

Age UK Tunbridge Wells

# The Wood Street Day Care Centre

## Inspection report

Wood Street  
Tunbridge Wells  
Kent  
TN1 2QS

Tel: 01892522591

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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

The inspection was announced and was carried out on 08 December 2015 by one inspector. The Wood Street Day Care Centre provides a bathing service for people in their own home. They provide this support for older people, people living with mental health difficulties, and people living with physical or learning disabilities in Tunbridge Wells, Tonbridge, Sevenoaks and their local boroughs. The Wood Street Day Care Centre was registered with the Care Quality Commission to provide the regulated activity of personal care in April 2013.

There was a registered manager in post. A registered manager is a person who has registered 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 2008 and associated Regulations about how the service is run.

Staff were trained in how to protect people from abuse and harm. They knew how to recognise signs of abuse and how to report any concerns.

Risk assessments were centred on the needs of the individual. They included clear measures to reduce identified risks and guidance for staff to follow to make sure people were safe while bathing. Accidents and incidents were recorded and monitored to identify how risks of recurrence could be reduced.

There were enough qualified, skilled and experienced staff to meet people's needs. Staffing levels were calculated according to people's changing needs. The provider followed safe recruitment practices.

Each person's needs and personal preferences had been assessed before support was provided and were regularly reviewed. This ensured that the staff could provide care in a way that met people's particular needs and wishes.

Staff knew each person well and understood how to meet their support needs. People told us, "They [care workers] got to know me pretty well over the years" and, "They know exactly what I like and what I don't like."

All members of care staff received regular one to one supervision sessions and appraisal to ensure they were supporting people based on their needs.

Staff sought and obtained people's consent before they provided support. People told us that staff communicated effectively with them, responded to their needs promptly and treated them with kindness and respect. People were very satisfied with how their support was delivered.

Clear information about the service and how to complain was provided to people. Information was available in a format that met people's needs.

People's privacy was respected and people were supported while bathing or showering in a way that respected their dignity and independence.

People were referred to other services when necessary. Personal records included people's individual support plans and preferences. The staff promoted people's independence and encouraged them to do as much as possible for themselves.

People's individual assessments and support plans were reviewed regularly with their participation. People's support plans were updated when their needs changed to make sure they received the support they needed.

The provider sought and obtained their feedback on the quality of the service. The provider took account of people's comments and suggestions. People's views were sought and acted upon. The results were analysed and action was taken in response to people's views.

Staff told us they felt valued under the manager's leadership. The manager notified the Care Quality Commission of any significant events that affected people or the service. Quality assurance checks were carried out to identify how the service could improve and remedial action was taken when necessary.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Staff were trained in the safeguarding of vulnerable adults and were knowledgeable about recognising the signs of abuse.

Risk assessments were centred on the needs of the individuals and provided clear instructions for staff to follow.

Thorough staff recruitment procedures were followed in practice.

### Is the service effective?

Good ●

The service was effective.

Staff were appropriately trained, knowledgeable and supported in their role.

Staff were made aware of people's needs, likes and dislikes and developed effective professional relationships with them.

### Is the service caring?

Good ●

The service was caring.

Staff communicated effectively with people and treated them with kindness and respect.

Information was provided to people about the service and how to complain. People were involved in the planning and reviews of their support.

Staff respected people's privacy and promoted people's independence.

### Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed before support was provided. People's support plans were personalised to reflect their wishes

and what was important to them. Support plans and risk assessments were reviewed and updated when people's needs changed.

People knew how to complain and people's views were listened to and acted upon.

**Is the service well-led?**

**Good** ●

The service was well led.

There was an open and positive culture which focussed on people. People and staff feedback was sought and staff felt valued by the service.

Staff had confidence in the registered manager's response when they had any concerns.

There was an effective system of quality assurance in place. The management team carried out audits to identify where improvements to the service could be made.

# The Wood Street Day Care Centre

## **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 was carried out on 08 December 2015 and was an announced inspection. Notice of the inspection was given because we needed to be sure that the manager, staff and people we needed to speak with were available. The inspection was carried out by one inspector.

Before our inspection we looked at records that were sent to us by the registered manager and the local authority to inform us of significant changes and events. We reviewed our previous inspection reports. The registered manager had not received a Provider Information Return (PIR) before our inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make. However we gathered that information during our inspection.

We spoke with seven people who were supported in their home and three of their relatives to gather their feedback. We spoke with the registered manager, the care services manager and four members of care staff. We also spoke with two local authority case managers who oversaw people's wellbeing in the community.

We looked at records that included ten people's support plans, reviews and risk assessments. We consulted six staff files, staff training records, satisfaction surveys, quality assurance checks and sampled the service's policies and procedures.

# Is the service safe?

## Our findings

People told us that they felt safe when staff provided support. People told us, "I am as safe as I can be when I take a bath because I know they will be there if I have a problem" and, "I definitely feel very safe, that is the whole idea of them being there and they inspire confidence."

There were sufficient staff on duty to meet people's needs. There were eight domiciliary bathing assistants [care workers] deployed to provide bathing support for 43 people in their own homes. The registered manager told us, "We only take referrals when we are sure we can safely meet the demand with an appropriate number of staff." A person told us, "So far the workers have always turned up and I never had any problems with missed calls." The registered manager told us how existing staff covered each other's absence. Rotas confirmed that all domiciliary calls were met by staff and annual leave was requested in ample notice to ensure staff were scheduled to cover colleagues' absence. This ensured there were enough staff to meet people's needs.

Staffing levels were calculated in accordance to people's levels of needs. When people's needs had increased, such as when people had wished to increase the frequency of their bathing, additional staff had been provided to meet those needs. The registered manager told us, "If people take more than an hour to bathe, we accommodate the extra time and make sure they are not rushed."

The policies on safeguarding adults and whistleblowing had been updated in December 2015. They were specific to the service and reflected new legislation and were based on the Kent and Medway local authority safeguarding adult policy. The registered manager had provided staff with a 'quick guide' that gave practical steps to follow should they suspect any abuse was taking place. They staff were aware of the policies, of their updates, and of their location. Staff training in the safeguarding of adults was up to date and they knew how to recognise different signs of abuse and how to refer to the local authority if they had any concerns. A member of staff said, "All the team is well versed on safeguarding and we are always on the look out to protect older people in the community." All care staff were trained in basic life support procedures and had access to advice and guidance from senior staff out of hours. This meant that people could be confident that staff considered their safety effectively.

Recruitment procedures were thorough to ensure suitable staff were employed to keep people safe. This included checking employment references and carrying out Disclosure and Barring Service (DBS) checks. These checks identified if prospective staff had a criminal record or were barred from working with people who may be at risk in the community. Gaps in employment history were explained. All staff received an induction and shadowed more experienced staff until they could demonstrate a satisfactory level of competence to work on their own. They were subject to a probation period before they became permanent members of staff. Disciplinary procedures were followed if any staff behaved outside their code of conduct. This ensured people and their relatives could be assured that staff were of good character and fit to carry out their duties.

Risk assessments were centred on the needs of the individual. Before help was provided, people were

explained that risks of falls may remain even with staff help and support. People had agreed to acknowledge this level of risk and this was appropriately documented. Risk assessments concerning possible falls included clear measures to reduce the risks to people and appropriate guidance for staff to follow. When a person had experienced a fall in their home, their needs had been re-assessed and staff had called their GP with the person's consent. Measures to reduce future risks included, for example, checks that the person used their stair lift and walking aids, and encouragement for a person to walk in a certain way to steady their stance. A person who was at risk of getting into a bath without checking temperature first was supervised by staff before they entered the bath. A person who moved around at a slow pace had a risk management plan that included specific instructions for staff in regard to using aids. Another person who was at risk of getting a bandaged leg wet was handled in a certain way to ensure their leg remained dry.

People's environment and equipment were assessed for any hazards and associated risks were identified appropriately. Each identified risk was included in people's care plans which contained clear instructions to the staff about how to manage the risks to keep people as safe as possible. An environmental risk assessment had addressed a person's cluttered environment and as a result the person had been referred to a domestic service to ensure there was a safe place for them to bathe in. Smoke alarms were checked and people were referred to the Kent Fire and Rescue Service when they did not possess one. Aids such as bath stools, hand rails, and bath rubber mats were provided to ensure people remained safe. At the time of our inspection, no one had experienced a fall or near fall during bathing to date.

There was an accident and incidents reporting system that was monitored by the registered manager. They were reported to the health and safety executive and analysed to identify trends and see if lessons could be learned and future risk of recurrence minimised.

The provider ensured that the office premises were secure. All fire protection equipment was regularly serviced and maintained. A list of first aiders and fire safety officers was clearly displayed. The building had been extended and was in the process of being refurbished and renovated; a temporary fire risk assessment was in place until a scheduled permanent fire risk assessment could be carried out. A fire emergency plan was displayed that detailed the location of fire detection and alarmed equipment in the new layout. This also ensured that staff were aware of the location of the assembly point and of the evacuation procedures.



# Is the service effective?

## Our findings

People's needs were assessed, recorded and communicated to staff effectively. The staff followed specific instructions to meet individual needs. People's overall comments were positive about the service's effectiveness and efficiency. People told us, "They are ever so good", "They do exactly what they said they would" and, "They are very professional and they know what they're doing for sure."

We discussed the requirements of the Mental Capacity Act (MCA) 2005 with the registered manager. There was a system in place to assess people's mental capacity when necessary and hold meetings in their best interest. However there had been no cause to use this system at the time of our inspection. The registered manager told us, "We are usually invited in by the client; if they do not wish to receive support with bathing, we respect their wishes and do not provide it; In some instances we may refer to other services if we see our service is not appropriate for people's needs."

Care workers were subject to an induction and probation period that lasted three months. Staff confirmed the induction was comprehensive and included shadowing experienced members of staff. Essential training was provided within the induction period and staff were observed by senior care workers or the care services manager to assess their level of capability. Some of the staff started to support people in the day care centre and their practice was observed before they helped people in their own home with bathing. All staff demonstrated their competence before were allowed to work on their own.

Essential training was provided annually and was provided online or by face to face interaction in equal measures. Staff demonstrated they had scored 100% in their training and acquired sufficient knowledge to help people effectively. If shortfalls were identified in their knowledge, staff were re-trained. Essential training was up to date and staff had the opportunity to receive further training specific for the needs of people they supported. This included manual handling, safeguarding, mental capacity and the protection of personal information. Several care workers had received specific training to help and bathe a person who had undergone surgery and who had a pouch attached to their abdomen. Training on how to identify domestic abuse was made available to staff. Staff training incorporated some elements from a 'Care Certificate' that was introduced in April 2015. This care certificate is designed for new and existing staff and sets out the learning outcomes, competencies and standard of care that care workers are expected to uphold in residential settings. The elements that were included were relevant to the bathing service provided.

Staff were encouraged to study and gain qualifications while in employment. All staff were expected to hold or work towards diplomas in health and social care at level two, and some staff were studying for higher diplomas. Time for one to one sessions with workplace assessors was taken in consideration when staff rota was planned. Support was provided when staff experienced difficulties with their work. A member of staff had been transferred from the bathing service to the day centre to ensure they maintained good health during their pregnancy.

All staff received regular one to one supervision as they met weekly with the care services manager for

informal supervision and received a formal review every six months. Additional appraisals of staff performance took place every six months. All the staff we spoke with told us they felt well supported to carry out their role. They told us, "We are very well supported" and, "We can discuss anything we like, our work, any problems, our training, anytime really."

Staff sought and obtained people's consent before they supported them. People had signed their care plans to show that they had consented to their care and support. People told us, "If I change my mind they respect that" and a relative said, "They always make sure X consents to having a bath before they even run it." The service held a clear policy on consent that had been updated in December 2015. Staff were aware of this policy and knew how to access it.

The staff we spoke with were knowledgeable about the specific needs of each person they supported. They consulted people's care plans and were aware when these were updated. This meant that people could be confident that their care was effectively delivered according to their care plans.

Staff used specific communication methods with people when necessary. A person had difficulties with their speech and staff were made aware of the need for them to adjust to the person's pace. The person's care plans included clear instructions for staff to pay close attention to what was being expressed, what they liked to talk about and how to use a form of language that was easy to understand. This ensured staff communicated effectively with people.

# Is the service caring?

## Our findings

People told us they were satisfied with the way staff supported them. When asked how they found the support staff provided, people's comments included, "Sometimes it is just about having somebody there, and they happen to be really nice too", "I look forward not only to the bath but to the friendliness and sunshine they bring" and, "They spend time with me and we chat while I have the bath, we have a laugh, and it is the best contact with people I have all day." Two people described their care worker as "Marvellous, a kind person" and, "A treat, so perfect."

Positive caring relationships were developed with people. People told us that staff attitude was "Caring", "Respectful at all times" and "Sympathetic." Staff told us they valued people they helped and spent time talking with them while they provided support. A member of staff said, "This is a brilliant job; we get to meet very interesting people, often make friends and play a small part in their lives."

Staff were made aware of people's likes and dislikes to ensure the support they provided was informed by people's preferences. These were recorded before support was provided when people were involved with the planning of their care and support. A member of staff told us how a person preferred a particular routine before bathing and this was respected. A person liked to run their bath before the care worker came. Another person had required help with putting on a particular garment. Another person had requested only female care workers. People were able to have as many baths or showers as they wished.

People's privacy was respected and people were supported in a way that respected their dignity. People told us, "They always prepare and hold the towel so I don't feel exposed any more time than necessary" and, "They always close the door to make sure I am not seen". A person who bathed without help said, "They always keep the door ajar so they can chat with me while I have my bath and they check when I need them to come in to get out, because that is the way I like it." A member of staff told us how they supported a person who was apprehensive about receiving support with bathing. They had understood how the person may have felt and they had proceeded with sensitivity.

The registered manager and care services manager paid attention to how people may feel while receiving care and support. They matched people and care workers appropriately. For example, when a person preferred to be supported by a mature care worker, this was accommodated. The provider provided an advocacy service for a person who needed an independent advocate to help them express their views.

People were encouraged to be as independent as possible. Staff promoted people's independence and encouraged them to wash part of their bodies they could reach, to get undressed and undressed, to shave, run the bath or prepare towels. We noted that people's needs were written in their care plans with sensitivity and with a respectful tone. For example, when a person was at risk of falls should they continue to bathe without support, their care plan included, "We discussed X ability to manage on his own with him, and also explained that some help would spare him from worrying about falling and may be useful for him to manage washing the most difficult areas safely." This approach ensured people continued to use their skills and retained their independence.

Information was provided to people about the services available and how to complain. Clear information about what to expect from the service was given to people before care started and was available in a larger print to assist people with visual impairment. The service website contained information about the bathing service and how people could request a visit to discuss their individual needs. People kept a copy of their care plans in their home. This included details of out of hours contact numbers, names and contact details of the management team and how to complain.

## Is the service responsive?

### Our findings

People received care that was responsive to their individual needs. People told us, "They got to know me pretty well over the years", "Ten out of ten for everything, and, "They know exactly what I like and what I don't like." A local authority case manager who oversaw people's wellbeing in the community told us, "This bathing service is tailored to people's needs; the support workers understand the need of older people; they are flexible, adapt to people's abilities and follow their lead."

People's individual needs were thoroughly assessed before any support was provided. Referrals came from GPs, local authority or people themselves. The registered manager and care services manager spoke with people over the phone and set up a home visit to discuss what people wanted, the goals they wanted to achieve and how the service could assist them. These assessments identified what people wanted to achieve regarding some aspects of their personal care, and what other support was in place. Care workers were qualified 'trusted assessors' which meant they were able to supply equipment that was specific to each person's requirements. When people's needs for equipment or aids were more complex, they were referred to an occupational therapist who worked for the service two days a week. As soon as support began, people's assessments of their needs were developed into individualised care plans. These plans provided the information needed by staff to ensure people's individual requests in regard to their routine and practical needs were met.

The staff were made aware of people's care plans to ensure they were knowledgeable about people's particular needs before they provided support with bathing. People chose the days and specific times when they wished to be supported. Care plans contained clear instructions for staff to follow and included people's likes, dislikes and preferences. For example, how they preferred to be addressed, details of how hot they preferred their bath water; whether they preferred their clothes to be prepared and laid out; and whether they liked to remain in the bath and relax for a period of time before getting out. Staff followed these instructions to deliver support in a way that was personalised. This responsive approach meant that people could be confident that their wishes were respected in practice.

People's care plans were reviewed after the fourth visit or sooner if people's needs changed. They were updated appropriately to reflect any changes of needs, for example after people had a fall, had recovered from ill-health or had returned to their home after a period of hospitalisation. Bi-annual reviews were scheduled to take place and people were consulted and involved about how their support was delivered.

There was a complaints policy and procedures that had been updated in December 2015. People were made aware of the complaint procedures to follow as this was provided at the start of their support. A person told us, "If I had anything to complain about I would just pick up the phone and speak to the manager she is very approachable." No complaints had been received at the time of our inspection. One person's enquiry about pricing had been addressed appropriately by the registered manager.

People's views were sought and acted upon. People had been provided with a satisfaction survey questionnaire in February 2015 and had been invited to comment on the overall quality of the service and

on how their care and support was delivered and managed. Comments were very positive and included, "The staff are excellent, loyal and discreet", "excellent service; couldn't be better", "I like it all, I am not grumbling, it's a lovely hot bath; we have a laugh and I am happy", and, "Brilliant service, I have no complaints, it made a big difference; very pleasant lady who helps me." When the surveys highlighted specific requirements, these were responded to. One person had commented they would prefer the visit to be scheduled later in the day. As a result, the registered manager had ensured a later call was provided. Another person had stated that they sometimes left some articles upstairs but that they didn't like to ask the staff to help retrieve these. The registered manager had reassured the person that they were welcome to ask staff to help and they also checked with the support worker that the person was made comfortable in asking. A staff feedback survey was scheduled to take place shortly.

## Is the service well-led?

### Our findings

Our discussions with people, the registered manager, the care services manager and staff showed us that there was an open and positive culture that focussed on people. A local authority case manager who oversaw people's wellbeing in the community told us, "This bathing service plays an important role in the community and is vital in enabling people to maintain their skills at home and promote good health and good morale." When people were asked how they appreciated how the service was managed, they told us, "Ten out of ten for everything, nothing I don't like", "I don't know how this service could possibly improve", and, "They are really well organised and obviously well trained and confident."

Members of staff confirmed that they had confidence in the management. They told us they felt valued and supported by the registered manager and appreciated her style of leadership. They told us they found the registered manager "Absolutely approachable", "A strong person who solves problems" and, "A great manager who cares about people".

The registered manager spoke to us about their vision and values about the service. She told us, "We aim to promote the independence of older people and their ability to make their own decisions; our approach is holistic and we put the person at the centre of their support; if something doesn't work we change it because one size doesn't fit all and there is no reason why we could not adjust what we provide so it does fit. We are not delivering statutory services so we can adapt to people and make it work for them." All the staff we spoke with indicated they shared this philosophy of care and had been inspired by the registered manager and the management team. Records of team meetings showed that the values of the service were prominent in all discussions about how to deliver support that empowered people.

Staff had easy access to the policies and procedures that were adapted specifically for the service. Attention was paid to changes ahead of new legislation that could affect the service and policies were continually reviewed and updated. There was a system to check that staff had read the updates. Policies indicated what the service aimed to achieve and what this meant in practice. This ensured that the staff were aware of procedures to follow and of the standards of work expected of them to provide safe, effective and responsive support for people.

A system of quality assurance checks was in place and implemented. The way that staff provided support for people was monitored by the registered manager and the care services manager through regular checks that recorded staff performance. Logs were kept of incidents and accidents and these were monitored and analysed to identify any trends of pattern. Satisfaction surveys were analysed to identify how the service could improve and action was taken to ensure people remained satisfied with the service. The provider regularly commissioned an external 'organisational quality standards' officer to audit every aspect of the service. The registered manager prepared a comprehensive assessment of every aspect of the service to inform this audit. We looked at the last report dated December 2014 and saw that recommendations about an annual review of policies had been made. As a result, remedial action had been taken and policies had been updated. To improve the system further, the registered manager had uploaded all policies onto an upgraded electronic system that was accessible to staff. The registered manager audited documentation

about people's bathing support. They had identified the need for an improved system of documentation and as a result, they had set up a 'home bathing new client and client review set up manual' that identified clearly the steps to be taken by staff. This manual included checklists and new templates for them to use. Staff were encouraged to make suggestions about how to improve the service. All the staff we spoke with told us they were invited to discuss practice issues during team meetings and supervision, and to comment on how the service was run. The registered manager chaired meetings with groups of staff in some areas and held one to one meetings with staff in other areas to ensure they could meet everyone. We observed the management team in the office sharing and discussing ideas and saw that people were placed at the heart of the service. The registered manager consistently notified the Care Quality Commission of any significant events that affected people or the service.

People's records were kept securely. Archived records were labelled, dated and stored in a dedicated space. They were kept for the length of time according to requirements and were disposed of safely. All computerised data was password protected to ensure only authorised staff could access these records. The computerised data was backed-up by external systems to ensure vital information about people could be retrieved promptly.