

Age Concern Slough and Berkshire East

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Inspection report

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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?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 13 May 2016. It was an announced visit to the service.

We previously inspected the service on 15 May 2014. The service was meeting the requirements of the regulations at that time.

Age Concern Slough and Berkshire East provide support to people in their own home in the Slough, Maidenhead and surrounding areas. It was supporting seven people at the time of our inspection. This included older people who had varying levels of physical disabilities.

The service had 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.

We received very positive feedback from people who used the service. Comments included "They are one hundred percent, really, really pleasant. I couldn't have any better support" and "They do a good job, they are excellent."

The service did not always ensure that all pre-employment checks were routinely conducted. This meant that it potentially could employ people who were not suitable for the role.

The provider is required to inform CQC of certain events. We found this did not always happen when required.

People were protected from abuse as staff had received training and were able to communicate what they would do if they suspected abuse.

People received personalised care as care plans were detailed and people's likes and dislikes, were clearly documented.

People described the staff as caring and felt they had a good relationship with them. Staff were able to demonstrate how they provided dignified care.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 and one breach of the Care Quality Commission (Registration) Regulation 2009. You can see what action we took at the end of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not always safe.

The service did not ensure that all the required pre-employment checks were routinely carried out.

People's likelihood of experiencing injury or harm was reduced because risk assessments had been written to identify areas of potential risk.

People were protected from harm because staff received training to be able to identify and report abuse. There were procedures for staff to follow in the event of any abuse happening.

Is the service effective?

Good 

The service was effective.

People were supported by staff who received regular support from line managers.

People were encouraged to make decisions about their care and day to day lives. The service worked within the principles of the Mental Capacity Act 2005.

People were cared for by staff who were aware of their roles and responsibilities.

Is the service caring?

Good 

The service was caring.

Staff were knowledgeable about the people they were supporting and aware of their personal preferences.

People were treated with respect and their privacy and dignity were upheld and promoted.

Is the service responsive?

Good 

The service was responsive.

People were able to identify someone they could speak with if they had any concerns. There were procedures for making compliments and complaints about the service.

People's preferences and wishes were supported by staff and through care planning.

The service responded appropriately if people's needs changed, to help ensure they remained independent.

Is the service well-led?

The service was not always well-led.

The registered manager was not aware of all changes to policies and procedures within the service.

Feedback from people using the service was not analysed to help drive improvement in the service.

Staff felt the registered manager was approachable and helpful.

Requires Improvement ●

Age Concern Slough and Berkshire East

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.

This inspection took place on 13 May 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to ensure someone would be available to help with the inspection.

The inspection was carried out by one inspector. Before the inspection, the provider was not asked to complete 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 information we held about the service. This included previous inspection reports and any notifications we had received. A notification is information about important events which the service is required to send us by law.

Prior to the office inspection, we sent surveys to six people who used the service, 13 staff and six relatives. We received a total of two responses. We have taken the results into consideration as a routine part of our inspection process. During the office inspection we spoke with the registered manager and an administrator.

After the inspection, we conducted telephone interviews with four people who used the service and four staff. We did not visit people's homes as part of this inspection.

We looked at five care folders which showed people's individual care needs. We also looked at four staff personnel files. We spent time reviewing documentation which supported the registered manager run the

service, these included policies and procedures.

Is the service safe?

Our findings

People told us they felt safe with staff. People surveyed told us they felt safe. People were protected from abuse. The service had a safeguarding procedure in place. Staff received training on how to safeguard people. Staff knew how to recognise abuse and how to respond to safeguarding concerns.

People told us they would not hesitate to raise a concern if they felt their safety was compromised. Some pre-employment checks were completed for staff. These included references, and Disclosure and Barring check (DBS). A DBS is a criminal record check. Some staff did not have a pre-employment health check or information regarding gaps in employment history. This is a requirement for staff who support people with personal care.

This is a breach of Regulation 19 the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

People told us they usually had the same member of staff. No missed visits had been reported to us and this was supported by what the registered manager told us. The registered manager used an electronic rostering system to ensure they had all the care calls allocated. We spoke with the registered manager about staffing. They told us they felt they had enough staff to meet the needs of people who used the service. This was supported by what people told us.

Prior to staff supporting people, the registered manager carried out risk assessments to identify potential risks to people and staff. This was an opportunity for any action required to be taken to minimise risks. We saw that a manual handling risk assessment was undertaken. This identified how much support people needed and whether one or two members of staff were needed.

The registered manager carried out an environmental risk assessment. Access to and from the property was clearly documented. This ensured the safety and security of people who used the service and staff.

People were informed about contingency plans for the service, for instance when bad weather occurred. The provider had a business continuity plan, which detailed support required to keep the service running after an unplanned event.

At the time of the inspection no-one was having support with their medicines. However the service had a medicine policy which detailed what was required if people did need support. Staff had received training in the safe administration of medicines.

Staff were aware of the need to report any accidents or incidents to the registered manager. Systems were in place to ensure that records were stored securely.

Is the service effective?

Our findings

People told us they received effective care. Comments included "They are very accommodating and do what you want them to do" and "We have got into a routine."

People were supported by staff who had received training that the registered manager deemed essential for them to work with people. This included health and safety and safeguarding people from abuse. The registered manager advised us they had access to training when required through the local authority. On the day of the office visit we observed the registered manager discussing training needs with a colleague from another part of the service.

Staff we spoke with felt the training had helped them in their role. People we spoke with told us the staff were well trained. New staff were supported through an induction period. This included working alongside more experienced staff. Staff were provided with a handbook which detailed the local policies and procedure. Office staff we spoke with told us it had helped them understand their role. The registered manager told us the handbook was being updated.

Staff told us they felt supported. The registered manager advised us support was provided via the telephone, via email and through spot checks. Staff had one to one meetings with the registered manager. One member of staff told us "If I have any issues, I can phone the office." We checked the policy for supporting people and found that the service complied with this policy.

Information about what care was provided to people was recorded. Care staff completed a written report which was left in the person's own home. One relative told us "They complete a log; this is really helpful for me, as I know what has been done." The registered manager told us any changes in care visits were communicated to staff. Staff confirmed they received regular communication from the office.

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. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. Providers of personal care can only deprive people of their liberty upon authorisation by the Court of Protection. We checked whether the service was working within the principles of the MCA.

Staff had received training on MCA. People who used the service at the time of our inspection had capacity to consent to the care. We saw that consent was gained from people prior to care commencing. For example people had signed a financial service agreement as well as a key safe consent form.

People who used the service at the time of the inspection were not supported with meals as they could manage this themselves or had alternative arrangements. However staff had received training in food

hygiene and the service had a nutrition policy. We spoke with the registered manager about how they supported people to have sufficient to eat and maintain a balanced diet. They showed us a number of leaflets and information they shared with people on the initial assessment visit.

People told us they would ask staff if needed to support them with accessing healthcare. We asked the registered manager if they had any examples of where staff had supported people maintain good health. They informed us that staff had knowledge of other services available from Age Concern, this included a nail care service and wellbeing centres.

Is the service caring?

Our findings

People were very complimentary about the care staff who visited them. Comments included "They (staff) are all very nice, we get on well", "They are one hundred percent really, really pleasant. I couldn't have any better support" and "They do a good job, they are excellent."

One relative told us "Carers are friendly and punctual; I think they provide a good service."

People told us they felt staff knew how they wished to be supported. One person told us "We have got into a routine, and they are always willing to go that extra mile." Staff we spoke with were aware of how people wished to be supported. One member of staff told us "I have enough information from the office about what I need to do."

Staff spoke passionately about working with people. One member of staff told us "I try to encourage people to remain independent, so I won't do something if they can do it themselves." Staff were able to tell us how they would promote people's dignity. Another member of staff told us "I wouldn't be here if I didn't enjoy it, I think people fully respect me and I fully respect them, I always treat people with respect."

We overheard staff speaking to people on the telephone; this was done in a respectful and sensitive manner. People we spoke with stated they felt staff respected their home. One relative told us "Occasionally they (staff) have to come upstairs to get bits, they (staff) always leave it tidy, and cups are always put away."

We saw that people were included in the initial assessment and involved in decisions about their care. People told us they felt there was good communication between them and the office. Where changes were needed in care these were responded to.

The provider had access to advocacy services within the local area. The registered manager had access to a wide variety of information to promote the wellbeing of older people in Slough. People we spoke with were very happy with the service provided. One person told us "My carer is excellent, she cares, she does this job because she wants to, you can tell when someone is a carer." Another person told us "We have a laugh together, she is very nice, and whatever I need she does."

Is the service responsive?

Our findings

Prior to people receiving support the registered manager undertook an assessment. Information was gathered from people about the type of support required and what time they wished to have the support. This information was pulled together and a care plan was created. Care plans were personalised and detailed people's likes and dislikes.

Staff were able to tell us how people liked to be supported. It was clear from talking to people and staff that good working relationships had developed. One person told us "we work together, we always talk, and we share stories."

One relative told us "The service is very responsive, after a change in care needs the visit was reduced from 45 minutes to 30 minutes, we received an updated care plan If I have any concerns I speak to the office."

People were encouraged to be as independent as they could be. Staff had knowledge of other services provided by Age Concern which people could access. This included social clubs.

The registered manager advised that a number of their staff could speak different languages which reflected the diversity of the local area. They felt this helped them provide a personalised service.

The service had a complaints procedure. There had not been any recent complaints. However the registered manager was able to tell us how they would handle a complaint.

People we spoke with felt able to discuss their concerns or comments with the registered manager. One person told us they had feedback to the manager that they did not want a carer to return to them as they felt they were not fully trained. The person told us this had been respected and they received care from staff they were happy with.

We saw comments from people praising the staff for their work. One compliment was thanking a member of staff for their action and caring attitude when a person had fallen.

Is the service well-led?

Our findings

People told us they felt the service was good. The registered manager was aware of the provider's vision and values, staff also understood them.

The registered manager was aware of their own role and responsibilities. They informed us that they had some support from the provider. For instance they had support from a HR department. However they had restricted access to personnel files. This meant that it was not always possible to have immediate access to information to enable them to effectively manage their staff.

The registered manager had some managerial meetings with a senior manager. However they were not always kept up to date with changes within the service. For instance we asked the registered manager for a copy of their statement of purpose. We were provided with a statement of purpose which did not meet with required standard laid out in The Care Quality Commission (Registration) Regulations 2009. We asked the registered manager if this was the most up to date document. They asked a senior manager who later produced a further document, which did meet with the requirements. As there was no date on the new document we asked when it was updated. We were informed that it had been updated in October 2015. After the office visits we checked our records as providers are required to notify the Commission (CQC) when changes are made to a statement of purpose. We had not received this notification. The registered manager had not been informed of the change to this document.

This was a breach of Regulation 12 of the Care Quality Commission (Registration) Regulations 2009.

We asked the registered manager if they understood when they needed to inform CQC of certain events. They were aware of notifications required. We checked that no notifiable events had taken place.

The provider sent out an annual questionnaire and the registered manager undertook quality spot checks to help monitor the quality of service provided. We asked the registered manager if this information was analysed to identify trends. They advised no action plan was raised as a result of feedback. This meant no analysis of the information was made to help drive improvement.

People who used the service, relatives and staff we spoke with felt the staff in the office including the registered manager and the administrator were very accommodating. Comments included "I can always talk to X", "Y is very approachable."

Staff told us they felt supported as they had regular meetings with management and there was an on call system for out of hours contact.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 Registration Regulations 2009 (Schedule 3) Statement of purpose The service did not inform CQC when changes to the Statement of Purpose were made.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The service did not routinely ensure that all required recruitment checks under schedule 3 were made.