

Age UK Northumberland

Age UK - Northumberland

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, 19 April and 3 May 2018. The inspection was announced. We gave the service 24 hours' notice of the inspection visit because we needed to be sure that they would be in the office.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community in Northumberland. There were 943 people being supported by 408 staff.

The service was last inspected in October 2017 when we found two breaches of the Health and Social Care Act 2008. These related to Regulation 18: Staffing [training] and Regulation 17: Good governance. We rated the service requires improvement.

Following the inspection the provider submitted an action plan outlining improvements they planned to make. At this inspection, we found improvements had been made and the provider was no longer in breach of Regulation 18 but we found a continued breach of Regulation 17.

A manager was in post who was in the process of registering with the Care Quality Commission [CQC]. 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.

In December 2017, the provider took over the care of people and employed the staff of another domiciliary care provider that had closed. The transfer of people and staff had to happen with some urgency beyond the control of Age UK Northumberland who worked extremely hard to ensure the safety of people and staff at this time.

We recognised the significant burden this placed on the provider and have taken this into account when carrying out this inspection and reaching our judgement.

At our last inspection, we found gaps in recruitment records which meant the provider was unable to demonstrate safe recruitment procedures had been followed. At this inspection, we found gaps in recruitment records including references, vetting checks, and employment history. Some of these omissions were attributable to the transfer of staff but this was not always the case and showed systems were not fully in place to ensure staff records were accurately maintained..

Other gaps in records such as training, Mental Capacity Act [MCA] and complaints which were identified at our last inspection had been addressed and improvements had been made. Audits had also been strengthened to enable closer monitoring of the quality and safety of the service.

The principles of the Mental Capacity Act [MCA] were not always followed at our last inspection. At this inspection, we found improvements had been made. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

At our last inspection, we found staff were not always fully supported to undertake training, learning, or development to enable them to fulfil the requirements of their role. At this inspection, we found improvements had been made to the training supervision and appraisal provided to staff.

Recruitment was ongoing at the time of the inspection as it was recognised there was a shortfall in numbers required to ensure staff were not working excessively long hours, and to ensure consistency of care. Some people continued to experience difficulties with consistent and reliable staffing and we have made a recommendation that the provider keeps the satisfaction of people and their relatives under close review.

Medicines continued to be managed safely and the competency of staff to carry out this task was assessed on a regular basis.

Safeguarding policies and procedures were in place. Staff were aware of the procedures to follow in the event of concerns.

Risks related to individual people, the environment and the handling of people's finances were assessed and plans were in place to mitigate these. There were clear guidelines in place for staff relating to the handling of money or valuables.

People were assisted with eating and drinking and were supported to meet their health needs by staff.

We received very positive feedback about staff. People and their relatives told us staff were very kind, caring, and respectful.

The equality and diversity needs of people were met and staff had attended local events celebrating difference and diversity in the local community.

We received mixed feedback about the responsiveness of the service. Most of this was due to the impact of the transfer of people and staff from the other domiciliary care provider. We were told there had been initial difficulties with missed and late calls, but this had since settled down.

A complaints procedure was in place and records were clear and well ordered. There was a peak in complaints following the transfer of people and staff to the service but we saw numbers had since dropped to previously lower levels. The views of people, relatives and staff were sought via surveys which could be returned electronically or by post.

There was mixed feedback about the support people, relatives and staff received from the manager and office based staff. Some people were critical of the communication between them and the office, and the organisation of the service generally. Plans were in place to recruit and train additional office staff to address some of these concerns. There were plans for coordinators and supervisors to attend leadership training to support them in their role.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This

related to good governance. You can see what action we told the provider to take at the back of the full version of the 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 

Not all aspects of the service were safe

Records did not demonstrate that safe recruitment procedures had always been followed.

It was recognised that more staff were required and recruitment of care staff and supervisors was ongoing.

Medicines were managed safely and risks were assessed were assessed in relation to people, the environment and finances.

Is the service effective?

Good 

The service was effective.

Improvements had been made to staff training, supervision and appraisals. The high number of new staff transferring from another agency which closed, had impacted upon training statistics but plans were in place to address any gaps.

Improvements had been made and the provider was now operating within the principles of the mental Capacity Act (MCA).

People were supported with eating and drinking and staff supported them to ensure their health needs were met.

Is the service caring?

Good 

The service was caring.

People and their relatives spoke very highly of the staff caring for them.

We observed staff were polite and courteous and treated people with dignity and respect.

An equality and diversity policy remained in place and staff had attended celebrations of diversity at community events.

Is the service responsive?

Good 

The service was responsive.

People and reported an unsettled period where the service was unreliable following the takeover of another provider that had closed. It was reported this had now improved.

Some people remained concerned about the reliability of the service they received and we recommended this was kept under close review.

The way complaints were recorded and managed had improved since the last inspection. Complaints reviewed showed a peak during the transfer of service which had since reduced to previously low levels.

Person centred care plans remained in place which were regularly reviewed and easy to follow.

Is the service well-led?

Not all aspects of the service were well led.

Recruitment records continued to have gaps meaning it could not be demonstrated safe recruitment procedures had been followed.

Improvements had been made to other records including training, complaints and MCA records.

There was mixed feedback about the support staff received from the manager and office based staff. Work was ongoing to recruit more office based supervisors to support staff effectively.

People, relatives and staff told us communication could be poor. Plans were in place to address this through additional staff and training.

Requires Improvement 

Age UK - Northumberland

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 took place on the 13 and 19 April, and 3 May 2018. It was carried out by one adult social care inspector and an assistant inspector.

We gave the service 24 hours' notice of the inspection visit because we needed to be sure that they would be in the office.

Prior to our inspection, we checked all the information which we had received about the service including notifications which the provider had sent us. Statutory notifications are notifications of deaths and other incidents that occur within the service, which when submitted enable the CQC to monitor any issues or areas of concern.

We used information the provider sent us in the Provider Information Return. This is information we require providers 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 contacted the local authority safeguarding and contracts teams. We used the information they provided when planning the inspection.

We spoke with six people who used the service and six relatives. We visited three people at home and spoke with 15 members of care staff. We also spoke with the manager, deputy manager, and head of home care.

We looked at nine care plans, eight staff recruitment files and a variety of records related to the quality and safety of the service.

Is the service safe?

Our findings

People and their relatives told us they felt safe being cared for by Age UK Northumberland staff. One person told us, "I feel quite safe. I couldn't manage without them."

At the last inspection, we found staff records did not demonstrate safe recruitment procedures had been followed. At this inspection, we found the same issues existed with gaps in staff recruitment records.

We checked eight care and office based staff files. There were gaps in a staff recruitment records including missing references, gaps in employment history, and a lack of evidence of Disclosure and Barring [DBS] checks. The DBS carries out checks on the suitability of applicants to work with people who may be vulnerable. They help employers to make safer recruitment decisions which help to protect people from abuse.

One staff member had no application form in their file, no evidence of a letter offering employment or DBS check. They told us they had handwritten their application form and brought it with them on the day of their interview. Some information was located during the inspection. We were sent an email which demonstrated the references for one staff member had been seen and were satisfactory but the actual references could not be located.

In all but one case, checks had been carried out but evidence of checks was not readily available.

This was a continued breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 17. Good governance.

We spoke with the manager about this who told us they had appointed a new Human Resources staff member to help support the recruitment process.

Since the last inspection, the provider had taken over the care of a large number of people following the closure of another home care provider. They also transferred a large number of staff to the organisation. The transfer of the services unavoidably took place over the Christmas period, which caused multiple difficulties. Not all staff transferred as expected meaning there was a shortfall in the number of staff available.

During the inspection we spoke to people and their relatives and most told us they were happy with the number of staff and that they received consistent care from staff who they knew well. Most acknowledged difficulties over the Christmas period and said the staffing was affected including a number of missed or late calls, but told us this had improved in recent weeks. New procedures were in place to verify staff had attended their care visits. This was aimed at preventing missed calls.

A number of people continued to be concerned with the number of different staff providing care and the lack of consistency. In some cases, this was linked to difficulties in recruiting to rural geographical areas and therefore feedback varied.

One person said, "It's not very good. I never know what time the carers are coming."

We spoke with the manager about this who was aware that there were some difficulties establishing consistent staffing rotas, in particular geographical areas where it was difficult to recruit. They were however, working hard to address these issues.

Recruitment was ongoing, and there was also the opportunity to sub-contract some care to other provider organisations, although the manager told us they wanted to keep sub-contracting to a minimum.

Exit interviews completed with staff when they left the organisation, had been reviewed to ensure managers had a good understanding of the reasons people left their employment. This was with a view to improving staff retention and reducing turnover.

We recommend staffing remains under close review in light of the concerns raised.

Safeguarding policies and procedures were in place. The manager was aware of the need to notify CQC of concerns of a safeguarding nature and a safeguarding log was maintained. Staff had received training in the safeguarding of vulnerable adults and told us they were aware of the procedures to follow.

We checked the management of medicines and found clear procedures remained in place for staff to follow. Staff competency to administer medicines was checked on a regular basis. None of the people we visited received medicines at that time from staff, so we did not observe administration, but staff were able to talk us through the correct procedure to follow.

Risks to individual people and environmental risks were assessed. These included risks related to people's physical needs and any hazards there may be for staff when visiting such as pets, or poor lighting outside the property for example.

Clear procedures and guidelines were in place for staff when supporting people with financial transactions. Staff were aware they must not have access to people's bank cards or personal identification numbers, and the need to keep receipts and record any transactions. Most people had formal financial arrangements in place which minimised the need for staff involvement.

Records of accidents and incidents were maintained and reported to the office by staff. Staff we spoke with told us they were aware of the procedure to follow to report incidents. Staff followed correct infection control procedures and supplies of personal protective equipment such as gloves and aprons were available and we saw these were used.

Is the service effective?

Our findings

People told us staff cared for them effectively. Comments included, "They all seem to know what they are doing. I have no complaints at all; they are very good," and "The carers that we have are all excellent. I can't think of anything to fault...anything we ask them to do, they can do."

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.

At the last inspection, we found the service was not operating within the principles of the MCA. Restrictions had been placed on people and some medicines were being administered covertly. No multidisciplinary best interests decisions had been made in relation to these practices.

At this inspection we found improvements had been made. Staff had received training and care records we reviewed showed care documentation had improved in relation to MCA. We spoke with the manager who was not aware of any restrictive practices taking place. Staff we spoke with told us they were aware of the need to report any concerns relating to capacity or consent to the office.

A new deputy manager had been appointed who had previously worked as a best interests assessor. We spoke with them and they had a good understanding of the complex issues relating to capacity and consent. They were therefore well placed to provide guidance and support to staff in this area.

At the last inspection we found training was out of date and training records were incomplete and difficult to follow. At this inspection we found progress had been made in relation to training, although statistics of training deemed mandatory by the provider had dropped with the introduction of staff from the other care provider, many of whom needed refresher training. This was beyond the control of the provider and plans were in place to meet these gaps.

Staff completed the Care Certificate upon induction. The Care Certificate is a benchmark for the induction of new staff. It assesses the fundamental skills, knowledge and behaviours that are required to provide safe, effective, compassionate care. Staff also had a period of time shadowing more experienced staff.

One staff member told us, "An induction programme is in place that lasts approximately two weeks. Part of the induction involved classroom based training then shadowing another staff member for around 15 hours." Another staff member we spoke with told us they would have liked the shadowing period to have been a little longer because they were new to care and a bit anxious but said office staff were always available to provide advice.

A new deputy manager was in post who was a Registered General Nurse [RGN]. They had maintained their nurse registration and had recent clinical experience. They had reviewed a number of clinical policies and procedures including the management of medicines, catheter care, management of gastrostomy [feeding tubes] and oxygen therapy management.

"Standardisation meetings" had also been planned to help to "up skill" staff and standardise practice. The topics covered on the plan included; care planning, self-awareness, managing capability and performance, assessing risks, MCA and DoLS, end of life care, dementia care, time management and managing stress.

There were further plans to develop and maintain staff skills and competencies. The manager told us, "We have decided that each supervisor will be a champion for a specific area of care for example, dementia, end of life, infection control, nutrition etcetera and they will attend external specialist training, and along with the deputy manager will be responsible for providing updates to the team and for carrying out internal audits in this field."

People continued to be well supported with eating and drinking. Staff received basic food hygiene and specialist training for people who used a Percutaneous Endoscopic Gastrostomy [PEG]. PEG is a form of specialist feeding where a tube is placed directly into the stomach and by which people receive nutrition, fluids and medicines.

We spoke with staff and they told us they contacted the office if they were concerned about people's dietary intake or if they had been losing weight.

People were supported to access health appointments in the community and were accompanied by staff where appropriate.

Is the service caring?

Our findings

At the last inspection we found the service was caring. At this inspection people continued to tell us they were well cared for. Feedback we received about the care people received was positive. Comments included, "They are brilliant. I have no complaints whatsoever. They are very good, I just want to praise them up," "They are very polite, they always offer to do more things but I don't need it" and, "They recognise this is your life, and this is your home. They ask before they do things."

One staff member told us they enjoyed working for Age UK, they told us, "I really love my job. Age UK are really good at helping older people."

Staff were aware of the need to promote privacy and dignity. One staff member told us, "When delivering personal care we do this in privacy, close the curtains and ensure anyone present leaves the room to respect the person's dignity." One person told us, "My privacy is always respected. I am always covered up; they are really good" another said, "The carer that does my bath is lovely. She always shuts the door and we have a little natter."

Staff knew people they cared for well and information about people's preferred routines and preferences were recorded. Staff were aware of the need to maintain confidentiality of information. One staff member told us, "We know not to discuss our clients with other people."

People were supported to maintain their independence and were offered choices about the care they received. One person said, "Oh they always ask me what I need, To be honest I don't think I need much help but they are very nice and always offer. I don't mind them coming and they are no bother."

An equality and diversity policy remained in place. The policy outlined the commitment of the organisation with regards to protected characteristics including for example; age, disability, gender race, religion or beliefs as described in the Equality Act 2010. The manager told us staff were attending The Rainbow Games and would be representing Age UK at local Pride events. Lesbian, Gay, Bisexual and Transgender Pride Month is celebrated each year.

The manager told us staff had received training related to supporting people with personal relationships. Staff were made aware of the importance of supporting existing and facilitating new personal relationships to combat loneliness and isolation and to promote social inclusion.

No one was using the services of an advocate at the time of the inspection but staff could access this service for people if required. Advocates support people to make and communicate decisions.

Is the service responsive?

Our findings

There were mixed views about the responsiveness of the service. People told us they were happy with the service provided and felt things had improved following difficulties over the Christmas period when the provider urgently took over another care agency. Comments included, "It is very good. I have no complaints at all; it was disjointed over Christmas but everything has settled now", "The times can vary a bit, but we allow for them being held up in traffic. I can't find anything to fault, there were hold ups over Christmas but things are better now" and, "They always used to be late and missing visits but it's okay now."

At our last inspection we found complaints were not being recorded or responded to consistently and records varied in quality and detail. At this inspection we found complaints records had improved and the organisational policy was being followed. We requested an analysis of complaints to compare the number of complaints received before, during and after the transfer of the other care agency to Age UK - Northumberland. We found there had been a peak in complaints during this difficult transition period, but complaint numbers had since reduced and were comparable with the average number of complaints received previously.

People told us they were aware of the complaints procedure. A relative told us, "The carers we have are excellent. I have no complaints at all. I know how to make a complaint but I have never had to." One relative told us they were not aware of how to make a complaint.

We spoke with the manager about this who told us they would contact the relative concerned.

Care records we checked continued to be person centred. This meant that people's personality, behaviour, likes, dislikes and previous experiences were taken into account when planning care. Care plans called 'My support plan' were written in the first person and personalised. The language used to describe care needs was respectful. They contained details about how people preferred to be addressed, their specific needs and agreed plans to address these. They were signed by people who were involved in care planning where possible.

Care plans provided by the organisation that transferred to Age UK – Northumberland did not meet the required standard and a number had been updated and improved in line with Age UK Northumberland's standard documentation. Some people transferred from the other care agency had minimal information on file. The provider had worked hard to gather the necessary information and to update care plans.

Staff we spoke with told us care plans were clear and easy to follow. Updates were sent to them when changes were made to the care required by people.

There was no one receiving end of life care at the time of the inspection but this was provided when required. The provider had links with a local hospice service and support was provided by relevant professionals when necessary.

Is the service well-led?

Our findings

At the last inspection we found not all aspects of the service were well led. There were gaps in records related to training, recruitment, complaints and MCA, and robust quality checks and audits were not carried out.

At this inspection we found improvements had been made to training, complaints and MCA records. We found continued gaps and omissions in recruitment records. This could not always be explained by the additional pressures placed upon the provider during the transfer of the other service and their staff. We found some information had been sought and then misfiled or held on the computer of an individual staff member. Other missing information to demonstrate safe recruitment practices had been followed could not be accounted for.

Audits had improved since the last inspection, although they had not picked up all the issues we identified. This was a continued breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 17. Good governance.

The manager was aware of areas that needed to be improved and was putting plans in place to address these, and a new deputy manager had also been appointed who would be able to support them.

As part of the drive to improve governance and organisation within the service, the management team had been restructured. A new Chief Executive had been appointed since the last inspection and was the Nominated Individual for the provider. A nominated individual represents the provider and has responsibility for supervising the way that the regulated activity is managed.

A manager had also been appointed who was in the process of registering with CQC at the time of the inspection. There were new board members in post and a home care sub-committee met monthly to discuss the areas we look at during inspection, set targets and discussed safeguarding and recruitment issues. Coordinators had been grouped into smaller geographical patches to aid effective communication and organisation and on call arrangements had been changed to improve access of staff to a manager out of hours.

People, staff and relatives had mixed views about the support they received from the manager and office based staff. Some were very positive, felt well supported and had few concerns. A number of others told us they felt unsupported at times and said communication could be very poor between them and the manager or office based staff. Staff told us a minority of office staff could be rude and did not always record messages they had passed on.

We spoke with the manager who told us they were aware of communication issues and were working to address these by increasing the number of staff available to support and by providing additional training.

Missed calls were monitored and reviewed monthly. There was a gap in these records following the

appointment of the manager as it was unclear who was responsible for this as there was a separate quality team. This had been addressed and these records were up to date at the time of our visit.

Age UK had carried out an audit of the service as part of their national programme of audits. They looked at a number of areas, including those outside of the scope of our regulations but those areas that did fall within our scope were rated satisfactorily and the report was positive overall.

Surveys were sent to people, relatives and staff to ascertain their views of the service. The provider was aware of their responsibility to notify CQC of certain events in line with legal requirements.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Records were not satisfactorily maintained in relation to staff recruitment. Audits had not sufficiently improved to identify the issues we found during the inspection.</p> <p>Regulation 17 (1) (2) (a) (d) (f) (l)</p>