Age Concern Doncaster

Age UK Doncaster

Inspection report

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Ratings

Overall rating for this service	**Good**
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

The inspection took place 24 February 2015 and 6 March 2015 and was announced. We last inspected this service in April 2013 and the service was compliant with the regulations we looked at.

Age UK Doncaster provides personal care to people living in the community. Age UK Doncaster has an office which is situated near to Doncaster town centre. Support packages are flexible and based on individual need.

The service had a registered manager in post at the time of our inspection. 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.

At the time of our inspection there were approximately 180 people using the service. We spoke with 15 people about their experience of the service. People were generally happy with the care provided. Some people told us there were some areas which could be improved.

Summary of findings

Care and support was planned and delivered in a way that ensured people were safe. The support plans we looked at included risk assessments which identified any risk associated with people's care.

The registered provider had systems in place to ensure people were safe. Safeguarding vulnerable adult's policies and procedures were available and there was a clear process for staff to follow if required. We spoke with staff who were knowledgeable about recognising abuse and how to respond and report abuse.

The service followed a procedure to ensure safe recruitment practices were followed. Pre- employment checks were obtained prior to people commencing employment.

People's medicines were managed safely. We saw the service had a medication policy which outlined how the care workers were able to support people. Care plans reflected how to support people who required assistance to take their medicines.

Staff we spoke with felt they were trained to carry out their role and responsibilities effectively. Staff told us training provided was of a good quality and valuable. The service had a training manager who was responsible for this area and ensured staff received training on time and that refresher training was completed in a timely way.

Staff had an awareness of the Mental Capacity Act 2005. Staff were clear that when people had the mental capacity to make their own decisions, this would be respected.

Some people who used the service required support to prepare a meal. People were generally happy with this service. One person told us they sometimes get their hot meal served cold. We spoke with the registered manager about this who looked at resolving the issue.

People were supported to maintain good health and access healthcare services when needed. We spoke with staff and saw care records which informed us that health care professionals had been involved in people's care where required.

We spoke with staff who told us how important it was to build up a relationship of trust with a person. The people we spoke with told us they usually have the same care workers visiting them.

We saw care records included a social history about the person. This was used to assist the care worker in developing a relationship with the person.

The service had a complaints procedure and we saw that the provider had responded, in a timely manner, to concerns raised. The registered manager kept a log of complaints along with related correspondence. Any missed calls were treated as a complaint and families informed.

We spoke with staff and asked if there was anything the service could improve on. Most staff told us that there was no specific time allowed between calls for travelling. Care workers felt this had an effect on their working day and sometimes made them late for calls. We spoke with the registered manager about this and she told us she was aware and they were looking to address this.

We saw the registered manager and the service co-ordinators completed staff monitoring visits at regular intervals. These visits were to observe carers in their working environment and to gain feedback from the person they were supporting.

Summary of findings

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 was safe.

The service had a staff recruitment system which was robust. Pre-employment checks were obtained prior to people commencing employment.

Staff told us they felt they had enough time to provide care for the people they supported and they felt there were enough staff to meet people's needs.

The service had a safeguarding adult's policy. This explained the different types of abuse and what to do if abuse was suspected.

The provider had systems in place to ensure that people received their medicines safely.

Good

Is the service effective?
The service was effective.

Staff received training and development which supported them in delivering high quality care.

The registered manager and staff we spoke with understood the principles of the MCA and DoLS. They understood the importance of making decisions for people using formal legal safeguards.

Some people were supported with food preparation. Most people were happy with this service. Staff had received training in food hygiene.

People were supported to maintain good health and access healthcare services when needed.

Good

Is the service caring?
The service was caring.

People were supported to remain as independent as possible. Staff knew what people's needs were, listened to them and respected their views and wishes.

People were supported by care workers who visited them frequently. Therefore were supported by staff who knew the person well.

Good

Is the service responsive?
The service was responsive.

People who used the service had their needs assessed and received individualised support. People had care plans which reflected each person's current needs.

The service had a complaints procedure and responded, in a timely manner, to concerns raised.

Good

Is the service well-led?
The service was well led

We saw the provider had a quality assurance system in place to measure their performance, improve effectiveness and to enhance customer satisfaction.

Good

Summary of findings

The service completed audits to ensure the service provided was of a good quality.

Age UK Doncaster

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 checked 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 took place on the 24 February 2015 and 6 March 2015 and was announced. The provider was given short notice of the visit in line with our current methodology for inspecting domiciliary care agencies.

The inspection team consisted of an adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection, we reviewed all the information we held about the service. We asked the provider to complete a provider information return [PIR] which helped us to prepare for the inspection. This is a document that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make.

We spoke with the local authority who told us they found the service to be of a good standard. We also contacted Healthwatch Doncaster to gain further information about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We spoke with three support staff, a service co-ordinator, training manager, person responsible for staff recruitment, registered manager and the Chief Executive. We looked at documentation relating to people who used the service, staff and the management of the service. We looked at six people's care and support records, including the plans of their care. We also looked at the systems used to manage people's medication. We also looked at the quality assurance systems to check if they were robust and identified areas for improvement.

We visited four people who used the service and spoke with 11 people by telephone. We also spoke with three relatives.

Good

Is the service safe?

Our findings

We spoke with people who used the service and they told us they felt care and support offered to them was safe. One person said, "If I felt unsafe with anyone coming to my home I would ring the office and tell them I didn't want the person in my home again." Another person said, "I would not have anyone in my home that I didn't get along with, I would tell them to go." Another person said, "My carer always checks the back door before she leaves and locks the front door as she goes."

The service had a staff recruitment system which was robust. Pre-employment checks were obtained prior to people commencing employment. These included two references, and a satisfactory Disclosure and Barring Service (DBS) check. The DBS checks helps employers make safer recruitment decisions in preventing unsuitable people from working with vulnerable people. This helped to reduce the risk of the registered provider employing a person who may be a risk to vulnerable adults.

The service employed a person who dealt with staff recruitment and maintaining staff records. This person was responsible for the appointment of new staff and told us about the different stages of recruitment. We asked the care workers we spoke with about the recruitment procedure they went through prior to commencing employment. This matched the process explained by the

person who dealt with staff recruitment. All staff said they had to supply references and that a Disclosure and Barring Service (DBS) check had to be carried out prior to them starting their role.

(The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruiting decisions and also to prevent unsuitable people from working with children and vulnerable adults).

Staff said they had to wait until this information had been returned and was satisfactory prior to starting their employment. We looked at five staff files and confirmed that all relevant information was in place. This included previous employment history, employment references and evidence of DBS checks. This meant that staff had been recruited in a way to ensure they were suitable to work with the people they supported.

Staff told us they felt they had enough time to provide care for the people they supported and they felt there were enough staff to meet people's needs. However some staff commented that there was no travel time between calls and therefore they sometimes arrived late. We spoke with the registered manager about this and were told this was something the service was looking at and had become a new key performance indicator.

The service had a safeguarding adult's policy. This explained the different types of abuse and what to do if abuse was suspected. We spoke with staff who confirmed they had seen the policy and were knowledgeable about its contents.

We looked at staff records and spoke with staff and found that safeguarding adults training took place as part of the induction process. Staff we spoke with were knowledgeable about this subject and knew what action to take if abuse was suspected.

We spoke with the registered manager about how safeguarding concerns were logged and actioned. The registered manager showed us a file which contained each safeguarding alert and the action taken to address this.

Care and support was planned and delivered in a way that ensured people were safe. The support plans we looked at included risk assessments which identified any risk associated with people's care. We saw risk assessments had been devised to help minimise and monitor the risk.

We looked at care records and support plans belonging to six people who used the service. We saw that where people required assistance to take their medicines this was documented within these records.

People's medicines were managed safely. We spoke with the registered manager who told us the care workers did not administer medicines they only prompt people to take medicines. We saw the service had a medication policy which outlined how the care workers were able to support people. Care plans reflected how to support people who required assistance to take their medicines. We saw that care workers documented the support given to the person on the service delivery record. This gave a record of what assistance had been given with regards to medicines. It is important that clear instruction is provided in the care plan whether a person is prompted or assisted to take their medicine. Clear records of all medicines taken should be maintained.

Good

Is the service safe?

We saw staff were trained in handling medicines. This training covered prompting and assisting people to take medicines, medicine storage, recording and disposal.

Good

Is the service effective?

Our findings

People we spoke with felt care was provided by care workers who knew what they were doing and understood their needs. One person said, “The carers seem to do a lot of training. They [the care workers] are really nice.” Another person said, “I have real confidence in the carer that comes here. She knows what to do and never leaves without asking if I need anything else.”

Staff we spoke with felt they were trained to carry out their role and responsibilities effectively. Staff told us training provided was of a good quality and valuable. The service had a training manager who was responsible for this area and ensured staff received training on time and that refresher training was completed in a timely way.

The training manager told us that new staff completed the Skills for Care Common Induction Standards. Staff we spoke with confirmed this took place and that an induction manual was completed which staff used as a reference.

We looked at the training schedule and found that training was planned and delivered. Mandatory subjects such as moving and handling, first aid, health and safety and food hygiene were completed regularly.

Staff we spoke with felt supported by the registered manager and the two service co-ordinators. Part of the role of the service co-ordinators was to complete supervision sessions with staff. (supervision sessions are one to one meetings with their line manager). Regular planned staff supervisions are important as they provide a formal framework to reflect on practice and performance and can be used to identify any training needs or areas of development.

The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including balancing autonomy and protection in relation to consent or refusal of care or treatment. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken. The CQC is required by

law to monitor the operation of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS), and to report on what we find.

Staff had an awareness of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff were clear that when people had the mental capacity to make their own decisions, this would be respected. Staff told us they involved people in their care and ensured that their decisions were respected and upheld. We saw policies and procedures relating to these subjects were in place. We looked at care records and saw that people or their representatives had signed their documentation showing consent to care and support.

Some people who used the service were supported with meal preparation. People we spoke with told they were happy with this. However one person told us that they often had their hot meal served cold and didn’t think the care worker knew how to prepare the meal. We spoke with the registered manager about this who told us the carer would be re-trained in this area.

People were supported to maintain good health and access healthcare services when needed. We spoke with staff and saw care records which informed us that health care professionals had been involved in people’s care where required. Staff told us they would involve families where needed. Staff we spoke with explained how they would deal with a situation where someone needed medical assistance. They told us they would gain consent from the person or their family to contact another professional such as a doctor. They told us they would wait with the person until assistance arrived.

Good

Is the service caring?

Our findings

We spoke with people who used the service and they felt the care workers were caring. One person said, "I would not be able to manage without them [the carers]. They are so very kind to me. When I have a bath they cover me as much as they can and let me wash myself as far as I am able. I retain my dignity." Another person said, "The help I get is wonderful, without it I would not be able to manage. I like to do as much as I can for myself and they [the carers] respect that." Another person said, "My carer treats me so kindly and is always helpful, cheerful, a lovely person."

We spoke with staff who told us how important it was to build up a relationship of trust with a person. The people we spoke with told us they usually have the same care workers visiting them.

We saw care records included a social history about the person. This was used to assist the care worker in developing a relationship with the person.

People we spoke with told us they could express their views and were involved in decisions about their care. They felt the care workers knew them well. People told us they had seen their care file and were happy with its contents. However, the care files we looked at did not give much information about people's preferences and choices. We spoke with the registered manager about this who told us some training had been planned and was scheduled to take place on the 25 and 26 February 2015. This would look at completing care records which captured this type of information.

People told us they felt their privacy and dignity was respected. One person said, "I never feel embarrassed when the carers shower me because they keep my dignity by covering me up as much as they can." Another person said, "My carer asked me what I preferred to be called when they first visited me. I said my Christian name, it is friendlier."

The service provided training in this area and had a policy in place to maintain people's privacy and dignity. This included establishing people's preferences on how they would like staff to enter their home. One care worker said, "Some people like us to knock, some like us to knock and shout." Another member of staff we spoke with said, "Even if the person has a key safe we would still knock and ask if we could go in."

Good

Is the service responsive?

Our findings

We spoke with people who used the service and they spoke highly about the care provided and their involvement in planning their care and support. One person said, “I have a book which the carers sign. They [staff] came out to see me from the office and I told them what I needed. I now get help twice a day.” Another person said, “I need help to get out of bed. I also have my breakfast made for me, but I choose what I want. With the help I get I am able to stay in my own home.”

People’s needs were assessed and care and support was planned and delivered in line with their individual care plan. We looked at care records and found they were reflective of people’s needs. However, care plans we looked at were task focused and did not always capture people’s choices and preferences. The registered manager told us that she had identified this and some staff within the organisation were attending training to address this.

We visited four people in their own homes and found each person had a service delivery record. This was a book where carers recorded their visits and care information was stored. Each person knew what the book was for and told us carers write in it before they leave each visit. People told us they had signed the book to agree what care and support they needed.

People who used the service told us their care plan had been reviewed. One person said, “Someone came to see me from the office. I was quite happy with the help I was getting so we agreed to carry on.”

The service had a complaints procedure and we saw that the provider had responded, in a timely manner, to concerns raised. The registered manager kept a log of complaints along with related correspondence. Any missed calls were treated as a complaint and families informed.

People we spoke with told us they felt they could raise concerns. One person said, “I have never had the need to make a complaint. If I had a complaint to make I would contact the manager.” Another person said, “I have had one missed call. The carer was late and I rang the office and someone was coming. I cancelled the call as I was going out, this was my decision.” Another person told us they had complained about a carer’s attitude and told the office not to send the person again, which they respected. However the person felt like the issue had been “brushed under the carpet.” We raised this issue with the registered manager who resolved the issue.

Good

Is the service well-led?

Our findings

We spoke with people who used the service and they told us they could speak with the registered manager and she would listen to them. One person said, "If I ring to speak to the manager I get action; she listens to what I say." Another person said, "The management team are very pleasant and listen to what you say. I think they are very good and very helpful." Another person said, "I have been with Age Concern for a number of years. They know me well enough and I know them. We get on well together."

At the time of our inspection the service had a manager in post who was registered with the Care Quality Commission. People we spoke with felt the service was well run and the registered manager respected their views and opinions.

Staff we spoke with told us the registered manager was very supportive. One care worker said, "My manager is very supportive and gives feedback on my performance."

We spoke with staff and asked if there was anything the service could improve on. Most staff told us that there was no specific time allowed between calls for travelling. Care workers felt this had an effect on their working day and sometimes made them late for calls. We spoke with the registered manager about this and she told us she was aware and they were looking to address this.

The registered manager made a telephone call to each person after the first week of service. This was to check how things were and to address any concerns. A further call was made six weeks later and then every 12 weeks. These calls were in place to monitor the service provision.

We saw the provider had a quality assurance system in place to measure their performance, improve effectiveness and to enhance customer satisfaction. Questionnaires were sent to people on an annual basis and any actions addressed. We saw positive comments such as 'Satisfied with everything,' 'Does a good job,' one comment was 'everything is ok just getting lots of carers.'

We saw the registered manager and the service co-ordinators completed staff monitoring visits at regular intervals. These visits were to observe carers in their working environment and to gain feedback from the person they were supporting. Following the visit the staff member was given feedback. This could lead to a letter of thanks for good work, a strike letter where there was negative feedback. We saw that one action was to offer more training in a specific area. One carer had been issued a strike letter for not wearing the appropriate personal protective equipment.

We saw company checks had been carried out regularly to make sure the service was operating to an appropriate standard. The registered manager told us this included complaints, accidents and incidents, missed calls, and health and safety. Where improvements had been noted we saw that the service had taken action.