Newcastle-upon-Tyne City Council

Care at Home Service, Allendale Road

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Care at Home Service, Allendale Road provides personal care to adults in their own homes who need support to help them live independently. It provides reablement services, usually for up to six weeks, to people who have been discharged from hospital or whose needs have changed. At the time of our inspection the service was supporting 225 people and had moved into new premises. The provider had made the necessary applications to the Care Quality Commission to make changes to their registration.

The service was last inspected in January 2016 when we had followed up on a breach of legal requirements relating to medicines management. Prior to this we had carried out a comprehensive inspection in February 2015 and rated the service as 'Good'. At this inspection in July 2017 the service remained 'Good' and met each of the fundamental standards we inspected.

We found people's care was appropriately planned to reduce risks to their personal safety and welfare. Steps were taken to safeguard people from harm and abuse.

Improvements in the support given to people with their prescribed medicines had been sustained. Good, co-ordinated arrangements were in place to assist people in meeting their health and nutritional needs.

There was sufficient staffing capacity and people had allocated teams of care staff for consistency. Staff received the necessary training and support to effectively meet the diverse needs of the people they cared for.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Information about the service was provided and people were fully involved in decisions about their care. People and their families spoke highly about the care provided and the supportive relationships they had developed with staff. They felt staff were caring in their approach, respected privacy and dignity and supported people to live independently as possible.

Care services were provided flexibly and adjusted as people's needs changed. Each person had individualised care plans with the goals they wished to achieve and their care was reviewed at regular intervals. Staff were mindful of preventing social isolation and supported people to access the community and resume their routines.

The service routinely sought feedback about people's care experiences. A high number of compliments had been received and any complaints made were taken seriously and properly investigated. Professionals valued the service and the positive outcomes for people.

The management promoted an open, inclusive culture and worked in partnership with other services to

ensure people's safety and well-being. There was a good governance structure that provided leadership and active monitoring of the quality and performance of the service.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service had improved to good. Improvements in the management of people's medicines had been sustained.	**Good**
Is the service effective? The service remains good.	**Good**
Is the service caring? The service remains good.	**Good**
Is the service responsive? The service remains good.	**Good**
Is the service well-led? The service remains good.	**Good**

Care at Home Service, Allendale Road

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was announced and took place between 18 and 21 July 2017. We gave short notice that we would be visiting as we needed to make sure the registered manager and staff were available to assist the inspection. The inspection was carried out by an adult social care inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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

We used a range of methods to gather information and feedback about the service. During our inspection we had telephone contact with seven people using the service and five relatives. We received questionnaires completed by 17 people who had used the service, three relatives, nine staff and 10 community professionals. At our visit to the office we talked with the registered manager, two team leaders, three co-ordinators and six care workers. We also spoke with two social care assessment officers who were attached to the service. We examined four people's care records, staff recruitment, training and supervision, and reviewed other records related to the management and quality of the service.

Good

Is the service safe?

Our findings

At our last inspection we found the service had taken action to improve the management of medicines and was no longer in breach of legal requirements. During this inspection we observed the arrangements remained robust. People had their needs and risks properly assessed and any support required in taking their medicines was clearly stated in care plans. Care workers were trained in handling medicines and had received additional training sessions specific to revised documentation that was due to be introduced. The accuracy of records continued to be subject to regular auditing to check people had been given their medicines safely.

People we talked with said they were suitably supported with their medicines. A relative told us, "[Family member] always gets her medication regularly and on time. They keep detailed notes." A professional who worked in a medicines advisory capacity with the service commented, "This service is always looking at ways to improve and stay in line with the most up to date guidance. Any advice or suggestions that I make to improve the management of medicines are welcomed."

The service provided people with information about their rights to be safeguarded from abuse and how to report any concerns. People and their relatives confirmed they felt safe with their care workers. They told us, "I feel very safe with them" and "No concerns at all about the carers." Staff were trained in safeguarding during induction, updated this training every three years, and were informed about the provider's whistle-blowing (exposing poor practice) procedure. They understood their responsibilities and told us they knew what to do if they suspected a person was being abused or was at risk of harm.

The service worked to the local authority's multi-agency safeguarding policy and had taken appropriate action in response to any allegations of abuse. Measures were in place to prevent financial abuse and ensure staff accounted for any money they handled on people's behalf. The provider's 'duty of candour' policy had been disseminated to staff. This duty requires providers to be open, honest and transparent with people about their care and treatment and the actions they must take when things go wrong. The manager told us it was standard practice to have open communication with people and their families and apologise for any errors or omissions in care. Lessons learned from such incidents were also communicated to the staff team to help prevent reoccurrence.

Recruitment records showed all necessary pre-employment checks had been carried out to assess the suitability of new staff before they were appointed. There was sufficient staffing capacity and teams of care workers were deployed to work into geographical areas. This aimed to provide people with consistent care for the duration of their service. Care workers confirmed the roster system was forward planned and took account of their safety and lone working arrangements. Staff were given panic alarms, received personal safety at work training, and could contact the office during their working hours. Care workers told us they always received a good response when they contacted their co-ordinators or the central duty system.

People and their relatives said they had regular care workers who were reliable. Their comments included, "They come every morning. They're always on time and they've never, ever missed an appointment"; "I have

two lovely young girls as regulars, but someone covers occasionally"; "They always arrive at the time arranged"; "More often than not they're on time and if they're late it's usually due to a previous client, but they always let me know that they're running late"; and, "My regular carer rings the lady who's covering for her to let her know if I've any issues and to give her an update before she comes. They're very well organised indeed."

Care records showed risks associated with people's care, the use of aids/equipment and in the home environment were assessed and managed. One person told us, "[Staff name] came out at the beginning to make sure that everything was there that was needed." A relative expressed concerns about times when they had found staff had left their family member without their emergency pendant or that their walking aid was out of reach. This was relayed to the manager who assured us these matters would be followed up with staff.

Any accidents or safety related incidents were reported and analysed to check all necessary action had been taken and to help identify any trends. The service's business continuity plan, including emergency contacts, had been updated following the move into new premises. This had been implemented during a recent serious incident affecting the area surrounding the office, allowing the service to be managed remotely.

Good

Is the service effective?

Our findings

The service worked closely with other professionals, including a designated team of health care therapists and social work assessment officers who were based in the same office. Referrals were also made to other health care services according to people's assessed needs. This ensured people were given timely support and helped plan for any future care provision required when their service was ending.

People and their relatives felt their care workers were appropriately skilled and that they benefitted from the co-ordinated arrangements which were in place. They told us, "It made all the difference to me to come out of hospital so quickly"; "I've had operations in the last six months. The care and support I've received each time I've had them has been amazing, including the physiotherapists – I couldn't fault any of them"; "I enquired with [staff name] if someone could cut my toe nails and she arranged someone specifically to come out as she said that not all the staff were qualified to do that. The care and skill of the lady that came was tremendous"; and, "I had an initial visit to discuss my needs. They actually suggested a piece of equipment for my bed so that I would be able to pull myself up."

Staff told us they had completed induction training which had fully prepared them for their roles before they worked unsupervised. This entailed completing the Care Certificate, a standardised approach to training for new staff working in health and social care, and up to three months of shadowing experienced staff. Thereafter, training in safe working practices was undertaken either annually or every three years. All staff were trained in further topics in line with the needs and rights of the people they cared for. This included an awareness of mental capacity law and techniques in supporting people with distressed or challenging behaviours. An equality, diversity and dignity course was provided and reablement training, incorporating caring for people with dementia, was being refreshed during 2017. Approximately 75% of staff had also achieved nationally recognised care qualifications. Training was monitored and a learning zone had been set up to support staff with accessing on-line training and development.

A delegated system was in place that provided all staff with individual supervision, an annual 'my conversation' to support personal development, and regular team meetings were held. Care workers told us they felt well supported and received the necessary training to provide people's care.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We found the service worked within the principles of the MCA and the staff we talked with demonstrated a good understanding of the implications for their practice. Consent for referral to the service, sharing personal information and any power of attorney arrangements were captured in records. New care documentation that was being introduced also made the issue of people giving consent to their care plans more explicit. Where applicable, social work professionals carried out mental capacity assessments with

people and determined if decisions in their best interests needed to be made. People told us there were involved in decision-making about their care and support needs. A relative also said care workers had adapted the support they provided when their family member refused help with certain aspects of their personal care.

Nutritional needs and risks were assessed at the start of people's services and, where required, input was provided by the dietitian from the therapy team. We saw evidence of nutritional care planning, including specialist techniques, and monitoring by the dietitian. A care co-ordinator explained that 65% of the staff had been trained and assessed as competent in enteral feeding, where food and supplements are given through a tube in the abdominal wall into the stomach. This was followed by person specific training before staff assisted anyone who needed this support.

People and their relatives said care workers supported them well with their dietary needs. They told us, "They make my breakfast. It's always very nice and just what I want"; "They help [relative] to make her meals so that she retains some of her independence"; and, "They make me my breakfast and usually a sandwich for lunch. They always ask what I want. They always wash their hands and wear their gloves."

Professionals felt the service was very effective in supporting people to live at home as independently as possible. They told us, "The Care at Home service has always delivered high quality care with a focus towards working with people to regain their former independence. The staff there are flexible, hardworking, trustworthy and reliable. Feedback from service users, their carers and families is usually first class" and "Having had both personal and professional involvement with the Care at Home team, I feel confident to state this service is an excellent resource offered to people who find themselves in need of short term support."

Good

Is the service caring?

Our findings

People and their relatives were happy with the care provided and described supportive relationships with the staff who visited them. Their comments included, "They're smashing, really good"; "I've received excellent care. The staff are so cheerful and helpful"; "The carers are very nice, I'm very pleased with them"; They're all very pleasant and helpful"; "I have three carers and they're absolutely great. They're very nice and very friendly"; "The carers are very chatty and friendly. I'm going to miss them"; and, "They're a life saver, just really good. They've made such a difference to [relative] and to us as her family."

People were provided with information about what they could expect from using the reablement service. They were encouraged to complete comments/complaints leaflets and their views about the service were sought during care reviews and quality visits carried out by the team leaders. At these visits people gave feedback, including how they were treated by staff, whether they felt respected and if they were given the right support to maintain their independence. Supervising staff also observed care workers' practice to check they were adhering to the service's standards and values.

All of the people who completed our questionnaires stated their care workers were caring, kind and treated them with respect and dignity. People and relatives we talked with said their care workers had caring attitudes, were mindful of their privacy and helped them feel comfortable during support with personal care. They told us, "They're polite, respectful, caring and chatty"; "They're the best thing since sliced bread. They're so prompt, courteous, caring and very respectful both of us and our home"; "They bathe [relative] every day and are very respectful. They cover him up whilst he's waiting to maintain his dignity, and they talk to him whilst he's soaking to put him at ease"; "They give me a good wash. They're very respectful and modest"; "The staff have just started showering [relative] and she's very at ease with them"; "Most of the carers are outstanding in their care and sensitivity"; and, "They help me get washed and dressed in the morning. They're always very respectful and polite." Staff and professionals involved with the service also felt people were treated with dignity and respect.

We noted the service had received many compliments about the caring nature of staff. For example, relatives had wrote, "Thank you to the reablement team who have been looking after my [relative] for the last six weeks since their discharge from hospital. The carers have been superb and looked after [relative] with the utmost care, respect and dignity" and "Your staff team are to be proud of: professional, groomed in appearance, courteous, kind, friendly and treat every patient with dignity (I have observed this) and enabled them to get back to their own routine."

It was evident that care staff took a pride in and gained satisfaction from their work. They told us, "It's lovely seeing people progress and get back on their feet" and "The service we provide I believe is second to none. We are respectful, treat everyone individually and show people dignity and respect at all times. We are honest in our approach, explain what we do and what our expectations are."

People said they had continuity from regular care workers who completed all the support and tasks they required. Staff confirmed the time allowed for each visit meant they were able to complete all care as

detailed in the person's care plan.

We observed people stated the outcomes they wished to achieve from using the service and were fully involved in their care planning. Where necessary, relatives supported family members in making choices about their care and the service could signpost people to independent advocates to represent their views, if needed.

Good

Is the service responsive?

Our findings

People and their relatives spoke positively about the service being responsive to their needs and requests. Many said their care workers were willing to help out with other tasks and always asked if there was anything else they could do during their visits. One person told us, "They sort out my washing for me. On the first visit they put the washing machine on, then on the second visit they take it out for drying and on the third visit they put it all away for me." Another person said, "They mainly came to wash my feet and legs and change my support stockings, but were more than happy to help if I had a problem with anything else." A third person told us, "I've been having some dizzy spells, so just for this week they're coming in the early evening to help me to make a meal. They were very flexible about this."

The manager informed us that, wherever possible, the service flexibly accommodated ways of supporting people's physical and emotional well-being. They cited instances such as staff escorting people to appointments and accompanying a person to visit their spouse in a hospice. Many other examples were given of how services were adapted in line with people's changing needs. These included providing extra visits at short notice and gradually reducing the extent of support people received as they became more independent and were able to care for themselves. The service was also extended at times to make sure people were supported whilst waiting for other longer term care services to be arranged.

Preventing social isolation and helping people to resume their usual routines were recognised as an important part of the reablement service. We were told, for instance, about how staff had enabled a person to go back to visiting their relative each week for Sunday lunch and encouraged another person to start taking part in activities again in their sheltered housing complex. Other people were supported to go shopping, for walks and to visit places of worship. The manager said raising people's self-esteem and confidence through socialising had been reinforced during briefings with staff. They told us a team leader was currently looking into 'downtime' (periods of time staff had between visits) to see how resources could be used to further enhance the social support provided.

Care documentation had been revised with a greater focus on completing the areas applicable to people's identified needs. The care records we examined showed people had individually tailored care plans for meeting each of their assessed needs. These addressed all areas of personal care, the person's independent abilities and the support they required from staff. Each person's service was reviewed and evaluated every two weeks to keep check on their progress.

Staff confirmed they were informed about people's needs, choices and preferences. One staff member said, "I am office based and do not provide direct care, but I do see all the information required to provide a safe, effective service and relate this to our front line staff." All of the people we talked with were aware of the records held in their home. They told us this folder contained contact details for the service, their care plans, and was used by their workers to log entries about their care at each visit.

Professionals told us, "The carers with whom I have had involvement displayed a high level of integrity and demonstrated a good understanding of the needs of the person they were being asked to assist" and "As the

Care at Home reablement service is short term, the service users' need to change agencies to the private sector if it is identified they have a long term care need. On every occasion, I have never known a person state they would like this to happen as the service they receive from the Care at Home staff is so good and person centred to their individual needs."

People were given the procedure for making a complaint if they were unhappy with the service. The people and relatives we talked with had no concerns. Two complaints had been made over the last year, both of which were investigated and acted upon.

Good

Is the service well-led?

Our findings

The service had an experienced registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The manager understood their registration responsibilities, including notifying the CQC of any incidents or events affecting the service.

A defined management structure with delegated accountability supported the running of the service. There was a large workforce and robust measures were in place to manage teams, co-ordinate care services across the city and operate a central point of contact duty system. Staff told us they were well supported, had good leadership and were motivated in their work. They found the manager and senior staff approachable and felt able to express their views directly and in supervisions and meetings. Staff confirmed they would feel confident to report any concerns or poor practice to the management. In addition to team meetings, a communications group was held. This offered an open forum for different grades of staff and union representation to discuss employment, practice issues and share news about the service.

People using the service knew how to contact the office if they needed to and most said they had been asked what they thought about the service they received. Everyone we talked with praised the service highly, describing it as, "Absolutely first class"; "Outstanding"; "Excellent"; and, "Very honest and open service." Other comments included, "I would 100% recommend them. If I could give more than 100% I would. They're absolutely fabulous and I'm just gobsmacked with the care they provide"; "We couldn't fault the service, it's been great"; "I'm absolutely flabbergasted by the fantastic service we've received. They're so helpful"; and, "We're so impressed with the service that we've written a letter of thanks."

We saw many people and their relatives had expressed their appreciation in letters and cards to the service, with 94 compliments received over the past year. Quotes included, "I owe my recovery to the help, advice and care given by excellent ladies and am most grateful to all of them" and "It has been a privilege to have your help and we will miss you all." Compliments were shared with staff to ensure they felt valued. Equally, the manager told us they would not tolerate staff practice or attitude that fell below expected standards and, when necessary, disciplinary action was taken.

Professionals felt the service was very well managed and sought to continuously improve the quality of care and support provided to people. A professional described the service as, "An extremely well organised and responsive, high quality service that strives to achieve the best possible outcomes for its' service users." A former staff member told us, "Service users are always put first and needs are met beyond their expectation. The care staff are outstanding and provide an excellent service."

The manager was supported in their governance of the service by their line manager, a service improvement lead and bi-annual meetings with the provider to review performance. They proactively led the service, delivering briefings to staff and acted on their comments. For example, better understanding of the

challenges faced by community based staff was being promoted through office staff spending time working alongside care staff. The manager attended meetings with their peers, partner agencies and other care providers. They cascaded good practice and were committed to being involved in initiatives that would benefit older people. The service had been involved in a pilot with a local university, linking in with a research team to refer and support people with dementia who were having falls. The manager was currently supporting a forthcoming project by Healthwatch, the local consumer champion for health and social care services. This was to look at people's experiences of intermediate care within Newcastle and how they felt services might be improved.

The service routinely worked with other organisations, such as welfare rights and those who supplied key safes and alarm systems to aid the safety of people living in the community. Established links had been forged with the fire brigade who told us, "As a service we have worked for a number of years with Care at Home and they are considered a valued partner agency. The joint working we provide is considered best practice. They contribute fully to our vision of 'Creating the safest community'. Their knowledge and desire to ensure the service users are safe from fire, whilst still maintaining independent living is first class and unquestionable. In fact after training, their staff proposed safety measures which went above and beyond our initial requirements. Their standards of provision of service and referral pathways have never reduced and are always extremely high."

Outcomes for people were monitored on a quarterly basis, checking whether the aim of the service, to help keep people at home, had been met. Impacting factors were analysed and explored in collaboration with other professionals. This included looking at case studies of people's care, to review what could be improved, where lessons could be learned and to facilitate safe discharges from hospital. Joint working relationships with other social and health care professionals had been established and were being further strengthened to enable people to receive the right service at the right time. This included streamlining the referral process, plans to jointly screen referrals with health colleagues and to pilot an urgent response service. Integrated working with one of the provider's resource centres was underway, improving support for people who were returning home following intermediate care.

There was a robust quality assurance system that included audits of records to validate the care provided and observations of staff practice. The service worked inclusively with people, seeking their feedback at reviews which took place every two weeks. Overall feedback about the service was encouraged to influence improvements. A new comments leaflet had been devised that was more 'user friendly' for people to complete, set out under the CQC's five key questions relating to quality and safety. Quality audit visits carried out with people also included asking for their suggestions about what the service could do better.

The service worked to a thorough action plan, based on the CQC standards, and had identified a number of improvements which were planned to be implemented over the coming year. The handheld units used to communicate with staff and allocate visits were planned to be upgraded. Domestic violence awareness briefings and updated reablement training were being arranged. Revised care and medicines records were to be embedded and more collaborative, multi-disciplinary work with partners was either planned or in progress. The findings from quality audits were also being integrated into an online system, to aid the analysis of themes and identify any further training needs for staff. We concluded that the service was very well-led and was continually striving to make further developments which would benefit the care of people in the community.