

Age UK North Tyneside

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Inspection report

Whitley Bay Centre
Park Road
Whitley Bay
Tyne and Wear
NE26 1LT

Tel: 0191 2808484

Website: www.ageuk.org.uk/northtyneside

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Outstanding



Is the service responsive?

Good



Is the service well-led?

Requires improvement



Overall summary

We carried out the inspection on the 10 and 11 June 2015. We announced the inspection to make sure that the relevant staff and people we needed to speak with could be available.

Age UK North Tyneside provides personal care to people living in their own homes. There were over 400 people using the service at the time of the inspection.

We last carried out an inspection in July 2014 when we found that the service was in breach of three regulations. These related to medicines management, records and

assessing and monitoring the quality of service provision. At this inspection we found that improvements had been made with regards to records and assessing and monitoring the quality of service provision. We still had concerns however, with medicines recording.

There was a registered manager in post. A registered manager is a person who has registered

Summary of findings

with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

We checked medicines management. We found that clear and accurate records were not being kept of medicines administered by care workers. Details of the strengths and dosages of some medicines were not accurately recorded. Care plans and risk assessments did not support the safe handling of some people's medicines.

There were safeguarding policies and procedures in place. Staff were knowledgeable about what actions they would take if abuse was suspected.

Safe recruitment procedures were followed and staff said that they undertook an induction programme which included shadowing an experienced member of staff. 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 dementia care

We checked how the service followed the principles of the Mental Capacity Act 2005 (MCA). The MCA governs decision-making on behalf of adults who may not be able to make particular decisions. The registered manager was aware of the Supreme Court judgement in relation to deprivation of liberty. She was liaising with the local authority to ascertain what implications this ruling had on people who used their service especially those who lived in the extra care housing schemes.

People received food and drink which met their nutritional needs and they could access appropriate health, social and medical support, as soon as it was needed.

People and relatives were extremely complimentary about the caring nature of staff. 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.

We visited the extra care housing schemes and saw that staff supported people to access the local community for meals. In addition, regular bingo games were held which people told us they enjoyed.

A complaints procedure was in place. Most people told us they had no complaints or concerns. Others told us that any issues they had raised had been dealt with appropriately. One relative informed us that they considered their complaint could have been handled better.

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 with 12 trustees. The chairman and the trustees had a wide depth and breadth of experience from the public and commercial sectors.

The registered manager carried out a number of checks and audits to monitor all aspects of the service. We found that concerns with certain aspects of medicines recording had not been identified by the provider's medicines audits. This is the second time the provider has been in breach of a regulation relating to medicines management.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 which related to safe care [medicines management]. This is being followed up and we will report on any action when it is complete.

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?

Not all aspects of the service were safe.

We found that clear and accurate records were not being kept of medicines administered by care workers.

Safe recruitment procedures were followed. There were sufficient staff employed to meet people's needs.

There were safeguarding procedures in place. Staff knew what action to take if abuse was suspected.

Requires improvement



Is the service effective?

The service was effective.

Staff told us that training courses were available in safe working practices and to meet the specific needs of people who lived there, such as dementia care.

The registered manager was liaising with the local authority to ascertain if any elements of the Mental Capacity Act were relevant to people who used their service especially those who lived in the extra care housing schemes.

People received food and drink which met their nutritional needs and they could access appropriate health, social and medical support, as soon as it was needed.

Good



Is the service caring?

The service was very caring.

People and relatives were extremely complimentary about the caring nature of staff. They told us that staff promoted people's privacy and dignity. We saw that staff knocked on people's doors before they entered their house.

There were a number of feedback mechanisms in place. This included meetings in the extra care housing schemes, surveys and annual care reviews.

Outstanding



Is the service responsive?

The service was responsive

People's care plans contained detailed information about their life history and preferences. A 'walk through' document was in place which informed staff how the person liked their care and support to be delivered.

Activities and social events were organised in the extra care housing schemes.

There was a complaints procedure in place. Most people and relatives informed us that they had no concerns or complaints.

Good



Summary of findings

Is the service well-led?

Not all aspects of the service were well led.

The registered manager carried out a number of audits and checks to monitor the quality of all aspects of the service.

We found however, that continuing concerns with medicines recording had not been identified by the provider's medicines audits.

Some people and relatives told us that communication with office staff could be improved. The registered manager told us that this would be addressed.

Requires improvement



Age UK North Tyneside

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 is 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 team consisted of two inspectors; a pharmacy inspector; a specialist advisor in governance and two experts 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 inspection took place on 10 June 2015 and was announced. We carried out a second visit to the service on 11 June 2015 to complete the inspection. We visited four extra care housing schemes in North Shields, Whitley Bay and Longbenton. Extra care housing is housing with varying levels of care and support available on site. People who live in extra care housing have their own self-contained homes and a legal right to occupy the property. The fact that people live in their own homes means that there is a clear distinction between extra care housing and a care home.

We also visited people in their own homes in the local community in Whitley Bay and North Shields. We visited people at various times of the day because we wanted to ascertain how care and support was provided at different times of the day.

We talked with 30 people during our visits to the extra care housing schemes and visits to people's own homes in the local community. We spoke with 26 people and relatives by phone following our inspection.

We conferred with the provider's nominated individual; registered manager; deputy chief executive; head of quality and performance; head of human resources; training manager; three assistant managers; a care coordinator; two team leaders and 15 care workers.

We looked at a variety of records which related to the management of the service such as audits, minutes of meetings and surveys. We also viewed 20 people's care records.

Prior to carrying out the inspection we reviewed all the information we held about the home. We did not request that the provider complete a provider information return (PIR) because of the late scheduling of the inspection. A PIR is a form which asks the provider to give some key information about their service, how it is addressing the five questions and what improvements they plan to make.

Is the service safe?

Our findings

At our previous inspection in July 2014 we found concerns with the recording of medicines. At this inspection, we reviewed the systems around the safe administration of medicines and found continued concerns with the recording of medicines.

We checked medicines management at three of the extra care housing schemes we visited and when we visited people in their own homes in the local community.

Most people received medicines in blister packs supplied by the pharmacy, however the records did not accurately show the medicines that people received. The records showed that staff were recording 'medication given' or 'tabs admin' but did not detail the medication they had administered. Where medicine was not included in the blister pack it was unclear whether they were given as prescribed. For example, one person was prescribed tablets which were included in their blister pack and a liquid medicine at the morning dose. The record made said 'tabs admin' so it was unclear whether the liquid medicine had also been given.

Care plans did not contain an up to date list of medicines that people were taking. Maintaining an up to date list is necessary so that records of the medicines administered at each dose are clearly documented. For one person the medication list did not accurately reflect the time that the medicine was administered and for another person the strength of a medicine currently being administered was different to that listed. This meant that it was not always possible to tell whether medicines were being administered as prescribed.

Care plans did not clearly record assessments of people's individual medicines needs and the level of support needed. For one person staff had full responsibility to obtain medicines but this was not documented. In addition, the assessment said that family helped with some medication, but this was now undertaken by staff. For another person the documentation listed the level of support for medication as prompt medication, assist medication and administer medication. This meant that staff were given conflicting information about what support people needed to ensure people were given their medicines in a safe, consistent and appropriate way.

This was a breach of Regulation 12, Safe care and treatment, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found that medicines were accurately recorded at one of the extra care housing schemes we visited.

People told us that they felt safe. This was confirmed by relatives. Comments included, "There's nobody who's come into my house that I wouldn't have wanted in it;" "Yes he feels very safe;" "They take no risks where my mum is concerned. They keep us in the loop;" "I was not very keen on the idea of having a key safe, but now I feel it is the best thing ever. I don't have to get up to answer the door when the carers come and I can go to bed feeling safe with the door locked. The carers come to get my [relative] to bed and I can have an early night if I want one" and "I know the care workers who come and I feel safe knowing that I get the assistance I need and have agreed."

There were safeguarding policies and procedures in place. Staff were knowledgeable about the actions they would take if abuse was suspected. One staff member told us, "I have never seen anything [abuse], but if I did I would report it straight away to [name of line manager]." Another staff member said, "I look after them the same way as I would my grandparents, I've never seen anything horrible, we're a good team here." We spoke with the local authority contracts and commissioning officer who told us that there were no organisational safeguarding concerns.

Most people and relatives informed us that while staff were busy there were enough staff employed to meet people's needs. However, some people and relatives who we contacted by telephone said, "They are improving. I still don't know if they have sufficient staff and I still have concerns about the staffing levels," "Not enough carers around. All rushed off their feet;" "Although my care is fine, I feel the staff could be over worked" and "The staff work very hard and can, at times, seem under pressure, but this never impacts on the care they provide for her."

We spent time with people in three of the extra care housing schemes and also visited people in the community in the morning, afternoon, tea time and early evening. We wanted to see how care was delivered at various times of the day. We found that care and support was provided in a calm and unhurried manner. Travelling time was included which meant that there was no overlap between visits and staff had time to get to their next call.

Is the service safe?

At our previous inspection we found that moving and handling risk assessments did not always reflect people's mobility needs. At this inspection we found that moving and handling risk assessments were up to date and provided staff with accurate information about how to move and handle people.

We saw that other risk assessments were in place and covered a range of areas such as, medicines management, environmental risks and security. A computerised system was used in the office to monitor when risk assessments were due for renewal. We observed that staff checked people's care files at every visit to make sure that there had been no changes in their care and support that they should be aware of. One care worker said, "It's important to read this [care file] just to see what's been going on and if there's been any problems, we always do that." This was confirmed by a relative who said, "Staff follow what is on the paperwork."

We checked recruitment procedures at the service. Staff told us relevant checks were carried out before they started work. One member of staff told us, "Yes, I had to wait for my checks to come though before I could start." We checked the file of the last care worker who had started work at the agency. We saw that a Disclosure and Barring Service check had been carried out before the staff member had commenced. Two references had been obtained, which included one reference from their last employer. These checks are carried out to help ensure that staff are suitable to work with vulnerable people.

The registered manager analysed all accidents and incidents to ascertain if there were any trends or themes. She said, "We monitor everything - falls, deaths, accidents, injuries and look at who, what, when and how." She told us, and records confirmed that one person had a number of falls and was referred to the social worker for a falls assessment.

Is the service effective?

Our findings

We asked people and relatives whether the service effectively met people's needs. Comments included; "They're efficient and caring;" "I've never had a problem and I'm happy with all the people that have come into my house. They do a lot of tasks;" "The staff are first rate;" "They're very efficient, very friendly and she likes them all" and "It's very efficient and a very good service. She's 98 and still living on her own so they must be doing something right."

People and relatives told us that staff were knowledgeable and knew what they were doing. We asked the question, "Do you think staff are well trained and know what they are doing?" Replies included, "They provide a consistent level of care. They've had a level of training and they are pleasant and professional. I haven't met one who has a poor character," "They're always training and learning new things. They are trained in health and safety," "They are [trained], but if a new member of staff starts it can take a bit longer," "Yes, they are very well trained and know what they are doing, as well as being sympathetic;" "I've found them to be caring, knowledgeable and they have sought out information to help understand my mum's health needs more;" "The staff are well trained and he [relative] likes them;" "I think they are excellently trained; they are always having training days;" "They all know what they are doing. I can't object to anything. Whatever needs doing, they'll do it" and "Yes definitely [well trained] by the way they know how to help me and everything that they need to do."

Staff said that the training provided was good. They gave examples of training which they had completed. This included national vocational qualifications in health and social care, fire safety, moving and handling, health and safety, infection control, medicines management and the Mental Capacity Act 2005 (MCA). We spoke with one new member of staff who told us, "I had two weeks induction and two days shadowing an experienced member of staff. I found the training really good and everyone was very supportive. If I needed any help I just had to ask. I have learned a lot. There is a good atmosphere and the team work well together."

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. We

visited the Care Academy and observed a moving and handling session being carried out. We saw that staff were learning a variety of moving and handling techniques such as how to use a moving and handling belt.

The training manager at the Care Academy showed us one of the training rooms which had been designed to look like a person's bedroom. The training manager said, "We call it Dot's flat and we try and make it as realistic as we can, with a variety of risks like trailing wires, sloppy slippers and a rug." This room helped enhance learning by introducing staff to some of the risks they could encounter in people's homes. She also told us, "We go out in the wheelchair and simulate what it is like for the customers. It's important to make sure staff walk at the same pace as the customer is used to. We also have visual impairment glasses which staff wear."

Staff informed us that they received supervision and an annual appraisal. These are used amongst other methods to check staff progress and provide guidance. One staff member told us, "I have on the job supervision every three months and we get plenty of training opportunities. Staff morale is good and I feel well supported. If I had any concerns I could raise them. I think we provide a good service and customer satisfaction is high."

We checked how people's nutritional needs were met. People and relatives did not raise any concerns about this area. One relative said, "[Name of person] gets a three course meal cooked every lunch time. Carers sometimes make her a sandwich." Another said, "Yes she loves the meals."

We spent time at two of the extra care sheltered housing schemes over lunch time. Most people had their meals together in the communal dining areas. We saw people were able to choose what they wanted to eat and support was provided as necessary. We noticed that one person had not eaten very much of her lunch. One of the care workers said, "I'll cut up some banana for you and you like yoghurts don't you?" At one of the extra care housing schemes, staff told us that regular fish and chip nights and pie and pea suppers were organised. One person told us, "I really look forward to these nights when we get together it can be a bit lonely being on your own."

We considered that staff were knowledgeable about people's dietary needs and ensured that people received a balanced and nutritious diet. Where concerns were raised

Is the service effective?

about people's dietary intake, staff took appropriate action. We read one person's care plan and noted that staff had highlighted concerns regarding the person's ability to prepare her meal. The staff member had written, "[Name of person] not heating her own lunch... [name of staff member] went back and heated meal up. Request put through to social worker for lunch call to be added."

We checked how the service followed the principles of the MCA which governs decision-making on behalf of adults who may not be able to make particular decisions. The registered manager was aware of the Supreme Court judgement in relation to deprivation of liberty. The Supreme Court ruled that anyone who was subject to continuous supervision and not free to leave was deprived of their liberty. The registered manager was liaising with the local authority to ascertain what implications this had on people who used their service, especially those who lived in the extra care housing schemes.

We found that staff followed the principles of the MCA. Information relating to the MCA and best interests decisions was included in the local authority's care plan.

We noted however, that the service's own care documentation did not reference how the service followed the MCA principles. The registered manager told us that this would be addressed.

People and relatives told us that consent was gained before any care and support was provided. Comments included, "I am always asked before they provide any care;" "They always ask me what I want them to do;" "They always explain their potential actions in advance;" "They know what needs doing but they ask me" and "They ask permission to come into the room." We observed care workers asking people about their wishes before delivering any care. Staff asked if they wanted to go to the toilet, have a shower or get dressed. We talked with staff who were able to demonstrate that they were aware of the importance of gaining people's consent before carrying out any care.

People and relatives told us that staff contacted health and social care professionals to ensure that people's health care needs were met. We saw care plan entries which documented that care workers had sought advice from GP's, district nurses, podiatrists and speech and language therapists. This showed that the service worked with other health care professionals to ensure people's health care needs were assessed and managed.



Is the service caring?

Our findings

People and relatives were extremely positive about the care provided by staff. Comments included, “My ladies go above and beyond;” “For caring they are outstanding. I am not in the best of health and they look after me;” “They cheer me up when they come, it brightens up my day;” “Wonderful - I think they are chosen especially for her. They take her out in the sun and make her feel special;” They are very caring people; ‘They’re lovely, chatty and sympathetic;’ ‘They are superb. I would say they are a beacon of good practice;’ “The staff are a ray of sunshine;” “She sees them like extended family;” “They are very caring and compassionate;” “Outstanding, they make a fuss of her” and “Outstanding. They do a brilliant job. They all deserve a medal.”

Staff spoke with pride about the importance of ensuring people’s needs were held in the forefront of everything they did. One staff member told us, “Everything we do is for the customers [people].” Another said, “You don’t do it for the money, but seeing the difference you make to their lives makes everything worthwhile.” A third staff member said, “I love the people, helping them makes me feel better.”

During our visits to people’s homes we observed positive interactions between people and staff. It was clear that people related well to the staff who supported them, whether this was in the extra care housing schemes or out in the community. In one person’s house, there was much laughter when one relative showed care workers his hedgehog impressions! At another house, the care workers did a little dance when they were leaving which made the person laugh. At a third person’s house, the staff member sat beside the person and held her hand. The staff member said, “Ooohhh your hands are cold let me warm them up.”

We visited one person who had a cat. Staff recognised the importance of the cat and how it helped the person’s wellbeing. One member of staff took the cat in her own time to the vets for regular check-ups. We read the person’s care file and noted that there was a care plan for looking after the cat. One staff member said, “It’s important to look after [name of cat] because it is the main stay of [name of person’s] life.”

We saw care workers supporting people who had a dementia related condition in a sensitive and understanding manner. We observed one care worker

holding a person’s hand. The person started calling out, “Two hands, two hands,” another care worker immediately came over and knelt beside her and held her other hand which comforted and reassured her. Before the care workers left, they gave the person a soft doll to cuddle and told her, “We’ll be back soon.” One care worker told us, “She likes to have something to cuddle, it helps comfort her.”

One member of staff told us how she had brought in make up for one person because she had run out and her family were away. Another staff member told us, “We’re always on the lookout; if there’s anything we feel our customers need and they can’t get it, we bring it in for them.”

We attended one person’s 80 birthday party which was held in a local church hall. The person explained that staff had organised the party for her. Following the party the person sent the registered manager an email which stated, “Unknown to me [name of care worker] had been in touch with my family in Scotland and they all trooped into the hall and that really made my day. Over 40 people were there including [names of staff]. I will send some photographs for you to see. The buffet was all home made by [name of care worker] and her mam. The beautiful cakes that [name of staff] made are not shown on the table but the spread was exceptional and all arranged by [names of staff] in their own time. What outstanding care and dedication they show to us. Although I am completely on my own I always feel secure and can’t praise my two regular carers enough.”

People and relatives told us that staff promoted people’s privacy and dignity. Comments included, “They bathe her twice a week and leave her to do her private bits;” “They are personal without being intrusive” and “They are very good with that [promoting dignity].” We observed staff promoted privacy and dignity. They closed people’s doors and curtains whenever care was being carried out. We also observed staff supporting people to put on their night wear. If they did not want to go to bed at the time of the visit; they ensured that they were covered with a blanket or appropriate garment. One staff member told us, “We would never leave them uncovered. I always treat them how I would like to be treated. I would hate to be wheeled around naked or left sitting with nothing on when I was being washed.”

People and relatives told us that they were involved in decisions about the care provided. We asked the question, “Do staff involve you in decisions about your care?” Replies



Is the service caring?

included, “The girls I get regularly are outstanding. I think they do a wonderful job and I am certainly involved in all the decisions about my care. I made a request for female carers and this has been respected. The service gives me what I need. The staff I see are happy and they make me feel better;” “The staff always ask permission before providing any care and if decisions need to be made about how the care is provided I am always asked and involved.

The staff are very caring and I have not had care workers who don’t know what support I need;” ““They work collaboratively;” “We feel involved” and “They ask him what help he needs.”

Each person had information relating to all aspects of the service in their care file. We considered that arrangements were in place to ensure people were involved in making decisions about their care.

Is the service responsive?

Our findings

Most people and relatives stated that staff were responsive to people's needs. One person told us, "Staff absolutely know what I need assistance with. They are good at their jobs. They are particularly kind and helpful." A relative whose family member lived in one of the extra care housing schemes said, "It's a place where people thrive and get better and better." Other comments included, "Age UK were really good as they adapted to how I wanted my care delivered at home. That is really precious," "One comes six days a week and is brilliant," "I would be lost without them" and "I have recommended them to people as very good. Certainly I wished I had got them earlier it has changed my life."

We asked people and relatives the question, "Do you see the same care workers?" Replies included, "I've got an established team," "When people come you don't know, you can't be sure the care will be what you want so I feel satisfied it is always provided by people I know. I like continuity," "He's got two regular people who help with the shower," "She's got one main worker and we have a positive impression of Age UK," "She has regular carers and it's running smoothly," "Yes - the same core of carers" and "It is usually the same people who come, only an odd time when someone is sick and the others can't manage to come is it anyone different. I feel good about that."

People and relatives' comments about the continuity of care provided, was confirmed by our own observations. Staff were knowledgeable about people's needs and care and could explain these to us. A recent audit which had been carried out between April 2015 to June 2015 confirmed that 80% of people saw the same care workers.

Most people and relatives told us that people received their care calls as planned. Most explained that they had never had a missed call. Some people and relatives said that there had been the occasional missed call, but these were not regular. Comments included, "Once in about eight years [a missed call];" "Only once in a year - bad weather and short staffed. Just a missed a day, but no major bad outcome" and "Just had no one to send and they didn't contact me. More than once it happened. Once it was Christmas week. The office worker said the person rang in sick and they had no one else." Most people and relatives informed us that staff arrived on time and stayed for the full length of the call. One relative said, "They are always on

time. They warn in advance of changes." However, one relative said, "Some are better than others... Some only stop 15 minutes but it should take half an hour." Another relative said, "Sometimes they are 20 to 30 minutes late, but they still stay for the full call."

People and relatives told us that their views about who provided the care and support were taken into account. We spoke with one relative who told us, "There was a gentleman carer doing baths and I did not agree with that and asked for a female carer. They changed this immediately." Another relative said, "He has adjusted to having them assist him and he likes the fact a man comes at night - not that he doesn't like the girls. The service gives me what I need and has helped me to feel confident about going out because I know he will get the care he needs. If I was not happy I would feel able to tell them. The staff are always cheerful and respectful; in fact they are all very nice."

At our previous inspection we noted that information about people's background and their likes and dislikes was sometimes not recorded in their care plans. Information about the care to be delivered was also very brief and did not document all the care provided. At this inspection, we noted that each person had a "walk through" document in place. Staff explained that this recorded everything they did for people, from when they arrived at the person's house to when they finished. This meant that any new staff would know exactly how the person liked their care to be given. We spoke with one care worker who said, "The walk through document makes it so much easier. Having them in place means that we're not going in blind. Everything is written down."

We saw some people living with dementia had a booklet called 'My Life' which they and/ or their family had assisted staff to complete. It contained important information about their lives, their preferences and lifestyle as well as interests and hobbies. This meant that staff were able to see people as individuals and deliver person-centred care that was tailored specifically to their needs.

We visited the extra care housing schemes and saw that staff organised outings into the local community for meals. In addition, regular bingo games were held which people told us they enjoyed. One staff member said, "We organise quizzes and parties, anything they want." Staff informed us that one person who lived at an extra care housing scheme sometimes became anxious and agitated. They explained

Is the service responsive?

that staff supported her to make cakes and scones which lessened her anxiety and subsequent agitation. One staff member said, “It’s really worked, doing things to help take her mind off things.”

We read people’s care records and noted that annual reviews were carried out or more frequently if people’s needs changed. One relative told us that this process helped ensure that they were involved and consulted about all aspects of care provided. Another said, “They review the care plan once a year and he gets invited to attend to discuss. If I feel anything needs changed they do that. In between, I inform Age UK’s manager at the home [extra care housing scheme] and they sort things out.”

There was a complaints procedure in place. Most people and relatives informed us that they had no complaints or

concerns. Several people and relatives said that they had raised a complaint. One relative informed us that she had raised a concern about a missed call which had resulted in her father not getting a shower. She said that staff were very apologetic and had rearranged the person’s shower and the issue around the missed call was resolved. Another relative told us however, “Things were resolved, but it could have been handled better.” A third relative said that his family member’s laundry sometimes got lost. This occurred in one of the sheltered housing schemes. We spoke with the registered manager about this comment; she told us that the assistant manager was dealing with this issue. We saw records of complaints which had been received within the past 12 months. Details of actions which had been taken to address the concerns raised were available.

Is the service well-led?

Our findings

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 with 12 trustees. The chairman and the trustees had a wide depth and breadth of experience from the public and commercial sectors.

The registered manager carried out a number of checks and audits to monitor all aspects of the service. We found however, concerns with certain aspects of medicines recording which had not been identified by the provider's medicines audits. We have taken enforcement action in relation to this issue. We have taken this action into account when deciding upon our rating of 'requires improvement' for this domain.

People and relatives informed us that they were generally happy with the service provided. Comments included, "I'm very impressed with the service. A friend recently picked it because it was Age UK after what I and other people had told her;" "We have had excellent service and would recommend them to anyone needing someone cared for. Very fortunate, I was quite worried by stories I had heard, but everything has been good and we have a lot to be grateful for;" "I find Age UK 100% better than my previous company;" "On the whole, quite a good organisation when it is working well;" "It is outstanding" and "It's absolutely fantastic."

Some people and relatives told us that communication with the office could be improved. Comments included, "I have not had such an efficient interaction with the administrative side;" "I never leave messages... I find it difficult to get through on the phone, it goes straight to mail box. I sometimes try three or four numbers before getting through to somebody;" "When I can get through, normally if they are busy I leave a message, but they are not good at ringing back. I have to ring again. If I cancel for any reason, the message often does not reach the carer;" "I'm generally happy with the service but I don't like using the voice mail boxes if I ring up" and "The communication with the staff is

fine when I get to speak to someone, it's just the voicemail boxes and technology, I'm not very comfortable with." We spoke with the registered manager about this issue. She said that this would be addressed.

People and relatives told us that they considered that the service was open and transparent. We asked the question, "How would you describe the culture of the organisation?" Comments included, "It is open and honest judging by what's visible and the people [staff] that turn up;" "I have complete confidence in it;" "It never feels like anybody's got anything to hide. I've got no fear about leaving my mother when I go home" and "It is very visible, transparent and offers a necessary service. Without it people would struggle."

Staff informed us that they enjoyed working at the service and morale was generally good. Comments included, "We all work well together and support each other. It is a good team to work in and I feel you can always put forward your views and they are listened to;" "Staff morale is good and we all support each other. If I had a concern I could raise it. I think we provide a good service and customer satisfaction is high." People and relatives also commented that staff appeared happy in their work. Comments included, "They [staff] seem cheerful and to enjoy their jobs;" "They [staff] are uplifting people so I can tell if occasionally people are not as uplifted, but it never affects the quality of their work" and "They [staff] seem cheerful and to enjoy their jobs."

The registered 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.

The registered 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 UK's in England. These standards

Is the service well-led?

had been externally assessed. We considered the achievement and participation in these schemes helped Age UK North Tyneside to demonstrate their commitment to providing a quality service.

We found that the provider was meeting all the conditions of their registration. They were sending us notifications of certain events such as the deaths of people who used the service. Notifications are changes, events or incidents that the provider is legally obliged to send us within the required timescale. They enable us to monitor any trends or concerns within the service.

As part of the new Health and Social Care Act (Regulated Activities) Regulations 2014, providers must ensure that their ratings are displayed conspicuously and legibly at each location delivering a regulated service and on their website. We noted that there was a copy of the previous CQC inspection report summary in each person's care records to inform them of our findings. In addition, a link to the CQC inspection report was included on the provider's website and a poster with their ratings was displayed in their head office and in each of the extra care housing schemes in line with legal requirements.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.

| Regulated activity | Regulation |
|--------------------|---|
| Personal care | <p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>People were not fully protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines. Regulation 12 (1)(g).</p> |

The enforcement action we took:

We have issued a warning notice to Age UK North Tyneside with regards to this regulation.