted at all stages of planning and reviewing their care, and no decisions were made without their agreement. This was confirmed by the people and relatives we talked with. They told us, "We were fully involved in the care planning"; "The care workers did things the way I wanted"; and, "They went through everything with us, asking us our opinions".

Care records showed people had consented to being referred for care services and for their personal information to be gathered, and if necessary, shared with other professionals. There was also clear evidence that people and their representatives were involved in deciding how their care would be given. This included discussion about lifestyle and preferences, and what they wanted to achieve from using the service, when their needs were being assessed. People's views were recorded and then built into their care plans to make sure care workers were guided on the ways they wished to be supported.

We saw care records identified where people were not able to express their wishes about their care. For instance, one person's assessment indicated they lacked insight into their care needs and risks and were reluctant to accept assistance. This had led to an assessment of their mental capacity being carried out and a decision being made that it was in their best interests to receive care services. Another person's records showed that their social worker had completed a mental capacity assessment each time significant decisions about their care needed to be taken. The manager told us mental capacity was assessed whenever there were doubts around a person's ability to understand and agree to their care. This meant that formal processes were followed when people were unable to consent to their care and treatment.

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

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

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

We were told the service now provided mainly short term care, for up to six weeks, with the aim of supporting people to live as independently as possible in their own homes. People were usually referred to the service when they were being discharged from hospital, or following a crisis, and their needs had changed. A small number of people with complex care needs were provided with services on a longer term basis.

We examined the care records for some of the people who used the service. These showed that information about people's assessed needs was obtained from social workers and other professionals. The service also carried out its own comprehensive assessments of people's needs and risks. We saw this information was used to draw up personalised care plans. The plans set out the support the person required at each visit from care workers and described how best to encourage their independent skills. People who used the service longer term had a range of care plans which addressed each of their assessed needs. These were recorded in good detail and covered the extent of support the person needed within the home and in the community.

We talked with people who had experience of using the service, and with some of their relatives. They spoke highly of the care and support they received. Their comments included, "We couldn't do without them, they've been great"; "The care workers were good and just did what I couldn't do for myself"; and, "We're 100% happy. They're really on the ball".

People's care and treatment was delivered in line with their individual care plan. This was shown by the reports which care workers recorded at each visit to demonstrate the care they had provided. Additional records were also kept where appropriate, to monitor particular areas of the person's care and support. These included recording food intake, medicines given, and any financial transactions undertaken by care workers.

We saw people's care was reviewed towards the end of the six week period, to check that the stated aims of their care plans had been achieved. Where the person required further care from other agencies, the service worked in a co-ordinated way to make the handover of care as seamless as possible. As an example, arrangements were made for care

workers from the new service to 'shadow' existing workers until they were familiar with the care the person needed. People using the service longer term had their care reviewed every six months, and care plans were updated to reflect any changes in their needs.

People's records showed that thorough risk assessments had been carried out and appropriate actions were taken to manage identified risks. These included ways to reduce risks in the home environment and whilst delivering personal care. The actions took into account any specialist equipment used, the number of workers needed to provide care safely, and factors such as mental frailty and how to safeguard people from being harmed. This showed us care was planned and delivered in a way that ensured people's safety and welfare.

Management of medicines ✓ Met this standard

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

We looked at how the service helped people with their prescribed medicines. The manager told us the service supported people to be as independent as possible in managing their medicines. Most people needed verbal prompts to take their medicines. Where more assistance was required, aids designed to help the person, such as weekly medicines packs with the days and times, were arranged. We were told care workers only administered medicines where people were assessed as being unable to do so themselves.

The service worked with a specialist prescribing advisor who provided support and training on medicines arrangements. All care workers received annual training in safe handling of medicines and their competency to handle medicines was also assessed annually.

We saw people's needs, and any risks associated with managing their medicines, were fully assessed. Where people required support they had a care plan for establishing a safe and regular medication routine. These plans were tailored to the person's requirements and specified the level of support they would receive from their care workers. This showed us that staff had clear written guidance to follow to assist individuals with their medication regimes.

We saw evidence that care workers completed records of medicines support and worked flexibly to make sure people took their medicines at the prescribed times. The records were also routinely audited to check they were accurate and people had received their medicines safely.

Staffing ✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

We reviewed the service's staffing arrangements. The service employed a large staff team that consisted of the manager, six team leaders, 21 senior care workers, 178 care workers, and administrative support staff. The team worked collaboratively with social work assessment officers and dedicated health professionals to meet people's needs.

The manager told us there was sufficient numbers of experienced and skilled staff to provide the care service. She said all staff received training relevant to their roles, and their work performance was monitored and supervised. This included observing workers' care practice and getting feedback about workers from people who used the service.

Due to the high volume and fast turnover of people using the service, staffing resources were constantly checked to ensure there was enough capacity. We were told the service aimed to give people allocated care workers for the duration of their service. Wherever possible, workers who were familiar to people were arranged to visit them in the absence of their regular workers. Seniors and team leaders took responsibility for contacting people to make sure they were kept informed about any changes to their workers.

We saw care workers worked in teams covering the different geographical areas of the city. They provided care services to people seven days a week between the hours of 7.30am and 10.00pm. Office based staff worked between the same hours and a duty system was operated, which meant care workers could get advice and support at all times. A telephone line was provided for workers to contact the office in an emergency if their personal safety was compromised.

A computerised work management system, linked to handsets carried by the care workers, was used to organise workers' visits to people using the service. This gave the care workers their rosters of regular visits and any requests to carry out extra visits. It was used by the workers to report in as they were on their way to people's homes, and the times they arrived and finished their visits. The system sent alerts if workers had not reported in and these were followed up to prevent visits being missed. This showed us that people were provided with consistent staff support that was properly co-ordinated.

People who used the service, and their relatives, told us care workers were reliable and

they usually had the same workers who visited them. They felt confident in their workers' abilities to meet their needs.

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

People who used the service and their representatives were asked their views about their care. We were shown that people's feedback about their care services was sought at regular intervals. Each person was visited by a senior worker before the end of their six week service to check the quality of their service. A questionnaire was completed that included questions about their care and treatment, the reliability of their workers, communication with the office, their care plans and care worker practices. They were also asked for suggestions about how the service could be improved.

The most recent questionnaires were being collated at the time of this inspection. The manager said feedback would be given to care workers on both the positives and on any areas for development. An audit of care records was carried out at the same time as the questionnaire, to check that appropriate care had been delivered.

The manager told us people were given the service's complaints procedure. We looked at the records kept of complaints. Two complaints had been received in the past year, both of which had been acted on promptly and appropriately. We saw that a number of 'thank you' cards and letters had been received by the service. These were filed, and copies sent to the care workers in question.

People who used the service, and their relatives, told us they were satisfied with the service. Their comments included, "It's been excellent"; "We're very happy with how things are going"; and, "I really cannot fault the care".

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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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.

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.

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

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)

(Registered) Provider

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'.

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

Contact us

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