Age UK North Tyneside

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Inspection report

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Date of inspection visit: 8, 9, 10, 16, 24 and 25 July 2014
Date of publication: 24/02/2015

Ratings

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

Overall summary

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 is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service

We visited the on the 8, 9, 10, 16, 24 and 25 July 2014. We gave the provider 48 hours notice of the inspection to make sure that the relevant people we needed to speak with could be available.

The service was last inspected in January 2014 and was not in breach of any regulations at that time.

Age UK North Tyneside provides home care and housing support to 428 adults living in their own homes. Over 5000 visits a week are carried out by staff to support these people.

Summary of findings

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

There were safeguarding policies and procedures in place. Staff were knowledgeable about what actions they would take if abuse was suspected. One member of staff said, "I have never seen anything like that [abuse]. I would report it straight away."

The registered manager was aware of the Mental Capacity Act 2005. There were policies and procedures in place and key staff had been trained. This helped ensure people were safeguarded from excessive or unnecessary restrictions being placed on them.

Safe recruitment procedures were followed and staff said that they undertook an induction programme which included shadowing an experienced member of staff. There were 189 staff employed and six team leaders had recently been recruited. These team leaders would help monitor people's care and carry out important audits and checks.

People informed us they generally saw the same core group of care workers with whom they were happy. One person said, "They're lovely lasses." Some people and relatives explained that problems sometimes arose when their usual care workers were not available.

Staff assisted people to take their medicine. We found however, that medicines were not recorded appropriately. Care plans often did not contain an up to date list of medicines that people were taking. Staff documented "tablets taken" but it was not clear what medicine had been administered. We considered that people were not fully protected against the risks associated with medicines because an effective system to manage medicines was not in place.

We found that care plans and risk assessments were not always detailed or up to date. This meant that staff did not always have information on what actions they should take to ensure people's safety.

Staff were appropriately trained and told us they had completed training in safe working practices and were trained to meet the specific needs of people who used the service such as those who required specialist feeding techniques and those who had dementia.

Staff were knowledgeable about people's needs and we saw that care was provided with patience and kindness and people's privacy and dignity was respected. However, we noticed that care plans were not personalised and did not always contain people's likes and dislikes or all the care which was provided.

A well-defined management structure was in place from the board down to the delivery teams. The board consisted of a Chief Executive and two executive directors together with12 Trustees. The Chairman and the Trustees had a wide depth and breadth of experience from the public and commercial sectors.

We found however, that certain aspects of the service were not monitored in a timely manner to highlight any concerns or issues. In addition, the provider had not notified us of certain changes and incidents which they were legally obliged to inform us.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. These related to medicines management, assessing and monitoring the quality of service provision and record keeping.

During and after our inspection, the provider drafted action plans, to inform us what actions they were going to take to improve with regards to medicines management and care records. They also submitted the necessary notifications with immediate effect.

You can see what action we told the provider to take at the back of the full version of this 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?

Requires Improvement

Not all aspects of the service were safe.

We found that people were not fully protected against the risks associated with medicines because the provider did not manage medicines appropriately. Medicines were not recorded appropriately. In addition risk assessments were not always detailed or up to date. This meant that staff did not always have appropriate information on what actions they should take to keep people safe. During and after our inspection, the provider drafted action plans, to inform us what actions they were going to take to improve with regards to medicines management.

Safeguarding policies and procedures were in place and staff were aware what actions they would take if abuse was suspected.

The registered manager was aware of the Mental Capacity Act 2005. There were policies and procedures in place and key staff had been trained. This helped ensure people were safeguarded from excessive or unnecessary restrictions being placed on them.

Is the service effective?

Good

The service was effective.

We saw that people received food and drink which met their nutritional needs.

People received care from staff who were trained to meet their individual needs.

People could access appropriate health, social and medical support as soon as it was needed.

Is the service caring?

Good

The service was caring.

During our inspection, staff were kind and compassionate and treated people with dignity and respect.

There was a system for people to use if they wanted the support of an advocate. Advocates can represent the views and wishes for people who are not able express their wishes.

People's views were obtained via an annual survey and review. Meetings were held for people who lived in the extra care housing schemes.

Is the service responsive?

Requires Improvement

Not all aspects of the service were responsive.

Summary of findings

We found that care plans were not personalised and did not always record people's likes and dislikes and all the care that needed to be provided. This meant that there was a risk staff might not be aware of people's preferences and deliver care which did not meet their needs. During and after our inspection, the provider drafted action plans, to inform us what actions they were going to take to improve with regards to care records.

A complaints process was in place and people told us that they felt able to raise any issues or concerns.

An activities programme was in place in the extra care housing schemes.

Is the service well-led?

Requires Improvement

Not all aspects of the service were well led.

We found that certain aspects of the service were not monitored in a timely manner to highlight any concerns or issues. In addition, the provider had not notified us of certain changes and incidents which they were legally obliged to inform us.

During and after our inspection, the provider drafted action plans, to inform us what actions they were going to take to improve with regards to medicines management and care records. They also submitted the necessary notifications with immediate effect.

There was a registered manager in place. She spoke enthusiastically about her role and dedication to ensuring the care and welfare of people who used the service.

A well-defined management structure was in place from the board down to the delivery teams. The board consisted of a Chief Executive and two executive directors together with12 Trustees. The Chairman and the Trustees had a wide depth and breadth of experience from the public and commercial sectors.

Age UK North Tyneside

Detailed findings

Background to this inspection

The inspection team consisted of two inspectors; a specialist advisor in governance and an expert by experience, who had experience of domiciliary care. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

The additional inspector assisted for the first three days of the inspection. The specialist advisor accompanied us on the last two days of our inspection. The expert by experience contacted people and their representatives by phone following the inspection. They spoke with 16 people and two relatives. We conferred with a pharmacy inspector following our inspection.

We consulted a range of staff during our inspection. These included the registered manager, the Chief Executive, the Executive Director of Business and Finance, Head of Quality and Performance, training staff from the provider's Care Academy, assistant managers, coordinators and 20 care workers.

We visited 15 people in their own homes with their permission. Care workers accompanied us on our visits. We ensured that we visited people in each of the four areas that the provider covered, Whitley Bay, Killingworth/ Longbenton, North Shields/Tynemouth, and Wallsend. Age UK North Tyneside also provides personal care to people who live in five extra care housing schemes which are run in conjunction with different housing organisations. We visited all five schemes; Fontburn Court; Holmside; Thomas Ferguson Court; Sanderson Court and Edith Moffat House. We spoke with a number of individuals through the day and groups of people at meal times during our time at these schemes.

We spent time looking at a variety of records during our inspection. These included five staff recruitment and training files, policies and procedures, minutes of meetings, surveys and other relevant documentation. We examined 21 care plans in people's homes, including the extra care housing schemes we visited and those kept in the office.

We contacted five health and social care professionals by phone following the inspection to seek their opinion of the service. These included a local authority care manager, a district nurse, a social worker from the local hospital's reablement and discharge team, an occupational therapist and a speech and language therapist. In addition, we spoke with a local authority contracts and monitoring officer, two local authority safeguarding officers and the clinical manager from the local Clinical Commissioning Group. We also contacted the local Healthwatch organisation by email to obtain their opinion of the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

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. Before our inspection, we reviewed the information included in the PIR along with information we held about the service.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we

Detailed findings

have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Requires Improvement

Is the service safe?

Our findings

As part of this inspection we looked at records and care plans relating to the use of medicines. We also visited people in their own homes to see how their medicines were managed.

Most people received medicine in blister packs from their pharmacy. However, the records did not show the medicines people received. Staff often documented, "meds given" or "tablets taken" in the daily records. Other medicines such as creams, inhalers and eye drops that were not contained in blister packs were also administered. These were often not recorded in the care plan or in the daily records. We read in one person's care plan "Inhalers x3 to [name of person] and observe." There was no record of what these inhalers were.

Emergency medicine administration records were used to document the administration of short courses of medicines such as antibiotics. We looked at several of these records and noted that they were not completed accurately. There were gaps in the recording of the administration of medicines. We noted that medicine entries on these records were handwritten. However, the entries were not signed and dated, or checked by a second person to make sure they were accurate and complete.

Care plans often did not contain an up to date list of medicines that people were taking. Maintaining an up to date list of each person's medicine requirements helps to make sure that all the medicines a person needs are received from the pharmacy and administered correctly.

We saw that medicines with a shorter expiry date once opened, for example, eye drops, were not marked with the date of opening. This meant it was not possible to say if these medicines were within the recommended expiry date, and therefore safe to use.

The manager told us, and our own observations confirmed that family members occasionally filled people's medicine compliance aids. These are boxes with compartments for morning, lunchtime, teatime and bedtime tablets. This was not safe practice since a pharmacist had not been involved in the process. We spoke with the manager about this issue and she immediately stopped this practice and completed an action plan which stated, "Age UK feel that it is safer to assist with medication which is from its original packaging by the pharmacist."

We found that a robust system for checking medicine when the person returned from hospital was not fully in place. We visited a person who had recently returned home. The care worker informed us that they had "found" a box of tablets on the table and "presumed" this medicine needed to be taken. The care worker had not checked with the office that this medicine needed to be administered. We asked the registered manager about the procedure for checking medicine following a person's return from hospital. She informed us there was no structured proforma to document any changes in a person's condition or medicine following their return home from hospital. The local authority contracts officer told us, "The [medicine] records are not clear so this can cause errors."

This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the action we have asked the provider to take can be found at the back of this report.

During and after our inspection, the provider drafted action plans, to inform us what actions they were going to take to improve with regards to medicines management.

We saw that each person had a care plan. However, the information was sometimes not up to date. We went to one person's house and read that a risk assessment had been completed in 2007 by the occupational therapist. This was not up to date and the person's circumstances had changed.

We noted that some care plans and risk assessments were inaccurate. We visited another person who lived in one of the extra care housing schemes. She told us and our own observations confirmed that she used a wheelchair to move around the service. We read her care plan which stated that a walking frame was used. Another person used a stand aid. The use of this equipment was not recorded in her care plan which stated that she used a "walking frame" to mobilise. We asked the care worker about her mobility. They told us, "She doesn't walk; she uses the stand aid."

We visited another person at home. We read that he used a special moving and handling aid to assist him to transfer to and from his bed to his wheelchair. Staff told us and the person confirmed that his condition had improved and he no longer used this equipment. The care plan also stated

Requires Improvement

Is the service safe?

that "cot sides" were in place. The correct terminology for this equipment is bedrails. These are fitted to the side of a bed and help prevent falls out of bed. The person told us, "I didn't like them, so I removed them. I've been fine."

This was a breach of regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the action we have asked the provider to take can be found at the back of this report.

During and after our inspection, the provider drafted action plans, to inform us what actions they were going to take to improve with regards to care records.

People stated that they felt safe. One person said, "Yes I feel safe, the girls are lovely." Another said, "They are never awful to me." The occupational therapist told us, "I think they provide a safe service. A lot of the care staff know how to use the moving and handling equipment and what is available and they always seek advice if they are not sure."

There were safeguarding policies and procedures in place. Staff were knowledgeable about what actions they would take if abuse was suspected. One member of staff said, "I have never seen anything like that [abuse]. I would report it straight away."

We spoke with a local authority safeguarding adults' officer. She informed us that there were, "No organisational concerns" with Age UK North Tyneside and the service had, "Acted appropriately with safeguarding referrals." She told us that the registered manager sent in a regular report of any safeguarding concerns and stated, "That's a good thing." Records showed the manager had referred one ex member of staff to the Disclosure and Barring Service (DBS) following a safeguarding investigation. This was confirmed by the safeguarding officer. Referrals are made to the DBS when an employer or organisation has concerns that a person has caused harm, or poses a future risk of harm to vulnerable groups. The DBS would then decide whether the individual should be placed on the barred list from working with vulnerable people.

A social worker from the local hospital's reablement and discharge team said, "They seem to manage. I think they [people] are safe." The local authority contracts officer told us, "I have no concerns about safeguarding except for the repeated medicine errors which could be addressed by clearer documentation."

We checked recruitment procedures at the service. We read five staff files. Staff told us relevant checks were carried out before they started work. One member of staff told us, "They carried out all the usual checks. I had to wait until my CRB and references were back before I started."

We saw that DBS checks had been carried out before staff started work. These checks are carried out to help ensure that staff are suitable to work with vulnerable people. Two references had been obtained, which included one reference from their last employer. One person with whom we spoke told us she had been involved in the recruitment process and had interviewed prospective staff. She told us, "There were four of us at the table and I had to give my opinion afterwards about whether they were suitable."

The service employed 189 staff. Staff informed us there was generally enough staff employed to look after people. They explained that most visits, which they referred to as "calls", were in close proximity to each other, so travelling time was kept to a minimum. People and relatives told us there were mostly enough staff to look after them. However, one relative said, "They rush in and rush out, are always dashing. My wife gets on well with the regular carer." One person commented, "Occasionally they are running late, chasing around and understaffed but seem happy at their work; I don't see any supervisors though." We spoke with the manager about these comments. She said and our own observations confirmed, they had recently recruited six team leaders to work in the community to help monitor care and carry out some of the audits and checks. A further 10 team leaders were in the process of being recruited for the five extra care housing schemes.

One person whom we contacted by phone told us that the care workers did not come at 7am when required since they did not start until 8.30am. The manager explained and our own observations confirmed that there was a contract in place with North Tyneside to provide personal care from 7am until 11pm. In addition, a 24 hour out of hour's service was available.

Many of the people informed us that staffing issues had improved. One person said, "Now I usually get the same one she checks my medications. In the beginning I could get anyone it varied. When no one comes I notify the office as they do not notify me. My carer now is excellent, very nice."

Requires Improvement

Is the service safe?

We accompanied staff on 15 calls. These visits were carried out early morning, lunch time, tea time and in the evening. We observed that staff carried out their duties in a calm unhurried manner and had time to talk to people. One member of staff said, “It’s fine. We see the same people; I can walk everywhere – [name of person] lives just around the corner.”

Good

Is the service effective?

Our findings

We spoke with 20 staff who told us that training was good. One care worker told us, "It's one of the main reasons I came to work here, the training is really good." Another said, "[Name of Age UK training officer] is excellent, he knows how to make the training interesting." Other comments included, "The training reinforces your knowledge." The local authority contracts and monitoring officer said, "I've not had any concerns with training."

Training was delivered via the provider's Care Academy. This was a sector based training school which staff and others outside of Age UK North Tyneside could access to undertake a variety of courses in health and social care.

Staff explained that they undertook an induction when they started work. This included face to face training and shadowing an experienced member of staff. One care worker said, "I went through the Care Academy and had all the training, moving and handling, food hygiene, it [induction] covered everything. I then went out with someone first, it was really good – they were good…The training is ongoing." An occupational therapist with whom we spoke said, "They always double up if someone new starts, so they will have an experienced member of staff working with the inexperienced member."

Staff told us and our own observations confirmed, training had been undertaken in safe working practices such as moving and handling. We saw that knowledge gained during training was reflected in staff practices. We observed staff assisting people to transfer with various moving and handling equipment such as a ceiling hoist, a stand aid, walking frame and wheelchairs. All transfers were carried out safely using the correct procedure. Staff told us they had also carried out specific training to meet the needs of people who used the service such as dementia care and specialist feeding techniques. We spoke with the speech and language therapist who told us that she had delivered a specific training session. She told us, "There were several excellent staff at the training who even stayed behind to ask me questions."

The manager told us and staff confirmed that one to one meetings known as supervision sessions were carried out. These are used amongst other methods to check staff progress and provide guidance. An appraisal was also undertaken. The manager told us, "It's been great getting time to do the appraisals properly. The staff fill in their form and we fill in ours and then we sit together and compare. It's really nice to see it all come together and for them to get feedback."

Staff told us and records confirmed that unannounced spot checks were undertaken to check that staff were following the correct policies and procedures. We noted that some of these meetings and checks were not carried out as regularly as planned. We spoke with the manager about this issue. She told us that the recruitment of six new team leaders would enable these meetings and checks to be carried out more frequently.

We visited all five extra care housing schemes. Two of the housing schemes, Holmside and Edith Moffat, provided meals and refreshments as part of people's tenancy agreement. These meals and refreshments were provided by a different branch of Age UK North Tyneside. Age UK North Tyneside staff assisted people with these meals. We spent time with people at lunch and tea time within these two extra care housing schemes. Most people ate in the dining room. One care worker said, "It's nice for them to be able to socialise and come along and see other people." Most people were able to eat and drink independently. Some required their food cut up. One person with whom we spoke required special cutlery to enable him to eat independently. Staff had ensured this cutlery was available. Staff were attentive throughout meal times and asked if people wanted any assistance, further helpings or drinks. People told us that they felt some of the meals could be improved. Most people said they did not like the "packet soup" which was provided. One person said, "The food is disappointing, we had a bowl of packet soup and half a scone last night." We spoke with the manager about these comments. She informed us that she was aware of this issue and it was being addressed.

We observed meal times in the community and the other three extra care housing schemes. Staff visited people in their own homes and helped with the preparation of meals. We saw staff were very diligent and knew people's likes and dislikes and any special dietary needs they had. A care worker informed us that one person's appetite had decreased. She said, "I stay a little longer over meal times and talk with her and she doesn't realise that by the time I get up to go she's finished her meal."

We observed staff promoting people's independence. One care worker said, "Are you coming through to the kitchen to

Good

Is the service effective?

help me make tea?" Another left a person a drink on the table and was very careful to ensure the handle on the cup was the right way around to ensure she could drink it. Staff always ensured people were left with a supply of drinks which they could have in between their visits.

Some meals were pre prepared "ready meals" which required microwaving. Staff made sure these were attractively presented on a plate and not left in the packaging. One care worker said, "I would never leave it in the packaging, it just doesn't look nice." We saw other care workers preparing food "from scratch." One person requested bacon and eggs. The care worker knew exactly how the person liked her eggs and bacon, "soft yoke" and "fat cut off the bacon" and she washed a couple of plums for her to have for pudding.

We saw that staff worked together as a team to ensure that people's wishes were met. One person explained that she did not like "ready meals" and preferred home cooked food. Care workers would prepare the meal in the morning and peel the vegetables. This meant the meal could easily be cooked when the care worker came at tea time. She told us, "I write out a menu for every day. Last night I had a pork loin chop, broccoli, carrots and [name of care worker] made me a nice gravy. The girls prepare the vegetables; they know what they're doing."

We observed a care worker administering nutritional fluids to one individual via a Percutaneous Endoscopic Gastrostomy (PEG) tube. This is a tube which is placed directly into the stomach and by which people receive nutrition, fluids and medicine. The care worker ensured the person was in the correct position and observed them throughout the procedure for any signs of discomfort.

People told us and records confirmed that staff contacted health and social care professionals if advice or treatment was required. We spoke with a member of staff from the community occupational therapy team who informed us they had worked with Age UK North Tyneside whenever required. We read daily records which documented that people had seen district nurses, GP's, social workers, dietitians and speech and language therapists. One person said, "Oh yes, if I'm poorly they phone for the doctor straight away." While we were visiting one person at home, she requested assistance to speak to her GP about her sore toe. The care worker contacted the GP surgery and passed the phone to the person in order that they could speak to the receptionist to request advice from the GP.

The social worker from the local hospital's reablement and discharge team told us that a representative from Age UK North Tyneside had attended several planning meetings on the wards and explained to those attending what the service was able to provide. The speech and language therapist told us that she had been involved with two people at one of the extra care housing schemes. She said, "I haven't been aware of anything to suggest they don't follow my advice and recommendations."

Good

Is the service caring?

Our findings

People and relatives were generally positive about staff at Age UK North Tyneside. People told us they were happy with their 'usual' care workers. One person told us, "The staff are lovely, so caring. They get rid of them quickly if they're no good." Another said, "My carers are absolutely A1 and go the extra mile." Other comments included, "I'm quite happy with the care given," "They're all nice girls who come to me," "[Name of care worker] is very good, in fact she treats me better than the doctors and nurses in the hospital," "They're spot on. The girls are really caring," "She [care worker] is like my daughter" and "Since my husband died, she [care worker] has been a real friend." One relative said, "I've met some of the girls and it's more of a vocation. They all seem to be on the same wave length, very gentle, very caring – lovely."

We noticed each person had a file which contained their care plan and information relating to the service. The social worker from the local hospital's reablement and discharge team stated, "They're effective at providing information." We read the results from the 2014 survey. This stated that 95.5% agreed that information was "clear, easily accessible, accurate and up to date."

One of the assistant managers told us that no one currently accessed any advocacy services. Advocates can represent the views and wishes for people who are not able express their wishes. She explained systems were in place if an advocate was required. She explained that Age UK provided an advocacy service.

When we visited the extra care housing schemes we saw that "user group meetings" were carried out. These were held to obtain the views of people who lived there. We read the latest minutes from Edith Moffat House and saw that meals, activities and staffing were discussed. We read that the meeting ended with "tea, coffee, cakes and a few games of bingo!"

Prior to starting the service, an initial meeting was carried out to assess the person's needs and a care plan was formulated. We saw these care plans were not always personalised and did not document people's background, likes and dislikes. However, we observed that staff were knowledgeable about people's needs.

One care worker said to an individual, "You used to like going into town didn't you – dancing." Another care worker said, "She likes everything hot. Her tea has to be hot and she likes certain cups to drink out of…She has to have her tablets before her breakfast and she likes to take them with her tea." One person told us how staff had adapted various household items to make sure she was comfortable in bed. Staff went through this night time routine with us. She said, "We're very grateful the service is here." We visited another person and saw that staff remembered to leave her cardigan next to her in case she got cold in-between their visits. Staff were equally as attentive to people's needs at the extra care housing schemes. One person had dementia and was moving his furniture around. The care worker did not stop him, but stayed with him until he was satisfied with "his work." The occupational therapist told us, "They go out of their way if the customer has a preference to make sure their preferred carer is available."

During our visits we saw people were treated in a kind and caring manner. Staff took time to speak to people and talked about things which were important to them such as their family. In many instances, the care workers knew not only the person, but also their families. When we visited people's homes, people talked to the care worker and us about their families and the care worker would point to a photograph of the family member they were talking about.

One person who we visited was unable to mobilise and staff used a hoist to transfer her. The hoist was specially adapted and had a small seat at the back on which she could sit. She told us, "I can't get around and the staff know this. They are so caring, they will wheel me to the window so I can look out and see what's going on outside and they also wheel me into the kitchen so I can see if the kitchen is clean and tidy." A care worker explained that one person's husband had recently died, she said, "She became really low. We keep the radio on for company so she can hear voices when we go." This was confirmed when we visited her house.

When we visited one of the extra care housing schemes staff told us about one individual's love for her cat. We visited this person and she told us and our own observations confirmed that staff assisted her to look after her cat to enable her to keep the cat at home which promoted her wellbeing.

They were also able to adapt their conversations to the individuals they visited. One person told us, "[Name of care worker] makes me laugh and I make her laugh. I have bi polar and I get anxious and worry if staff are late. They

Good

Is the service caring?

know this and staff make sure that this doesn't happen." We visited one young person and heard the happy banter that ensued between the two care workers and the individual. He told us, "We have a laugh." One person whom we visited in one of the extra care housing schemes had dementia and we heard shouting from her flat. The staff member immediately went to see her and sat with her whilst she calmed down. Another person in the community got anxious about ensuring that the door was locked. The care worker reminded him regularly that she would lock the door when she left.

We read the provider's mission, beliefs and values statement and noted that one of their "beliefs" stated, "Everyone must be treated with dignity and respect." We observed this in practice. People told us that staff promoted their privacy and dignity. One person said, "Oh yes, they're very good to protect your dignity." Staff knocked on people's doors both in the community and the extra care housing schemes even when they had a key to get into people's homes. Staff always asked for people's permission before we went in. The language staff used both verbally and in care plans was appropriate. One person said, "They're more like friends, I enjoy their visits." We visited one person who was looked after in bed. She looked well-presented and comfortable. Another person whom we visited wanted to get ready for bed in the evening. Staff ensured they covered her with a blanket whilst she talked to us since she had her night clothes on. We read the results from the 2014 survey which stated that 99% of those surveyed said they were treated with "courtesy and respect."

Annual reviews were carried out. One of the purposes of these reviews was to obtain the views of people and their relatives and to ensure the care plan was meeting people's needs. One review stated, "Relationships with care workers very good. [Name of person] happy with the service." Another stated, "I have the same care staff in to feed me and we all get on well. They're all good staff." The registered manager told us that reviews were going to be carried out more frequently to obtain feedback from people who used the service and their relatives.

Requires Improvement

Is the service responsive?

Our findings

People and relatives informed us that in general the service was responsive to their needs. One person said, "My carer's give me no trouble at all the help is good." Another said, "Yes, they respond quickly whenever I need them." One relative said, "If there's a problem they always phone me or if necessary the doctor. They're a real pleasure to have around and [name of person] absolutely loves them. I always feel comfortable that everything they do is perfect."

We spent time reading people's care plans. We noted information about people's background and their likes and dislikes was often not recorded. Information about the care to be delivered was also very brief and did not document all the good care which we had observed being carried out. We read in one person's care plan that staff were to support the individual with special leg exercises. However, there were no details of these exercises. We asked one care worker how she knew what exercises had to be carried out. She replied, "We've always done them, we know what to do." The person explained that if any new care workers visited, she had to instruct them on the exercise routine.

Another care plan which we examined, mentioned a different person's name which had been cut and pasted from another person's care plan. We spoke with a local authority contracts officer who stated, "There's isn't enough person centred information to ensure the delivery of good quality personalised care." This lack of personalised care plans meant that staff might not be aware of how the individual wanted the care to be delivered.

This was a breach of regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the action we have asked the provider to take can be found at the back of this report.

During and after our inspection, the provider drafted action plans, to inform us what actions they were going to take to improve with regards to care records.

We spoke with the manager about the care plans and she explained people saw the same core group of care workers who knew people well. She agreed the care plans did not always reflect the care that staff delivered and while we were carrying out our inspection, she developed an action plan which stated, "All customer care/support plans and risk assessments will be person centred and include personalised details of each visit."

Some people and relatives informed us that problems arose when their main care workers were not available. One person said, "It used to be the same carers, now I never know who is turning up and this is about my personal care. I told them I don't mind an older male or female carer but do not want any young men carers and I have had to be firm on that one." Another said, "We both have needs…Time keeping now is much better but it really is hard to get the relief carers to adjust to your way." We spoke with the manager about these comments, she explained and records confirmed that continuity of care was monitored. A recent audit confirmed that 82% of people saw the same care workers. She considered that this continuity of care was down to the "static staff rotas" that had been introduced which helped ensure staff looked after the same people each week.

Some people felt the care could be improved at times. One person informed us that they paid privately to have a care worker assist her husband to put on his support stockings. She said, "When someone comes who is trained to do this, they can be in and out in 10 minutes. Untrained is a marathon and a difficult experience for my husband - pulling and tugging." She explained that office staff stated they had to pay for a 30 minute visit; however this task sometimes only took 10 minutes. We spoke with the manager about this comment and she said she would investigate this issue.

The occupational therapist with whom we spoke said, "I've worked with them a lot and find them very proactive. They seek advice if there are any problems…They are aware of moving and handling and moving and handling risk assessments are in place. If someone's mobility deteriorates, they look after them in bed, until we can assess them. What I like about Age UK is they will allow us to go out and work with them" and "I can't think of a time where if a case isn't running smoothly, they haven't tried every perceivable option to try and find a solution to the problem. They will only ever pull out if every option has been tried and they can't meet people's needs, but that's very rare." She explained, "I've worked with a case recently and they were very responsive to the daily changes and fed back daily to us."

Staff knowledge about equipment and the needs of people was evident during our home visits. We heard one care worker speaking with an individual about her preference for a bath. She was currently only able to have a shower

Requires Improvement

Is the service responsive?

because of her mobility. The care worker said, "I think it would be a good idea to get a bath seat, what do you think? It would make it easier to get into the bath…I think an extra bar [handrail] for the shower would be good too, I'll phone the office."

The speech and language therapist said, "There's always a representative from Age UK when we have our multi-disciplinary meetings" and "When I telephone, the senior staff normally coordinate things well…The social worker and myself have been involved in changing the care plan."

We spoke with a social worker from the local hospital's reablement and discharge team. She told us that in general she did not have any concerns with the service. She explained, "They're normally good at restarting any [care] packages when the patient goes home" and "They are normally flexible with any restarts [of care] and they are empathetic to ensure continuity of care." A care package is a combination of services put together to meet a person's assessed needs as part of the care plan arising from an assessment or a review. It defines exactly what that person needs in the way of care, services or equipment.

We read people's annual reviews. These helped to demonstrate how the service responded to people's changing needs. One stated, "My care plan changed when I came out of hospital. I now only have three feeds per day." This individual received nutritional fluids via a PEG tube directly into his stomach. A second stated, "[Name of relative] is happy with the service and the care staff who visit. He has asked if care staff can visit her four hourly due to [name of person] skin integrity." We saw this extra visit had been put into place.

When we visited the extra care housing schemes, we saw that activities were provided at various times of the day. A timetable was in place which included activities such as bingo, arts and crafts, hairdressing, coffee mornings, games and quizzes. Whilst we were visiting the schemes, we observed people enjoying a variety of activities such as making craft boxes, baking and playing bingo. People who were taking part appeared engaged and afterwards, they told us they enjoyed the social contact. One person said, "Yes, it's good that these are organised, although it would be good to have more." Another person whom we contacted by phone said, "The carers in Thomas Ferguson Court seem very kind and caring. They have had a change of manager who is more keen on social inclusion amongst residents with stimulating events in the day and their keeping some independence now." Another relative said, "They do lots of quizzes to make her brain work."

There was a complaints procedure in place. 15 complaints had been received since January 2014. The manager told us that they looked after over 400 people and carried out over 5000 visits a week so this was a small percentage by comparison. We noted that information regarding the actions which had been taken to resolve the complaint and the outcome were recorded. The contracts and monitoring officer told us, "Kerry [registered manager] is normally on the ball with complaints." We read the results from the 2014 annual survey. This stated that 70% of those surveyed were aware of the complaints procedure; this figure had increased from 54% the previous year. The Head of Quality and Performance stated, "I think we are generally better at ensuring all customers see our complaints procedure. It is in their customer file and we also make them aware of it in the care at home service guide." This was confirmed during our conversations with people and inspection of their care files which all contained a copy of the complaints procedure. One person informed us that she had complained, she said, "I have had to make a complaint when the carer didn't turn up at lunch time…Yes they dealt with it and it hasn't happened again."

Requires Improvement

Is the service well-led?

Our findings

There was a registered manager in place. The manager spoke enthusiastically about her role and dedication to ensuring the care and welfare of people who used the service.

People and relatives told us they felt happy to raise any concerns or complaints they had. Many people with whom we spoke informed us that they were happy with the service. One person told us, "I'm as happy as a lark with them." Another said, "The service is absolutely smashing." A relative told us, "Age UK have been brilliant. They do everything they say they are going to do. They are extremely efficient." Some people in two of the extra care housing schemes told us they felt the food could be improved. The occupational therapist told us, "The management - they listen to their customers' needs" and "I think it's well led. I phone up the office and I might not speak to the person I need to, but the member of staff who picks up the phone knows what is going on and can answer my questions, so they must be well led. What I also like is that they can always direct you to who you need to speak to" and "They obviously have good leadership and give good direction."

A well-defined management structure was in place from the board down to the delivery teams. The board consisted of a Chief Executive and two Executive Directors together with12 trustees. The chairman and the trustees had a wide depth and breadth of experience from the public and commercial sectors.

The provider sought to ensure they were an open, transparent and inclusive service. Information on their aims, beliefs, mission and values was published on their website. Their customer charter, governance principles and annual report which included details of their finances was also included. We spoke with both the Chief Executive and Executive Director of Business and Finance who spoke enthusiastically about their vision for the future and about ensuring people received personalised care.

The manager told us and records confirmed that they had sought third party assurance by participating in a number of external accreditation schemes. These included ISO 9001 which is an internationally recognised quality management standard; Contractors Health & Safety Assessment Scheme (CHAS) and Investors in People, a nationally recognised people management standard. In addition, they had achieved the Organisational Quality Standards for local Age UKs in England. These standards had been externally assessed. We read on their website that these standards, "Certifies that we are a well-governed and effective organisation committed to the wellbeing of older people, our staff and volunteers and to working in partnership with others." We considered the achievement and participation in these schemes helped Age UK North Tyneside to demonstrate their commitment to providing a quality service.

The manager told us and staff confirmed there were various reward schemes in place to recognise staff commitment. There were long service awards which resulted in a monetary reward and additional paid leave. An annual "Thank you party" took place and staff who were complimented by people and their representatives received personal letters of thanks from the provider. One care worker said, "There's staff parties in the hall. They put on food – 'thank you parties.' There is an award thing that happens at the parties."

All staff, informed us that they enjoyed working at Age UK North Tyneside. Some staff said they had worked for other agencies which were not so good. One care worker said, "I feel valued…There's not so much rushing around, all your calls are in the same area." Another commented, "It's much better here than others I've worked for." Staff informed us that they felt able to raise any concerns to their line manager. While we were carrying out our inspection, one care worker used the whistle blowing procedure to report her concerns about a member of staff. The manager took immediate and appropriate action to deal with her concerns.

When Age UK North Tyneside registered with the Care Quality Commission, two conditions were applied to their registration. A condition of registration places a limit or a restriction on what a provider or registered manager can do. First, the provider had to ensure that a registered manager was in place. Second, the regulated activity "personal care" could only be carried on at the specified location on the certificate. When we announced the inspection, 48 hours prior to our visit, we found that they were managing the service from an unregistered location in Whitley Bay. This meant that they were in breach of the

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Is the service well-led?

conditions of their registration. We discussed this with the registered manager who immediately completed an application to register the Whitley Bay location and an inspection was carried out at this location in Whitley Bay.

Prior to our inspection, we checked all the information we held about the service and saw that they had not sent us certain notifications. Notifications are changes, events or incidents that the provider is legally obliged to send us within the required timescale. We had not received notifications of death or certain police incidents. The submission of notifications is important to meet the requirements of the law and enable us to monitor any trends or concerns. We spoke with the manager about this issue. She explained that she would submit notifications for all required incidents with immediate effect. These two areas of concern are being dealt with outside of this inspection process.

When we visited the extra care housing schemes, staff told us that accidents and incidents pertaining to people, such as falls were only recorded in the accident and incident book if they happened in communal areas and not if they occurred in people's rooms. This meant there was no accurate overview of how many falls and incidents had occurred to ascertain if there were any trends. We spoke with one of the assistant managers about the analysis of falls. She said they had recognised this was an issue and were going to put systems in place to monitor falls and incidents, not only in the extra care schemes but also in the community.

The manager told us and our own observations confirmed that an annual review was carried out to check that the care package was meeting people's needs. We read one person's review which stated, "[Name of person] advised she is very happy with the service provided by Age UK and gets on well with her care worker [name of care worker]."

However, we found concerns with medicine management. During the annual review, we noted that a check of the person's current medicine was carried out; but not all aspects of medicine management were monitored such as the recording of medicine. We spoke with the manager about this issue. She immediately wrote an action plan regarding the "introduction of medication audits." She explained that team leaders and assistant managers would carry these out.

We had concerns with care plans. We found that they were not detailed enough to provide sufficient guidance to staff. In addition, we noted that care plans had not always been updated when people's needs had changed such as their mobility. Monitoring of people's care and their care plans was not always carried out in a timely manner.

Staff told us that sometimes they assisted people with their shopping. This task had not always been included and agreed in their plan of care. A financial audit was carried out at people's annual review. We considered that such a timescale may not highlight any issues or problems such as any irregularities in financial procedures quickly enough.

This was a breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the action we have asked the provider to take can be found at the back of this report.

We spoke with the manager about these issues. She stated that the recruitment of six team leaders would enable more frequent reviews and monitoring processes to be carried out.

During and after our inspection, the provider drafted action plans, to inform us what actions they were going to take to improve with regards to medicines management and care records. They also submitted the necessary notifications with immediate effect.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers The provider did not have an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who used the service and others. Regulation 10 (1)(a)(b)(2)(iii)(c)(i)(e).

Regulated activity	Regulation
Personal care	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines People were not fully protected against the risks associated with medicines because the provider did not manage medicines appropriately.

Regulated activity	Regulation
Personal care	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records People were not fully protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were not always maintained. Regulation 20 (1)(a).