

Age UK Bexley

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Inspection report

Grassington Road
Sidcup
Kent
DA14 6BY

Tel: 02083000883

Website: www.ac-communities.org.uk/bexley

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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

Age UK Bexley is a domiciliary care agency providing personal care and support to people living in their own homes. The service supports older people, including some living with dementia to care for their feet by cutting their nails and providing other non-evasive foot care procedures. At the time of this inspection, 139 people were using the service.

People's experience of using this service

People and their relatives were complimentary about the care and support provided. They said the service was well organised and staff were kind and gentle. People said they felt safe using the service and staff followed appropriate infection control procedures to reduce or prevent the risk of infections. Risks to people had been assessed, identified and had appropriate management plans in place to minimise the risk of harm. People said they had regular staff who arrived on time and they did not feel the treatment was rushed. The service followed appropriate recruitment processes to ensure people remained safe. The service had policies and procedures in place to report and record accidents and incidents.

Before people started using the service, their needs were assessed to ensure they could be met. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff were supported through induction, training and supervision.

People were involved in making decisions about their care and support needs and were provided with choice. Staff understood people's diverse needs and supported them in a caring way. People's privacy and dignity was respected, and their independence promoted.

People received care and support that met their needs. People's communication needs had been assessed and met. People and their relatives knew how to make a complaint if they were unhappy.

The service had an effective system in place to assess and monitor the quality of the service and worked in partnership with key organisations to plan and deliver an effective service. People and their relatives' views had been sought to improve the quality of care and support provided

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection:

The last rating for this service was good (published 27 April 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Good 

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good 

Age UK Bexley

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one 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.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave a short notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection and to gain consent from people to be contacted for their views about the service.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We contacted health and social care professionals for feedback about the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with 13 people who used the service and one relative about their experience of the care and support provided. We spoke with three members of staff including the registered manager, a nail cutting coordinator and a nail care assistant.

We reviewed a range of records. These included care plans and risk management plans for ten people. We looked at two staff files in relation to recruitment, training and supervision. We also looked at various records used in the management of the service including policies and procedures, audits and minutes of meetings.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at results of a survey.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. One person told us, "I do feel very safe, they [staff] are nice people."
- The provider had safeguarding policies and procedures in place which provided guidance to staff on types of abuse and how to report to relevant authorities.
- Staff had completed safeguarding training and knew of the types of abuse and what to look out for. They told us they would report any concerns of abuse to their manager. Staff also knew of the provider's whistleblowing policy and told us they would escalate any concerns of poor practice.
- The registered manager was the safeguarding lead. They understood their responsibility to protect people they supported from abuse and to report any concerns of abuse or neglect to the local authority safeguarding team and CQC. There had not been any concerns of abuse since our last inspection in March 2017.

Assessing risk, safety monitoring and management

- People were protected from the risk of avoidable harm. Risks to people had been assessed in areas including allergies, medicines, behaviour, infection control, diabetes, health and safety and environmental risks in people's homes.
- Where potential risks were identified, for example with people identified at high-risk of diabetes, they were not supported by the service but referred to other healthcare professionals.
- Healthcare professionals such as GPs and a diabetic nurse were involved in assessing risks. There were effective risk management plans for people identified at low risk of diabetes, and the service would only support them after a referral document had been received from a healthcare professional.
- Staff understood potential risks that could occur and knew of actions they should take to reduce or prevent identified risks occurring. A staff member told us, "We generally assess people on their medicine or any problem with their feet before treating them."

Staffing and recruitment

- There was sufficient staff available to meet people's needs. A relative told us, "It is always the same [staff] who visits my [loved one] and they are on time."
- The service had two nail care assistants who supported people in their homes to cut their nails. The service operated an appointment system and people were provided with a choice of date, time and duration to rebook their next appointment.
- Staff told us they had enough travel time in-between visits, they confirmed they did not rush people and were rarely late for an appointment. One person told us, "[Staff] doesn't rush me and help me to sit down in

a comfortable position."

- The service followed safe recruitment practices and had ensured appropriate pre-employment checks were completed before staff were employed to work at the service. These checks included two references, right to work in the United Kingdom and a criminal records checks.

Using medicines safely

- The service did not support people with their medicines. However, care plans included a list of medicines people were taking. At each visit, staff checked people's medicines to ensure they were not taking any medicine which may have an adverse impact on their treatment.

Preventing and controlling infection

- People were protected from the risk of infections. One person told us, "They use gloves when they are touching my feet."
- The provider had policies and procedures on infection control and prevention which provided staff with guidance on how to prevent and minimise the spread of infections.
- All staff had completed infection control training. Staff told us they washed their hands and used personal protective equipment such as gloves, aprons and masks to prevent the spread of infectious diseases.
- Each person using the service had their own nail clippers and files kept in their home to promote safe hygiene levels and prevent cross contamination.

Learning lessons when things go wrong

- The provider had policies and procedures on reporting and recording accidents and incidents. However there had not been any accidents or incidents since our last inspection in March 2017. The registered manager told us they would follow their policy where required and lessons learnt would be shared with staff teams to improve the quality of the service.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs had been assessed to ensure they could be met. Before people began using the service, a nail care coordinator carried out a telephone assessment to ensure the service was suitable and could meet the person's needs. The assessment included information about people's mobility, home environment, medicines and medical conditions and preferred date and time for treatment.
- Nail care assistants carried out further assessments including the colour, temperature and conditions of people's nails and a list of people's medicines was checked before they could be treated.
- Information acquired from these assessments and referral information from healthcare professionals were used to develop people's care plans.
- Where required healthcare professionals such as a diabetes nurses were involved in the assessments to ensure people were supported in line with best practices.

Staff support: induction, training, skills and experience

- Staff were supported through induction, training, supervision and an annual appraisal. One person told us, "This service is very good. They send qualified staff and they are gentle."
- Records showed that all staff completed an induction when they started working at the service.
- Staff had completed mandatory courses in areas including infection control, safeguarding adults, fire safety and diabetes in healthcare. Staff told us they were supported to undertake any additional training and development they expressed interest in.
- Staff were supported through regular supervision in line with the provider's policy and an annual appraisal for their professional development. A staff member told us their manager was "good" and "supportive".

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People and their relatives were responsible for booking and attending health care appointments. Staff referred people to appropriate healthcare professionals where required.
- The service worked in partnership with health and social care professionals including GPs, diabetes nurses and podiatrist to plan and deliver an effective service.

Ensuring consent to care and treatment in line with law and guidance

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- The service was working within the principles of MCA. People's rights were protected because staff sought their consent before supporting them. One person said, "Staff explain everything they are going to do and asks me if that's okay."
- The registered manager told us that most people using the service could make an informed decision about having their toe nails cut.
- However, where people could not make a specific decision for themselves, a mental capacity assessment was carried out and best interest decisions made with the person, their relatives where appropriate and/or health professionals. A staff member told us, "We always ask for people's consent. Like yesterday we did a best interest for someone with the support of their family member."
- At each visit, staff told us they continued to check whether people still had capacity to make their own decisions and records showed people had signed to consent to the care and treatment.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by staff who were kind and caring. One person told us, "Staff are very gentle when holding my leg as it can ache. They ask if it is okay as we go along."
- People received care and support from staff who were attentive and understood their individual nail care needs.
- People were protected from the risk of discrimination because staff worked within the principles of the Equality Act 2010. For example, staff told us they would remove their shoes in some people's homes in respect for their culture. One person told us, "I didn't want a male staff to come and do my feet, so the office wrote that down and respected it."

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives were involved in making decisions about the care and support provided. One person said, "I feel I can tell staff what I like and don't like, and they listen."
- People were supported to make decisions for themselves and were provided with choice. One person told us, "I find they respect my views and give me choices."
- People were provided with a service user guide, so they could make informed decisions for themselves about the service. One person told us, "I have a leaflet with numbers to call and times."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. One person said, "Staff always call out and ask if it was okay to come in." Another person said, "I feel staff treat me the same as everyone else and chat with me like a grown up. I like this."
- Staff told us they promoted privacy and dignity by checking with people if they would like to have the service alone behind closed doors, or, if they would like their relatives present with them.
- Information about people was kept confidential. The service kept electronic care records. Computers were password protected and only authorised staff could access people's care records and/or staff files. Staff us told information about people was shared only on a need to know basis.
- People's independence was promoted. People told us their mobility improved once they have had their toe nails cut. One person said, "They look after my feet so well and I can walk better thanks to them."

Is the service responsive?

Our findings

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Each person had a care plan in place which provided staff guidance on how their foot care and support needs should be met. One person told us, "I have a care plan and staff read it each time to see if it has changed."
- Care plans included information about people's allergies, medicines, behaviours and infection control to ensure staff were aware of any risks and could provide safe care and support.
- People told us the service was tailored to their needs, and their preferences respected. One person said, "I'm getting a good service and I don't have to wait in a waiting room."
- People's care plans were kept under regular review at each visit to ensure the service was still suitable and could meet their needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs had been assessed and met. The registered manager told us that people using the service understood information about the service in the standard format. They said if people require other formats of communication including large print, picture or brail it would be provided.

Improving care quality in response to complaints or concerns

- The provider had a complaint policy and procedure which included how to make a complaint and the timescales to respond. The complaint policy was provided to people when they started using the service. One person said, "I have never had to complain but I would call the office."
- The service had not received any complaints since their last inspection in March 2017. The registered manager told us they would follow their complaint policy to ensure people received best outcomes.

End of life care and support

- At the time of this inspection, no one using the service required end of life care and support. The registered manager informed us they were currently undertaking a project with a local hospice to support people with end of life care and support needs and to ensure people's end of life care wishes were met.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People and their relatives were complimentary about the service. One person said, "The service is well organised and staff who booked me in were friendly and gave me the right information."
- The registered manager demonstrated a commitment and willingness to provide high quality person-centred care and to ensure people's individual needs were met.
- The registered manager shared a clear set of values which included promoting independence, privacy, dignity and choice. Staff knew of these values and told us they upheld them when supporting people.
- The registered manager understood their responsibilities under the duty of candour and knew they had to be open, honest and take responsibility when things went wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There was a registered manager in post who understood their responsibility to meet the requirements of the regulations. They knew they had to notify CQC of a range of significant events that occurred at their service. Since our inspection in March 2017, there had not been any concerns that required the service to notify us about.
- There were systems in place to assess and monitor the quality of the service. Regular audits were carried out at the service to identify any shortfalls in the quality of care provided. This included care files, staff recruitment, supervision and training records and the quality of care delivery.
- The registered manager carried out regular home visits to checks on staff practices in areas including consent to care and treatment, effective communication, infection control, medicines and any safeguarding concerns.
- The outcome of these quality checks was positive. The registered manger also informed us they were open to feedback and looking at alternative ways to improve on the service delivery.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service encouraged people to provide feedback through surveys and telephone calls. One person said, "[The service] called me for some feedback and have done so a couple of times in the past few months. I feel I can give feedback good or bad and they would listen and report back on it."
- A survey carried out in April 2019 showed 16 people responded and the results were positive. People said

the service met their expectations "completely" and the standard of service was "without fault".

- Team meetings were held to update and gather staff views about the service. Minutes showed that these meetings were interactive, and staff were given opportunities to make suggestions and feedback on areas included staff training and development, best practices, health and safety and other updates from Age UK.

Working in partnership with others

- The service worked in partnership with key organisations including the local authority, clinical commissioning group (CCG) and other health and social care professionals. Feedback we received from a healthcare professional was positive. They said the service worked well in partnership with their organisation and communicated effectively which had enabled referrals to be monitored end to end.