

**We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.

## Stockton Care Call

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2012

We inspected the following standards as part of a routine inspection. This is what we found:

<b>Respecting and involving people who use services</b>	✓ Met this standard
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<b>Care and welfare of people who use services</b>	✓ Met this standard
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<b>Safeguarding people who use services from abuse</b>	✓ Met this standard
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<b>Staffing</b>	✓ Met this standard
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<b>Records</b>	✗ Action needed
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## Details about this location

Registered Provider	Stockton-on-Tees Borough Council
Registered Manager	Mr. Michael McLone
Overview of the service	Stockton Care Call provides a range of services throughout the Stockton-on-Tees Borough. The aspect of the service registered with CQC is to provide personal care and support to people in their own homes. This part of the service is very small, with only six people currently being provided with care and support.
Type of service	Domiciliary care service
Regulated activity	Personal care

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*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

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## Summary of this inspection

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### Why we carried out this inspection

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This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

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### How we carried out this inspection

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We reviewed all the information we have gathered about Stockton Care Call, looked at the personal care or treatment records of people who use the service, carried out a visit on 13 September 2012 and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members and talked with staff.

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### What people told us and what we found

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We spoke with three relatives of people who used the service provided by Stockton Care Call. They told us that they were very pleased with the care and support provided and that they had been fully consulted about the care arrangements. They were complimentary about the staff and said, "They are very friendly and personable, they do everything that is necessary and will also do other things as well." "It is an excellent service. The staff are well trained and use the correct approach. They always ensure that privacy and dignity is well maintained." "I am very confident that they are all well aware of his/her needs." Staff spoken with were very clear about the needs of the individual people they provide care to and believed that the current staffing arrangements were appropriate.

Although people were being provided with the care and support they needed, the assessment and care records did not fully reflect this and needed to be updated.

You can see our judgements on the front page of this report.

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### What we have told the provider to do

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We have asked the provider to send us a report by 10 November 2012, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

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## **More information about the provider**

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

**Respecting and involving people who use services** ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

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### Our judgement

The provider was meeting this standard.

The provider was meeting this standard. People's privacy, dignity and independence were respected. Their views and experiences were taken into account when decisions were made about the way the care was provided and delivered.

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### Reasons for our judgement

During the site visit to the office, we looked at the assessment and care records for three of the six people currently using the service. We saw that assessments had been completed with people and/or their relatives at the start of the service. There was evidence within the records to show annual reviews had taken place, which involved the person and/or their relatives. It was clear to see from the reviews that when people wanted to change aspects of their care package that the service had accommodated this.

We spoke with a relative of a person over the phone who said they and their relative had been fully consulted about their needs and about their expectations in regard to the care and support that had been provided. They said that the staff were always polite and courteous. They said, "They are very friendly and personable, they do everything that is necessary and will also do other things as well."

We visited the homes of two people who use the service. We saw that they had a copy of the care records, which also contained contact information about the service. We spoke to two further relatives of people using the service. They again confirmed that they had been fully involved in the developing the appropriate care and support packages and if changes were needed they only had to contact the office.

**People should get safe and appropriate care that meets their needs and supports their rights**

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**Our judgement**

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The provider was meeting this standard.

The provider was meeting this standard. People experienced care, treatment and support that met their needs and protected their rights.

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**Reasons for our judgement**

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We looked at the assessment and care records of three people who had used the service. Each person had a file containing completed assessments, including moving and handling assessments, along with an individual weekly schedule, which detailed the time of the visits and an outline of the care to be provided, along with equipment that was used. The care records also contained a copy of the local authority care plan, which provided detailed information about individual people and their care needs.

The people we visited and spoke with knew that the service had completed assessments and care records for them. They each had a copy of their records available within their home, which they said the staff refer to during the visits.

We saw that at each visit a contact sheet is completed, which details the care and support that had been provided.

We spoke with three support staff, all of who could describe the care they provided to people. These staff knew a great deal about the people they were supporting and were able to tell us about individuals' likes and dislikes, preferences and information about their lives. Care was being delivered to people in the way they wanted it and in accordance with their assessed needs.

Relatives said, "It is an excellent service. The staff are well trained and use the correct approach. They always ensure that privacy and dignity is well maintained." "I am very confident that they are all well aware of his/her needs."

**People should be protected from abuse and staff should respect their human rights**

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**Our judgement**

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The provider was meeting this standard.

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

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**Reasons for our judgement**

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During this inspection, we spoke with three staff about the safeguarding of vulnerable adults. All three were aware of the different types of abuse and said they were confident they would be able to identify the signs of abuse in people who used the service. We evidenced that staff were confident in their role and had a good understanding of what their responsibilities were in relation to safeguarding people who use the service. Staff told us that they would be comfortable raising any concerns or issues if they witnessed them or were informed of allegations of abuse.

We looked at training information and sampled the training records of three staff. We saw evidence that these staff had received safeguarding training, which had been updated on an annual basis. People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.



## Staffing

✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

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### Our judgement

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The provider was meeting this standard.

The provider was meeting this standard. There were enough qualified, skilled and experienced staff to meet people's needs.

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### Reasons for our judgement

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We discussed the staffing arrangements for Stockton Care Call with the community protection co-ordinator who is responsible for the day to day management of the service. They described a two team system, in which each team has two members of staff allocated, seven days per week. We looked at the duty rota and saw that there was a 24 hour rota in place, which included hours for the service registered with CQC and the other services provided by Stockton Care Call.

We spoke with three staff, who confirmed they received a rota and that they knew in detail the care needs of all six people currently being supported by the service. They confirmed that people received continuity of care and always knew which staff would be provided the care and support.

Staff believed they had been allocated sufficient time to meet people's needs. The staff confirmed that if they were delayed at one call the office staff would inform the next person of some delay.

**People's personal records, including medical records, should be accurate and kept safe and confidential**

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## **Our judgement**

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The provider was not meeting this standard.

The provider was not meeting this standard. We judged that this had a minor impact on people who used the service. We found that while staff were knowledgeable about people's needs and these were being met, the care records did not accurately reflect current needs and risks.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

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## **Reasons for our judgement**

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We looked at the security and storage arrangements during the site visit to the service. We saw that there were good security measures in place, in a building that was occupied 24 hours per day. We saw that people's care records and staff information was kept in lockable filing cabinets, within a locked office, when not in use.

We visited the home of two people using the service and the relatives we spoke with were well aware of the records that were kept, with information about their relatives care and support needs. They each were able to show us a copy of their care file and knew the contents of it.

We saw in the assessment and care records that these were not fully up to date. For example, in one person's moving and handling assessment, the equipment specified was a stand aid, however a ceiling hoist is now in use. Whilst people we spoke to were able to tell us they had been fully consulted about the care and support being provided, there was no clear evidence of this recorded within people's records. Also, whilst staff were able to detail very specific person centred care and clearly knew people's needs, the level of information was not recorded within people's care records. By not keeping assessments and care records regularly updated, people who use the services may not have had their care or current welfare needs met.

This section is primarily information for the provider

## ✘ Action we have told the provider to take

### Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Personal care	<b>Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010</b>
	<b>Records</b>  <b>How the regulation was not being met:</b>  People's assessments and care records were not up to date and did not fully reflect their current care and support arrangements. Regulation 20 (1) (a).

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 10 November 2012.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

**✓ Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

**✗ Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

**✗ Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

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**Minor impact** – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.



## Contact us

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