Newcastle-upon-Tyne City Council

Care at Home Service, Allendale Road

Inspection report

2nd Floor, Council Offices
Allendale Road, Byker
Newcastle Upon Tyne
NE6 2SZ
Tel: 01912782898
Website: www.newcastle.gov.uk

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Ratings

Overall rating for this service	Good
Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Overall summary

The inspection took place on 5 and 9 February 2015 and was announced. We last inspected Care at Home Service, Allendale Road in November 2013. At that inspection we found the service was meeting all the regulations we inspected.

Care at Home Service, Allendale Road provides personal care to adults in their own homes who need support to help them live independently. It provides reablement services, usually for up to six weeks, to people who have been discharged from hospital or whose needs have changed. At the time of our inspection the service was supporting over 200 people.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

We found that care was safely planned to reduce risks and protect people's welfare. Staff were trained in and understood their roles in safeguarding people to prevent them from being harmed or abused.

New staff had been appropriately checked to ensure they were suitable to work with people who may be vulnerable. There were enough staff employed to provide an effective and co-ordinated service that met people's needs and gave them continuity of care.

People were supported with their prescribed medicines. Records of medicines were not always accurate and some people did not have care plans to describe the extent of support they required. This meant the provider had not ensured the proper and safe management of people's medicines. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 12 of the revised Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

Staff were given a good level of training and support that enabled them to understand and meet people's care and support needs. People were consulted about and agreed to the care they received. Formal processes were followed, where appropriate, to assess mental capacity and make decisions in people's best interests to ensure their rights were upheld.

People were supported to access health care professionals, including the service's own team of therapists. People who needed support with their diet were helped to prepare meals and drinks and, where necessary, dietetic advice was obtained. Some staff had been trained to assist people who needed specialist feeding techniques and further training was planned.

People and their families were involved in deciding how their care was planned so they could be supported in the ways they preferred. Individualised care plans were in place and each person had their care regularly reviewed during the time they used the service.

Most people who had used the service and their relatives gave us positive feedback about their care and support. They told us their care workers were kind and caring and had helped them to live as independently as possible. A relative told us the service had been "Excellent in every way". Any complaints received about the service were dealt with promptly and fully investigated.

Quality assurance systems were operated to ensure people received good quality care and to take action on any improvements needed. The registered manager provided good leadership and was proactive in monitoring performance and developing the service. Staff and community professionals told us they felt that the service was well managed.

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? Most aspects of the service were safe. A thorough process was followed to recruit suitable staff. There were sufficient staff to provide people's care and ensure their needs were safely met. Risks were assessed and managed to promote the personal safety of people who used the service. Appropriate steps were taken to safeguard people against the risks of harm and abuse. Arrangements for supporting people with their medicines were not fully robust. The support people needed with their medicines was not always properly planned and records of medicines were not accurate.	**Requires Improvement**
Is the service effective? The service was effective. Staff were given training and support to meet people's needs effectively. People were provided with care they agreed to and that helped them to live as independently as they could in their own homes. Staff worked with other professionals in supporting people to stay healthy or improve their health. Where required, people were assisted in making sure they had adequate nutrition.	**Good**
Is the service caring? The service was caring. People were given information about the service and how they could expect to be treated. They told us that staff were kind and caring and treated them with respect and dignity. The service worked inclusively with people to provide care in line with their individual preferences and the goals they wished to achieve.	**Good**
Is the service responsive? The service was responsive. Staff worked flexibly to accommodate the needs and choices of people who required short term care services. Comprehensive assessments of needs were carried out. People had care plans which were centred on their individual needs and enhancing their ability to live independently. Each person's service was routinely reviewed to ensure they were receiving suitable care and support.	**Good**

Summary of findings

People were informed about the complaints procedure and any complaints received were taken seriously and investigated.	
Is the service well-led? The service was well led. There were well established systems in place for managing the service and checking that standards were maintained. The registered manager had clear values, encouraged an open culture and was committed to developing the service. The performance and quality of the service were regularly monitored and took account of the views and experiences of people using the service.	**Good**

Care at Home Service, Allendale Road

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 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 Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was announced and took place on 5 and 9 February 2015. We gave 48 hours' notice that we would be coming as we needed to be sure that someone would be in at the office. The inspection was carried out by one adult social care inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we held about the service prior to our inspection. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

We gathered information during the inspection using different methods. We received 21 completed surveys from people who had used the service, five from relatives and friends, five from community professionals, and 15 from staff working at the service. We talked with the registered manager and eight members of staff, looked at five people's care records, eight people's medicines records and reviewed other records related to the management of the service.

Requires Improvement

Is the service safe?

Our findings

People who had recently used the service told us they had felt safe from harm and abuse from their care workers. Relatives/friends and community professionals confirmed that they felt people were kept safe.

Care workers were trained in safeguarding adults during their induction and thereafter every three years. They told us they knew what to do if they suspected anyone was being abused or was at risk of harm. The registered manager said care workers were vigilant regarding safeguarding issues and had, when appropriate, referred concerns to the local safeguarding authority. Care workers also worked closely with other professionals to protect people. For example, one person who was provided with a long term service had an adult protection plan in place for their safety.

The service worked in line with the local authority's multi-agency safeguarding policy and procedures. The registered manager understood their responsibilities to act on any allegations of abuse and had notified of us of one allegation in the past year. This had resulted in police and internal investigations and disciplinary action being taken. Disciplinary procedures had also been followed when there had been concerns that a care worker's conduct had put people at risk of harm.

Care workers were not permitted to accept any gifts or money from people using the service. They were also not allowed to access people's bank cards or PIN's (personal identification numbers). At times care workers went shopping with people, but they were encouraged to support the person to handle their money independently. On rare occasions when care workers shopped for people, they were instructed to record details of the purchases made and obtain receipts. Senior workers or team leaders then checked the records to make sure people's money was being handled safely. The service also had a fund to buy essential items, such as basic food and drinks or cleaning products, in an emergency if a person did not have money readily available.

The registered manager told us no new staff had been recruited in the last two years. Some care workers had however been redeployed from other local authority care services. We reviewed recruitment information for these workers and found that further checks and vetting had been undertaken. These included updating Disclosure and Barring Service security checks, obtaining two references, and interviewing applicants to check their suitability. This meant the service took appropriate measures to ensure the safety of people using the service.

The service had a large staff team that consisted of the registered manager, four team leaders, 20 senior care workers and 175 care workers. The team worked in conjunction with social work assessment officers and a therapy team that provided physiotherapy, occupational therapy, moving and handling and dietetic support.

A community professional told us, "The therapist element of the reablement service has difficulty in keeping up with demand which can delay therapy intervention. The therapists are on temporary contracts which make recruitment and retention of good therapists a real challenge."

Care workers were allocated to work in teams covering different parts of the city, providing services to people seven days a week between 7.30am and 10.00pm. The registered manager told us the service aimed to give people a consistent team of care workers for the duration of their service wherever possible. An electronic work management system was used to keep checks on the capacity of staffing resources and to organise and co-ordinate care workers' visits. The system was linked to handsets used by the care workers to report when they arrived at and left people's homes. It also alerted the office staff if workers did not report their arrival and flagged up issues such as if a care worker had not been allocated to a visit to ensure action could be taken. An improved system had been developed to capture any delayed or missed visits to people using the service. The registered manager told us this had identified problems with the technology which were being acted on by purchasing new handsets.

'Resilience plans' were in place to ensure the smooth running of the service during emergency circumstances. These plans had been implemented successfully during a time when the office was temporarily without power and unable to be used, and had prevented negative impact on people using the service.

Care workers told us there was a lone worker policy that kept them safe in their work. The registered manager told us staff safety was taken seriously. They said all staff were given personal safety at work training each year and had

Requires Improvement

Is the service safe?

access to personal safety procedures. Other measures included staff working in pairs where risks were identified and a 'worry board' in the office that indicated the whereabouts of staff out in the community and the time they were expected back. An emergency telephone number was also available to staff and we were told this had last been used a few months ago when a care worker had been assaulted in the community.

Care records showed that the service assessed and managed risks to people's safety and took action to reduce risks within people's home environments. For example, there was evidence of detailed moving and handling assessments and associated care plans. The plans gave care workers precise instructions to follow on the techniques and aids and equipment to be used during each aspect of care delivery. A person who had used the service told us, "If any further equipment was required to assist my re-enablement this was very quickly provided."

Most people who had used the service told us staff did all they could to prevent and control infection. For example, by using hand gels, disposable gloves and aprons. Most of the community professionals also confirmed that staff followed good hygiene and infection control procedures.

The service used the local authority's system for reporting accidents and any safety related incidents. No current trends were identified, however in the previous winter there had been a number of slips on ice and this was followed up by providing workers with snow grips for their shoes and boots.

We reviewed the service's arrangements for managing people's prescribed medicines. All staff were trained annually in the safe handling of medicines and had annual assessments of their competency to handle medicines safely. The registered manager described the training as being tailored to the different levels of support needed and helping staff optimise ways for people to self-manage their medicines. They told us that when people's services first started, staff often spent considerable time reconciling medicines and contacting pharmacies and GP's to ensure there was correct information about current medicines taken and sufficient supplies.

Assessments of the risks associated with medicines were completed. People had individual care plans specifying their medicines routines and the level of support they required. Further information, such as contact details for the person's supplying pharmacy and the day their medicines were delivered, was also recorded.

Each person had a 'medicines information chart' that contained a list of their medicines with directions, stating which were held within administration aids and those kept separately in boxes or bottles. The charts were used by care workers to record when they had administered or prompted medicines and to record any reason(s) why medicines had not been taken.

There were deficits in seven of the eight medicine charts we examined. In most instances the deficits related to new medicines which had been prescribed for people during the course of their service. For example, in daily visit notes and medicine administration records we found references to people being prescribed and given antibiotics and steroids. However these medicines had not been added to people's lists of medicines, which meant the records did not accurately reflect all of the medicines that staff had administered. It also meant there was no record of when the medicines had started and ended, and no directions for when and how medicines should be taken, including where steroids were to be given in a reducing dose.

We found other discrepancies in people's medicine records. These included incomplete records of regularly prescribed medicines and a lack of recorded directions for medicines kept separate to administration aids. There were also no medicines care plans for two people who received support from staff, including one person where it was recorded that staff were now hiding their medicines from them without any written reason for this being recorded. In another person's records a medicines error was identified that had been reported to the office and medical advice was sought. An error form had not however been completed and there was no evidence that the incident had been followed up with the staff in question.

We concluded that the medicines arrangements were not fully robust and medicines records needed to be improved.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 12 of the revised Regulations 2014.

Good

Is the service effective?

Our findings

Most people who had recently used the service and their relatives told us they had received care and support from familiar and consistent care workers. They told us their workers had arrived on time, stayed for the agreed length of time, and completed all of the tasks that they should during each visit. One person's relative did however feel that the care workers had not always stayed for the agreed duration.

People and their relatives told us that their care workers had the skills and knowledge to give them the care and support they needed. Each person said they felt the care and support had helped them to be as independent as they could be. Most people and their relatives/friends told us they would recommend the service to others. One person commented, "I think one of the great advantages of this service is that it is run through Adult Social Care services (Local Authority). All the care workers have good conditions of service unlike care workers who are in contracted out organisations who have poor conditions of service and often inadequate time to complete good care." Another person told us, "These (my comments) are based on the care received from the council after hospital admission. (Name of private care provider) have taken over the care in the past two weeks and the carers are perhaps not as experienced. Preferred the care given by the council so far, as they tended to be ladies with more experience."

A community professional told us, "The care at home service works hard to ensure they review their systems and processes and learn from experiences. The service ensures that all staff have updates in medicines related training on an annual basis, which our service provides. This training is provided by trained pharmacy team staff who are able to offer advice and discussion with the team as well as addressing issues relating to processes within the service."

Care workers told us they had completed an induction which prepared them fully for their roles before they worked unsupervised. The registered manager told us the latest staff employed had worked in other local authority care settings and had undertaken induction specific to the service. This had included organisational and employee related procedures, care policies and documentation, and the code of conduct expected of staff.

Care workers told us they received appropriate training and information to meet the needs, choices and preferences of the people they supported. They told us their work and travel schedule meant they were able to arrive on time and stay for the agreed length of time. They felt there was enough time allowed for each visit for them to complete all of the care and support required by the person's care plan. Care workers also told us they would recommend the service to a member of their own family.

We found that staff were provided with training to meet the needs of the people they cared for. They were given reablement training which incorporated areas such as caring for people living with a dementia related condition or with the effects of strokes. A senior worker we talked with told us they felt their team of care workers were "well-experienced" and had "good skills in caring for people with dementia in an individualised way." Training was also cascaded on occasions. For example, the physiotherapist from the therapy team had trained and confirmed the competency of all senior workers in being able to assess people's home environments and the aids and equipment they might require.

A spreadsheet was kept that indicated the 'core training' that staff had completed at either annual or three yearly intervals. This showed that staff were up to date or booked to attend training in safe working practices such as moving and handling, the safe handling of medicines, fire safety, first aid, infection control, and food hygiene. Other topics of training included safeguarding adults, the use of techniques when supporting people with behaviour that may become challenging, and the Mental Capacity Act 2005. Staff were also given the opportunity to gain nationally recognised care qualifications, for example National Vocational Qualifications, and 138 workers had achieved such qualifications.

Care workers told us they received regular supervision and appraisal which enhanced their skills and identified further training needs. We were shown that there was a delegated system for all staff to be given annual appraisals and bi-monthly individual supervision to discuss their performance and personal development. One senior worker showed us how they booked reminders for sessions into their calendar and updated an overview spreadsheet

Good

Is the service effective?

to confirm when supervisions had taken place. Supervisions and team meetings were often held in venues in the local areas where staff worked for convenience and to prevent people's services from being disrupted.

The registered manager told us that people using the service were able to direct how their care and support was given. People and their relatives were consulted about what they wanted to achieve from using the service and were fully involved in the assessment, care planning and review process. They were asked to give their consent for any personal information to be shared with other professionals, and where applicable, for being referred for other care and health services.

Staff were aware of people's rights to refuse intervention and told us they always sought permission before providing care. For example, we spoke with a senior worker and a care worker who described how they were working with a person who was reluctant to receive care. They were clear that this was the person's choice and were trying to reach agreement with them and their family around the support they would accept with personal care. Arrangements had also been made to allocate care workers who had previously cared for the person for continuity.

Care workers told us they had been trained in and understood their responsibilities under the Mental Capacity Act 2005 (MCA). Senior workers also received training in Deprivation of Liberty Safeguards. These are safeguards under the MCA and are a legal process which is followed to ensure people are cared for in a way that does not inappropriately restrict their freedom. We were told no-one currently receiving services had restrictions in place around their freedom.

The registered manager told us the service made sure that people's abilities and any risks associated with their care were properly assessed. Where there were doubts around people's ability to make informed decisions about their care the service usually involved their social workers to carry out mental capacity assessments. These assessments were also at times carried out with the involvement of staff and we were shown an example that had been completed by a social care assessment officer and a senior worker.

Detailed documentation was in place that demonstrated the assessment process had been followed and a decision was made in the person's best interests to have ongoing support with their medicines.

Each person's nutritional needs were assessed when they started to receive services. People were weighed, using scales provided by the service, and a screening tool was completed to determine any risks, such as weight loss and poor appetite. Where high risks were identified, team leaders and senior workers told us they made referrals to the dietitian within the therapy team for further assessment and support. They said, where appropriate, people could also be referred to have a meals delivery service. Staff were provided with training in nutrition and in handling food safely. Guidelines were in place for staff on the safe use and administration of enteral feeding (where food and supplements are provided through a tube in the abdominal wall into the stomach). Some staff had received training in this feeding technique and they were given training specific to any person they would be supporting who required enteral feeding.

We saw that nutrition care plans were developed and were told that food and fluid charts were used when people's intake needed to be closely monitored. The care plans showed that a range of support was provided including helping people to buy food, supporting them to prepare meals, snacks and drinks, and support with weight management. There was evidence within care records of thorough follow up contact from the dietitian, people becoming more independent in making meals, and progress with weight gain.

People who used the service were supported to access health care services to maintain or improve their health and well-being. The initial assessment prompted whether people needed referrals to be made to district nurses, podiatry services and the service's therapy team. The registered manager told us staff often worked closely with health care professionals to co-ordinate people's care. Community professionals gave positive feedback about the effectiveness of the service in meeting people's needs and each said they would recommend the service to a family member.

Good

Is the service caring?

Our findings

Most people who had used the service and their relatives told us that they were happy with the care and support they had received. They told us care workers were caring and kind and had treated them with respect and dignity. People's comments included, "I had the services for six weeks following discharge from hospital after an operation for a fractured hip. I could not fault the service - if I ever felt I needed more help, I would not hesitate to contact them again"; "I had help from care at home after an operation…once I was independent the care ended. This is a retrospective report, therefore, of a very good service"; and, "I had one particular carer who was absolutely excellent." Community professionals said they had found the staff they had met to be kind and caring towards people using the service.

We saw that people were given a leaflet that informed them about the service. This gave contact details for the office, information about the reablement service and the staff, 'what you can expect from us' and 'what we expect from you', and how to give feedback and make complaints. The section on 'what you can expect from us' informed people of the main principles that underpinned the care they would receive. These included respecting privacy and dignity, listening to people's views, help to remain as independent as possible, and respecting gender, sexual orientation, race, religion and culture.

The registered manager told us all staff were trained in equality and diversity to help them recognise the importance of treating people as individuals and without discrimination. They said two staff had taken on roles as 'dementia champions' to act as role models and enhance the care of people with a dementia related condition who used the service. The registered manager also took a lead role and represented the service at a local 'Dignity Forum' that raised awareness and held events to promote dignity and respect within care services.

Care workers told us they believed people were treated with respect and dignity by the staff. They all felt that the support they provided helped people to be as independent as possible. The senior staff we talked with told us people's lifestyles and preferences were always taken into account when assessing and planning their care. Staff were clear about their roles in making sure people were involved in and made choices about their care, including what each person's aims were from using the reablement service. A social care assessment officer told us they would help access advocacy services for people who were unable to express their wishes and had no family to act on their behalf. The service also sought feedback about the care and support provided from people and their families during periodic reviews and at the audits carried out when services ended.

The caring approach of staff was reflected in the way they spoke about individuals, with genuine warmth and understanding. For instance, during a handover we heard office staff talking about a person who had just been discharged from hospital. In addition to the practical issues of arranging extra visits they were mindful of clarifying the emotional support that the person and their family members needed and how this would be provided.

We found that care workers routinely reported on people's well-being within daily visit records and the progress people were making in becoming more independent in their daily living. The records also demonstrated the caring nature of care workers. A prime example of this showed that care workers had acted sensitively towards a person who had recently been bereaved and was grieving, and had spent time with them to listen and talk about their feelings.

The registered manager told us the service would not economise on the time taken to provide people with good quality care. They said 15 minute visits were provided only where people needed care workers to prompt them to take medicines, and required no other support. The service also took action when it was felt that people's care had been compromised. We were told, for example, that a theme of unsafe discharges from hospitals had been identified for some people who had used the service. The registered manager said in each instance they had raised a safeguarding alert and taken measures to enable the person to be cared for safely at home. They also took case examples to the 'reablement steering group' to discuss how discharge practices could be improved with other health and social care professionals.

Good

Is the service responsive?

Our findings

People who had used the service told us they had been involved in making decisions about their care and support. They told us that if they had wanted, the service had involved the people they chose in making important decisions. One person commented, "The senior care worker did a thorough assessment of my needs and requirements. They worked out a plan of care which was appropriate to my needs as soon as the service started and again after two weeks of the service being started."

Community professionals told us the service acted on any instructions and advice they gave. They said the service co-operated with other care services and shared relevant information when necessary. One professional told us, "The reablement service is client-centred and upholds rehabilitation and personalised goal setting principles. Clients therefore have graded support and therapy to enable them to achieve optimum independence, well-being and to remain at home for as long as possible."

A duty system was operated during working hours that enabled people using the service and care workers to contact staff at the office for support or advice, and in the event of an emergency. We were told for instance about a recent call when a person had fallen at home and their spouse had got into difficulties whilst trying to help them. Staff from the office had responded immediately by going out and providing assistance and the person and their spouse had not sustained any injuries.

The staff we talked with told us they always aimed to work in a flexible and responsive way according to people's needs and choices. For example, they told us about a person who was unable to let workers into their home but who did not want to have a key safe fitted. They preferred to throw their keys out of the window when care workers arrived and this was accepted as being the person's choice. The registered manager told us they felt that "many of the staff go the extra mile and adapt well to people's individual circumstances".

We found that people had their care needs and any risks associated with their care assessed at the start of their service. This information was used to draw up personalised care plans describing what the person could do for themselves, how they preferred to be supported, and the level of support care workers would provide. Records were kept of the care and support provided at each visit and a system of reviews was in place to check on each person's progress at fortnightly intervals and when services finished.

Where it was evident that people might need to receive longer term services from other care providers, they were visited by a social care assessment officer to help determine their future care provision. There was scope for the reablement workers at times to be able to observe and work alongside staff from other care providers during transition periods to ensure people's needs continued to be met. A community professional commented that they felt the service worked in an integrated way with other care services to ensure people could remain in their own homes.

The service's main focus was to deliver care and support that would enable people to become more independent in their personal care. The registered manager told us they recognised that staff also had a vital role to play in helping people regain their social skills and confidence. Some people's support therefore included helping them to access the community and to reintroduce activities and interests which were important to them. A senior worker confirmed this and we noted their planned agenda for a team meeting included the topic of workers taking people for walks and to their local shops.

The registered manager told us the service was looking to further develop the expertise of senior workers who carried out people's initial assessments. They felt this was necessary as, at times, assessments were lacking social aspects of care and when people might be at risk of social isolation. There were plans to audit the assessments, give training in capturing a more holistic view of people's needs, and to conduct observations of the senior workers on initial visits.

Care workers and community professionals told us the manager and senior staff were accessible and approachable, and dealt effectively with any concerns they raised. Most people who had used the service said they knew how to make a complaint and felt that staff would have responded well to any complaints or concerns they wished to raise. However one person who completed our survey raised concerns about the way they felt they had been treated by a staff member. With the person's permission, we gave their contact details to the registered

Good

Is the service responsive?

manager who was keen to follow up on their comments. The registered manager confirmed to us that they had arranged to meet with the person to investigate their concerns.

We looked at complaints records which showed five complaints about the service had been made over the past year. Each complaint was promptly and thoroughly investigated and people had been given verbal and written responses. The registered manager told us that lessons were learnt from complaints. For example, the supervisions that senior workers carried out to observe care practice had been changed to capture the approach and attitude of care workers, including the views of people using the service.

Good

Is the service well-led?

Our findings

The service had a registered manager who had been in post for three years. They were supported in their role by their line manager, a service manager for care services within the local authority, who was often based at the office. The registered manager described their line manager as being “very supportive” and “good at giving constructive feedback” and said together they would often analyse problems and find solutions. A ‘service improvement lead’ also supported the registered manager in any developmental work within the service.

Most people who had used the service told us they had known who to contact at the office if they had needed to. They said they had received information from the service that was clear and easy to understand and had been asked what they thought about the service they had received. One person commented, “It is a well-run service.”

Most of the care workers told us they would feel confident about reporting any concerns or poor practice to their manager. All said that they were given important information as soon as they needed it. 80% of care workers said they were asked their views about the service and felt the management took their views into account. The staff we talked with described an open culture and well managed service. They said the registered manager was approachable and available if they ever needed to discuss any issues.

The registered manager told us that all staff were encouraged to air their ideas and raise concerns directly with them or through their supervisors. There was a ‘staff communications group’ which was chaired by the registered manager and attended by representatives of staff from all grades and union representatives. The minutes of the last meeting showed the group had debated topics including health and safety issues, communication and feedback, care worker well-being, training and budgets. A new survey was also being introduced to seek the views of staff and stakeholders on the quality of the service provided.

The service had a defined management and staffing structure with clear lines of accountability. The registered manager said the management team worked to a shared rota pattern to promote fairness and lead by example. The management team shared working on the duty desks so they were in regular contact with people using the service and care workers. They also worked out in the community where they were visible to care workers and actively involved in supporting them in their work.

The registered manager said all staff were made aware of the conduct expected of them. This was monitored through supervisions, including observations of the standards of their care practice, and feedback from people using the service. We were told that poor care would not be tolerated and where necessary staff performance was subject to additional supervision and/or disciplinary action.

Feedback about people’s experiences of using the service was obtained. Care records were also audited to validate people’s care during reviews of their service and when the service ended. The registered manager acknowledged our findings relating to the deficits in medicines records. They told us they were disappointed that these had not been discovered during the routine service reviews and audits of records. They immediately instigated a review of all medicines records for people who were currently using the service. The registered manager said they would look to revise the audits and ensure they were carried out more thoroughly.

The service manager conducted visits to check on the quality of the service. For example, a recent report showed they had looked at issues including capturing all staff training on a central database; management of sickness absence; use of care workers’ ‘free time’ between visits; funding agreed for new handsets to improve communication; poor discharges from hospital; and complaints, concerns and compliments. We noted that any areas identified for improvement had been entered onto an action plan for the registered manager to take forward. Praise was also given for particular areas of work that had been done well, such as thanking staff for their “excellent response to ensure business continuity” when the office was flooded.

Performance meetings were held four times a year with the service improvement lead. The registered manager showed us that the last meeting had concentrated on the numbers of people being referred each month, referral sources, the duration of services, and the outcomes for people when their services ended. The statistics had been analysed and demonstrated a high success rate for people who were still living at home three months after receiving the service.

Good

Is the service well-led?

The registered manager met with a multi-disciplinary steering group that included representatives from social work, performance, service commissioners, and health partners. The group focussed on improving practice within the work of reablement services to ensure people across the city received appropriate care. The registered manager also worked with other local domiciliary care providers in Newcastle to align how they managed practices and services.

Community professionals told us the service was well managed and worked to continuously improve the quality of care and support provided to people. One professional commented, “A major advantage of the service and intermediate care model in Newcastle is that Reablement, Social Care Direct and the Community Response and Rehabilitation Team are located on the same floor of a building, thus promoting enhanced integrated health and social care thinking, working and planning. A steering group, consisting of stakeholders, meets regularly to continuously evaluate and develop the service which is positive and promotes integrated models and pathways. The reablement service very much enhances the quality and scope of care within Newcastle.”

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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The registered person had not ensured the proper and safe management of medicines. HSCA 2008 (Regulated Activities) Regulations 2014: Regulation 12 (2) (g).