

# Newcastle Home Care Associates Ltd

## 18 Portland Terrace

### Inspection report

18 Portland Terrace, Jesmond, Newcastle upon  
Tyne,  
NE2 1QQ  
Tel: 0191 281 4363  
Website:

Date of inspection visit: 8 September 2015  
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### Ratings

#### Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service well-led?

Requires improvement



### Overall summary

We carried out an announced comprehensive inspection of this service in December 2014. After that inspection we received concerns in relation to possible breaches of the regulations regarding staffing and safeguarding people from abuse. As a result we undertook a focussed inspection to look into those concerns. This report only covers our findings with regard to these regulations. You can read the report from our last comprehensive inspection, by selecting the 'all reports' section for 18 Portland Terrace on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

This inspection took place on 8 September 2015 and was unannounced. We also conducted interviews with staff by phone on 14 and 17 September 2015.

We last inspected this service in December 2014. At that inspection we found the service was meeting all the legal requirements in force at that time.

18 Portland Terrace is registered to provide personal care to people in their own homes. 18 Portland Terrace has two key parts, Care and Share Associates (CASA) and LIFE. CASA provide care at home services for people in Newcastle. LIFE is an Independent Supported Living (ISL) service for people with learning disabilities, which operates across Newcastle and North Tyneside.

It does not provide nursing care.

The service had two registered managers, one of whom had recently resigned. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

# Summary of findings

The specific concerns were that staff were being required to work excessively long shifts, to the potential detriment of those people they were supporting; that staff training was not up to date; and that safeguarding issues were not responded to appropriately.

We found no evidence that safeguarding issues were not taken seriously or dealt with appropriately. Safeguarding records showed the service had reported all allegations of abuse or potential abuse to the local authority safeguarding adults unit, and notified the Care Quality Commission of the same, as required.

We found that, although some staff were working hours well in excess of 48 hours per week, they confirmed to us this was done on a voluntary basis, and that there was no coercion involved. Care workers told us they did not believe their ability to carry out their roles was affected by the long hours sometimes worked. We found no evidence that the care or safety of people receiving a service had been compromised.

However, we found the service had not ensured that staff working in excess of 48 hours per week had signed a 'working time directive opt-out' form. This is a form that

allows staff to 'opt out' of the European Union restrictions on working excessive hours. We further found some staff had not been issued with contracts or statements of terms and conditions of employment. This meant staff members' legal rights were not always being protected.

We found the systems in use for employing new staff were not always effective in ensuring that only suitable applicants were employed.

Staff had not been given all the training they required to meet the needs of the people they provided a service to. Nor had staff received the support they required to carry out their roles, in that they were not given regular supervision and appraisal of their work.

We found the systems for auditing the quality of the service being provided were insufficiently rigorous and had not identified shortfalls in the service.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in respect of staffing, consent, employment and good governance. You can see what action we told the provider to take at the back of the full version of the report.

# Summary of findings

## 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 not always safe.

The systems for recruiting new staff were not sufficiently robust and allowed for the possibility for unsuitable persons to be employed.

Staff employment rights were not always respected.

Safeguarding issues were recorded and responded to appropriately.

**Requires improvement**



### Is the service effective?

The service was not always effective.

Staff were not given the necessary training to meet the needs of people they cared for.

Staff were not given the necessary support, in terms of supervision and appraisal.

People's rights under the Mental Capacity Act 2005 were not always respected.

**Requires improvement**



### Is the service well-led?

The service was not always well led.

Quality assurance systems were insufficiently rigorous and did not identify areas for improvement.

**Requires improvement**



# 18 Portland Terrace

## Detailed findings

### Background to this inspection

We carried out an announced comprehensive inspection of this service in December 2014. After that inspection we received concerns in relation to possible breaches of the regulations regarding staffing and safeguarding people from abuse. As a result we undertook a focussed inspection to look into those concerns. This report only covers our findings with regard to these regulations. You can read the report from our last comprehensive inspection, by selecting the 'all reports' section for 18 Portland Terrace on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

The inspection team was made up of one adult social care inspector and one inspection manager.

We reviewed the information we held about the service prior to our inspection. This included the notifications we

had received from the provider about significant issues such as safeguarding, deaths and serious injuries which the provider is legally obliged to send us within required timescales.

We contacted other agencies such as local authorities, clinical commissioning groups and Healthwatch to gain their experiences of the service. We received no information of concern from these agencies.

During the inspection we reviewed a sample of 16 people's care records; 25 staff personnel files; staff recruitment, training, supervision and appraisal records and other records relating to the management of the service. We talked with the service's Quality and Compliance Manager, three care managers, one trainer, and the Operations Support Manager. We talked with 10 care workers by phone.

# Is the service safe?

## Our findings

We looked at the records held of safeguarding issues. We found records were held for all of the 20 safeguarding incidents reported to the Care Quality Commission. This showed the service had robust systems for reporting allegations of abuse, which had been passed onto the local authority Safeguarding Adults team where appropriate. We found no evidence of actual or potential abuse which had not been followed up appropriately.

We looked at the effectiveness of the systems used to recruit new staff. We were told the service had weekly recruitment meetings, in which the numbers of new staff required to meet current and projected needs were agreed. In practice, we were told, the service is permanently recruiting. We examined the personnel records for 24 staff. We found 13 staff members who worked in excess of 48 hours per week had not signed a 'working time directive opt out' form. This is a form that allows staff to 'opt out' of the European Union restrictions on working excessive hours. This meant staff members' legal rights were not always being protected. The provider's representative accepted this was the case, but said some staff members had not yet returned their opt-out forms.

The newly appointed manager of the independent supported living service (LIFE) told us they were actively working to appoint a 'bank' of new staff to provide cover for existing staff holiday, sickness and other absence.

We looked to see if staff had contracts with their terms and conditions of employment. We found four of the 25 staff files we sampled did not have a copy of the person's contract. This meant the provider could not demonstrate staff members had been given their legally required statement of terms and conditions.

In four staff files, we found the applicants' referees were solely or mainly family members or 'family friends'. In two cases, previous employers had confirmed only the dates of previous employment and not commented on the suitability of the applicant for the post applied for. In two cases previous employers had made comments indicating the applicant might not be suitable for employment. There was no evidence these issues had been followed up with the employers in question. This meant the recruitment process had not always been robust and potentially unsuitable people may have been employed by the service.

### **This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

We looked at staffing levels in the service. We noted the staff handbook stated "You may be required to work additional hours from time to time. Further details are contained in your Statement (of Main Terms of Employment)." We looked at staff rotas and timesheets for over 100 staff members. We saw many examples of individual staff members working well in excess of 48 hours per week. Examples included staff members who had worked up to 274 hours in the previous four weeks; and other staff members who had worked up to 77 hours in one week. In addition, we saw examples of domiciliary staff members who regularly worked from 7am to 11.30pm in a working day. In that time they made up to 18 separate service user home visits, with only minimal time off between calls.

We saw one risk assessment for a staff member with regard to stress allegedly caused by working excessive hours. The control measures recorded included advising the staff member to report any deterioration in health or wellbeing to senior management and not to work excessive hours. This risk assessment was unsigned and undated.

We spoke with ten staff members whose rotas indicated they were working excessive hours. In all cases, the staff members told us they were happy with the hours they worked and were never pressured to work hours over and above their wishes or capacity. They said they would tell the provider if they wished or needed to work less hours, and told us the office was very responsive to such requests. We asked staff if they felt tired or stressed by working such long hours: they told us they did not. Several staff commented they were used to working such hours and did not feel it affected their ability to carry out their responsibilities or meet people's needs.

All the staff told us they received good, responsive support from the managers and co-ordinators at the office, and felt they were treated with respect by the provider.

We concluded that, although some staff members worked well in excess of 48 hours per week, this was done voluntarily and without any coercion. We found no evidence that people's well-being had been affected.

# Is the service effective?

## Our findings

We looked at how staff training was delivered by the service. We were told the service had two training officers, one of whom gave induction training; the second was responsible for ongoing staff training.

We looked at the matrix of staff training. This record showed that staff were not receiving training at the frequency set down by the provider. For example, of 122 care workers employed in domiciliary care provision, 40 had not been given refresher training in food hygiene and infection control; 28 had not had safeguarding adults training; 21 had not received training in health and safety; and 19 had not had moving and handling training. In the part of the service that supported people in independent living we saw, as examples, that 14 of the 46 care workers employed were not up to date with safeguarding adults training; 18 had not been given refresher training in food hygiene; and 15 lacked updated training in the safe handling of medicines. In the part of the service dealing with complex care and palliative care, we found only 13 of the 41 care workers employed were recorded as having completed 'end of life' training.

This meant people's health and safety and other care needs were potentially being compromised, as staff were not kept up to date with their training needs.

**This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

The service's Quality and Compliance manager told us the provider's policy was for all staff to receive a minimum of

four supervision sessions each year (one of which was observational) plus an annual appraisal. We looked at a sample of eight care workers' personnel files. We found the expected frequency of supervision and appraisal had not been met in five of those files. Five care workers had not received a formal appraisal of their work performance in the previous twelve months. Four care workers had not received a formal supervision session in the previous twelve months. This meant staff were not being given the support they needed to carry out their responsibilities effectively.

**This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

We sampled 12 staff files for evidence that the person's consent to the service giving their care had been formally requested and given. We found no specific consent forms on file. We noted documents that required consent to be given were all marked as "unable to sign." We found no records of any assessments of people's capacity under the Mental Capacity Act 2005 (MCA); and no 'best interest' decisions had been recorded. We noted from training records that 61 staff had not received training in the implications of the MCA. We found no evidence of the use of formal advocacy to represent the views and interests of people who lacked capacity to make their own decisions. This meant people's rights under the MCA were not being recognised or adhered to.

**This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

# Is the service well-led?

## Our findings

We examined the systems in place for monitoring the quality of the service. We looked at the most recent quality audit report, carried out on 26 August 2015. This looked at the areas of complaints, safeguarding and safe recruitment. Issues for improvement were identified under 'Safe recruitment'. These included the need for two work references, where possible; lack of evidence for some areas of the recruitment process; missing names and signatures; and often only one person interviewing. We noted the sections for 'Action required' under each audit area had not been completed; the 'Continuous quality improvement plan' was left blank; the risk assessment section of the audit was blank; and the audit was unsigned and undated. We were not, therefore, able to establish what steps had been taken, and by whom, to address these issues.

We noted the lack of detail of the audits of complaints and safeguarding (for example, it was not recorded which complaints had been looked at) meant it was difficult to verify the process used for auditing. We noted, in previous audits, only a very small sample of records had been looked during the audit. For example, only two staff records had been examined when looking at staff training issues. In these, no evaluation was seen regarding the outstanding training needs of the individuals, and only evidence of

training certificates had been sought. The Quality and Compliance manager described these as 'dip audits', where only one or two records were sampled. We judged this was insufficient for a service which employed in excess of 200 staff members. We also found the audits lacked rigour. For example, the audit of staff supervision did not look at the number of staff who were overdue supervision, and did not comment on the quality of the areas of discussion in, or the minutes of, supervision.

**This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

We looked to see what the service had learned from its examination of safeguarding, complaints and staff grievance records. We noted evidence of the thorough investigation of complaints. We saw evidence of appropriate actions having been taken to address issues identified, including staff disciplinary action and further staff training. We found, however, the minutes of staff interviews showed evidence of questioning that was not always impartial or professional, and breached whistle-blower confidentiality in some instances. We noted one staff grievance was still open after four months, despite the on-going efforts of the provider to resolve the issues.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good Governance.</p> <p>Effective systems were not in place for assessing, monitoring and improving the quality and safety of the services provided in the carrying on of the regulated activity.</p> <p>Regulation 17(2)(a)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Staffing.</p> <p>Persons employed by the service had not been given appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out the duties they were employed to perform.</p> <p>Regulation 18(2)(a)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 11 HSCA (RA) Regulations 2014 Need for consent</p>



This section is primarily information for the provider

## Action we have told the provider to take

Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Consent.

Care and treatment of people using the service was being provided without the consent of the relevant person. The registered person was not acting in accordance with the Mental Capacity Act 2005.

Regulation 11 (1)(3)

### Regulated activity

Personal care

### Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Fit and Proper Persons Employed.

Recruitment practices had not ensured persons employed for the purposes of carrying on the regulated activity were of good character, and had the qualifications, competence, skills and experience necessary for the work to be performed by them.

Regulation 19 (1) (a) (b).