

Age UK Tunbridge Wells

The Wood Street Day Care Centre

Inspection report

Wood Street
Tunbridge Wells
Kent
TN1 2QS

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12 July 2018
13 July 2018

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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

This inspection was carried out on 12 and 13 July 2018 and was announced.

Wood Street Day Care Centre is a domiciliary care agency which provides a bathing service for people in their own homes. The care is provided for a range of people including older people and people with dementia. The service operates in the Tunbridge Wells area. Not everyone using Wood Street Day Care Centre receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene. Where they do we also take into account any wider social care provided. At the time of the inspection there were 30 people using the service.

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.

Rating at last inspection

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Why the service is rated good.

There were suitable processes in place to safeguard people from different forms of abuse. Where risks to people or the environment were identified, staff took action to minimise them. There were enough staff to meet people's needs. Staff were recruited safely. People were not supported with their medicines. People were protected by the prevention and control of infection. Lessons were learned when things went wrong.

People's needs were assessed before they started to receive a service. These needs were met by staff who had the knowledge and skills to deliver effective support. People were supported to lead healthier lives by having timely access to healthcare services. People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

People were treated with dignity and respect by staff who were compassionate and caring. People were able to make decisions about how their care was provided, and were involved in reviews of their care along with people who were important to them. Staff treated people's private information confidentially.

People received care that was personalised to their individual preferences. Staff knew people's needs and

personal histories well. People knew how to complain and felt confident to do so if needed.

The service was led by a committed registered manager who had the necessary skills and experience to carry out their role. There were appropriate audits in place to check the quality of service being provided. People and their families were encouraged to be involved and engaged with the service. The registered manager had developed links with the local community.

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 remains Good.	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 ●

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 registered persons continued to meet 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 took place on 12 and 13 July 2018. The inspection was announced and was carried out by one inspector. We gave the service 48 hours' notice of the inspection visit because we needed to be sure the manager, staff and people we needed to speak to were available.

Prior to the inspection, we reviewed information sent to us in the Provider Information Return. This is information we require registered persons to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also examined other information we held about the service. This included notifications of incidents that the registered persons had sent us since our last inspection. These are events that happened in the service that the registered persons are required to tell us about. We also invited feedback from the commissioning bodies who contributed to purchasing some of the care provided in the service. We did this so that they could tell us their views about how well the service was meeting people's needs and wishes.

During the inspection we visited two people in their homes and spoke to them about their experiences of the service. We also spoke to another person who was visiting a local day service.

We spoke to three care staff, the service manager and the registered manager. We looked at the care records of five people using the service. We looked at records that related to how the service was managed including staffing, training and quality assurance.

Is the service safe?

Our findings

The service continued to provide safe care. One person told us, "Nine times out of ten it's the same person so I feel safe. And they always call if they're sending someone else." Another said, "The carers are kind and they help me feel comfortable."

There were suitable processes in place to safeguard people from different forms of abuse. Staff received safeguarding training and were able to tell us how they would identify and report concerns. The registered manager knew to inform the Care Quality Commission and local authority of any concerns. This meant professionals such as care managers could investigate if needed and when necessary put in plans to keep people safe.

Risks to people and the environment were assessed and action was taken to mitigate against the risks. When risks to a person were identified, such as the risk of falling when using a walking frame, guidance was given to staff to help keep the person safe. Checks to each person's environment were made. For example, checks to ensure that electrical sockets were safe, or whether manual handling equipment such as bath lifts were operating safely. A health professional told us, "They always do a thorough assessment of the bathroom and get appropriate aids as necessary to make sure it is a safe environment." This was to make sure it was safe for both staff and the people being supported.

There were enough staff to meet the needs of people using the service. The registered manager only took on new people if they had enough staff to support them. People told us they received support from a small number of staff who they knew. Staff said they were given enough time, both to support people and to travel between each visit. When additional staff were needed they were recruited safely. Each new staff member received an induction and only worked alone when they felt confident to do so. The service did not support people with their medicines. If support was required, the registered manager told us they would support people by referring them to an alternative service.

People were protected from the risk of infection. Staff received training on infection control, and had access to personal protective equipment such as gloves, aprons and hand gel when supporting people. There were procedures in place for staff to report to management if they themselves felt unwell.

The registered manager looked to learn and improve when things went wrong. Staff knew how to report incidents to their managers, and records showed they did so when required. When incidents or near misses had been identified the registered manager investigated and shared lessons learned with staff during team meetings or supervision sessions.

Is the service effective?

Our findings

The service continued to be effective. One person told us, "She's extremely good at doing her job, I think she issued to be a nurse in a care home." Another said, "My daughter used to be a carer and [staff member] does things exactly the same as she did."

People's needs were assessed and their care was planned to make sure their needs were being met. The assessment took into account the persons physical and mental health needs, and included the consideration of their strengths and weaknesses. People's preferred language and religious and spiritual beliefs were recorded.

Staff had the skills, experience and knowledge to deliver effective care. Staff who were newly recruited to the service had an induction and could choose to complete the Care Certificate. The Care Certificate sets out the learning outcomes, competencies and standard of care that care services are expected to uphold. Senior staff were trained to assess people for minor pieces of equipment such as bath lifts or toilet seats. Other staff received regular training updates in a range of courses relevant to their roles, such as equality and diversity, basic life support and lone working.

People were supported to maintain good health. When staff noted changes in people, or if they had concerns, they were quick to make referrals and follow up concerns and medical advice. One staff member told us they noticed a person receiving support had a sore area on their leg. They spoke to the person's doctor with their consent, who arranged for a district nurse to visit for an assessment.

Staff worked together to ensure that people received consistent support when they moved from or were referred to the service. Senior staff assessed the person's needs taking into account information from other health professionals such as their GP. Staff made sure information, such as the person's health conditions or allergies was made available to hospital staff if people had appointments.

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 law 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 make 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 in order to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA, and found staff were taking steps to ensure people were fully protected by the safeguards contained within the MCA.

Is the service caring?

Our findings

People continued to receive a service that was caring. One person told us, "She doesn't make me feel like I'm an object to wash." Another said, "She treats me with dignity. I was worried about her seeing me with nothing on but she's very light-hearted about it."

People were treated with kindness and compassion. The registered manager told us that providing a consistent service to people meant staff got to know the people they supported. One member of staff said, "I talk about their family, or might throw in something about me to create something we have in common to help them feel comfortable." People told us they felt appreciated and understood, with one person telling us, "They always seem to know me and what I want."

People were involved in reviewing their care plan every six months, or earlier if there were changes to their needs. Staff helped people access help at the review if they needed it, from family members or local lay advocates. Lay advocates are people who are independent of the service and who can support people to make decisions and communicate their wishes.

People were encouraged to be as independent as they wanted to be and were supported to do as much for themselves as possible. One person told us, "They don't just come in and let me sit there whilst they wash me. They encourage me to take part. I wash the areas I can and I dry my top half."

People's privacy and dignity was respected. Staff said they were mindful of people's self-respect when providing support, with one staff member telling us, "I make sure the curtains are closed, make sure they are comfortable when taking their clothes off and if others are in the home I'll close the door to the bathroom."

People's personal information was kept private. Computer records were password protected so that they could only be accessed by authorised members of staff. Written records which contained private information were stored securely when not in use.

Is the service responsive?

Our findings

The service continued to be responsive to people's needs. One person told us, "They're always asking me how I feel and if anything has changed. I'm sure if I were ill they would contact my doctor for me." We saw a comment from a relative recorded in a person's care records which read, 'If mum is having breathing issues, [the staff member] can be heard comforting her, encouraging her to focus on her breathing and to take things slowly.'

The support people received was based around their needs and choices. Care plans were personalised to the individual and included guidance for staff on how they wanted to be supported. For example, during the initial assessment it was identified that one person did not like being cold and water needed to be at a certain temperature otherwise they might be distressed. Guidance was also provided to staff to warm up the shower gel in their hands before applying it.

Where people had needs that could not be met by the service, such as support around activities, staff would help people get access to other services in the community. When one person told a staff member they were feeling lonely, staff supported them to access a local day service. The person told us their mood had much improved since attending the centre as they now socialised with people with similar interests to them.

Staff sought accessible ways to communicate with people. One staff member said, "We've had training on dementia. With one lady I say the same things at each visit and this helps her stay calm." For people who had difficulty reading their care plan or other documents associated with their support, written information was available to people in different formats, such as large print or on DVD.

The registered provider had a complaints procedure in place. Details of how to complain were held with people's care records in their home. Although the service had not received any complaints since our last inspection, people we spoke with told us they knew how to complain. One person said, "I've not had a complaint but they said if I do I should speak to the carer or the manager. And I don't think they would be thinking 'Oh, here she comes again'." Another said, "I've not had anything to complain about. The staff are lovely and they always let you know if they're running late. But if anything happened I would voice the concerns as I think the organisation should know."

Is the service well-led?

Our findings

The service continued to be well-led. People told us they thought the service was well managed. One person told us, "The manager comes round to check if things are ok, and see if anything has changed." A social care professional said, "I always get a friendly, helpful service when I ring up."

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.

The service was led by a committed registered manager who had the necessary skills and experience to carry out their role. Staff told us they thought the culture in the service was open and transparent, with one staff member saying, "Anyone can speak up. I feel well supported and any issues we have in the team are resolved straight away." Records showed the registered manager informed us about events which occurred in the service. They had also displayed the quality ratings we gave at our last inspection on their website, which meant members of the public knew how well the service was meeting people's needs.

There were appropriate audits in place to check the quality of service being provided. The registered provider carried out an annual audit of care, and the service was registered with Investors in People (IIP), who had also carried out a recent review. IIP support organisations to improve the way they manage their staff. One outcome of the review was to carry out a staff survey, and the registered manager was about to implement this at the time of the inspection. Staff had other opportunities to feed back to their manager, such as during team meetings. People had also been engaged and involved in making improvements. Their views were sought during reviews of their care and feedback of their experiences were used to improve the service.

Staff told us they were aware of the whistleblowing policy, and said they were confident that they could speak to the registered manager if they had concerns that people were not being treated well. They said their concerns would be taken seriously and thought the registered manager would investigate any concerns in a transparent manner.

The service worked in partnership with other agencies to enable people to receive 'joined-up' care. This included working with staff at the local authority, including occupational therapists and care managers. The service had access to trusted tradesmen such as plumbers and electricians.