Age UK Bexley

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## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

| | |
|---|---|
| Is the service safe? | Good |
| Is the service effective? | Requires Improvement |
| Is the service caring? | Good |
| Is the service responsive? | Good |
| Is the service well-led? | Good |

# Summary of findings

## Overall summary

This inspection took place on 8, 9 and 12 February 2016 and was announced. This was so we could be sure that management would be available in the office as this is a domiciliary care service. We last inspected this service in June 2013 where we found the provider was meeting all of the regulations that we assessed at that time.

Age UK – Bexley provides personal care to people in their own homes. At the time of our inspection the provider delivered care and support to approximately 300 people and employed five members of staff. The service supports older people some who are living with dementia. The care and support provided involved short visits by staff where people's feet were cared for by nail cutting and other non-invasive foot care procedures.

The service had a registered manager. 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.

People were happy with the care and support they received and they spoke highly of the staff who assisted them. They said their needs were met safely and they felt involved and informed about their care. Communication between staff within the service was good.

The service had suitable processes in place to safeguard people from different forms of abuse. Staff had been trained in safeguarding people and in the agency's whistleblowing policy. Staff were confident that they could raise any matters of concern with the provider, the registered manager, or the local authority safeguarding team. Staff were trained in how to respond in an emergency (such as where a person collapsed) to protect people from harm.

Although the registered manager and staff had received training about the Mental Capacity Act 2005, when people lacked the capacity to make decisions about their care, the service did not have robust systems in place to ensure that the care that was provided was in people's best interests. Sometimes there was a failure to seek the views of next of kin and health care professionals in these circumstances.

People's needs were assessed, documented and regularly reviewed and appropriate care records were maintained and reviewed

the service's recruitment processes were thorough and included checks to ensure that staff employed were of good character, appropriately skilled and physically and mentally fit. Staffing levels were determined by people's needs and the number of people using the service. We had no concerns about staffing numbers.

Staff told us and records confirmed that training in a number of key areas such as safeguarding and

dementia awareness and care was up to date. Staff told us they had the skills they needed to meet the varying care needs of the people using the service. Refresher training was provided at regular intervals. Supervisions and appraisals took place. Staff told us they felt supported by management and could approach them at any time. Staff meetings took place monthly and provided an avenue through which staff could feedback their views.

People reported that staff were very caring and supported them in a manner which promoted and protected their privacy and dignity. People said they enjoyed kind and positive relationships with staff and they had continuity of care from the same members of the care staff team whenever possible, which they appreciated.

People were informed about their right to complain and about how to do so, if they wished. Records showed that historic complaints were handled appropriately and records were kept of each individual complaint received and any associated paperwork or correspondence with the complainant. People's views were gathered through annual telephone surveys.

Care records demonstrated that the provider was responsive when people's needs changed and the care and support they received was adjusted accordingly. People were supported to access the services of external healthcare professionals if they needed assistance to do so.

People told us that the service was well run. Staff were positive about the support they received from the registered manager. They felt they could raise concerns and they would be listened to. Audit systems were in place to ensure that care and support met people's needs.

People's information was treated confidentially. People's paper records were stored securely in locked filing cabinets.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Good**

The service was safe.

People told us they felt safe when receiving care and support from staff.

Systems were in place to report matters of a safeguarding nature to external organisations if required. Staff were aware of their personal responsibility to report any instances of abuse or harm.

Care delivery was planned and risk assessed. The service had enough staff to meet people's needs.

Appropriate recruitment checks took place before staff started work at the service.

### Is the service effective?

**Requires Improvement**

The service was not always effective.

The provider did not assess the capacity of people who used the service to make decisions for themselves in line with the Mental Capacity Act 2005 (MCA).

People's needs were met and continuity of care was evident.

Staff were appropriately trained in key areas which meant they had the skills they needed to deliver care safely and effectively. Supervision and appraisal systems were in place and staff reported that they felt supported by management.

### Is the service caring?

**Good**

The service was caring.

People spoke of the caring and positive relationships they enjoyed with the staff who supported them. They confirmed that staff treated them with dignity and respect and they had privacy whenever they needed it.

Most people were involved at the initial stage when their care package commenced and also during reviews of their care

needs.

## Is the service responsive?

Good

The service was responsive.

Care planning and risk assessment took place and was appropriate. People received reviews of their care regularly and adjustments were made if necessary.

People told us they made choices about their care and were aware of how to complain, should this be necessary.

The provider had systems in place to gather the views of both people and their relatives in order to improve the service delivered.

## Is the service well-led?

Good

The service was well-led.

People reported that they felt the service was well-led and staff said that they felt supported.

The ethos and culture of the service was positive and open. There was a clear vision and set of values in place. There was good communication between staff and management.

The service worked well with external organisations to ensure that people's needs were met.

# Age UK Bexley

**Detailed findings**

## Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

This inspection took place on 8, 9 and 12 February 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be available to assist us. The inspection team consisted of one inspector.

Prior to our inspection we reviewed all of the information that we held about the service. This included reviewing any statutory notifications that the provider had sent us within the last 12 months. Notifications are made by providers in line with their obligations under the Care Quality Commission (Registration) Regulations 2009. They are reports of incidents related to the service.

As part of our inspection we spoke with 10 people on the telephone, all of whom used the service. We spoke with one person's relative, four members of the care staff, the registered manager, the supervisor and the nominated individual, who is the provider's representative. We reviewed a range of records related to people's care and the management of the service. These included 10 people's care records, four staff files, the planning and operation system used by the organisation and records related to quality assurance.

Good

# Is the service safe?

## Our findings

Each person that we spoke with told us they felt safe with the staff who cared for and supported them. They described the member of staff who supported them as "kind and helpful". People were confident that staff would arrive on time and they said this made them feel safe. One person told us, "I've always seen the same carer. They are always on time and I never have to worry." A relative commented, "We feel very comfortable with the member of staff."

The provider had a safeguarding policy and procedure in place which gave clear guidance to staff about how to identify abuse and report matters of a safeguarding nature. Staff were knowledgeable about the concept of safeguarding and they were aware of their own personal responsibility to protect vulnerable people and report abuse or instances of suspected abuse. They told us they received training in safeguarding and this was regularly refreshed. The records we saw confirmed this. The management team were clear about the organisation's responsibility to safeguard people from abuse. A member of staff said, "I am aware of the issues and what to look for. I wouldn't hesitate to report matters if I had any concerns." We saw an example of a case where the service had acted promptly to protect a vulnerable person and reported an incident of suspected neglect to the authorities including local authority safeguarding team for investigation.

Staff were issued with a mobile phone when they started working for the organisation which they carried with them during working hours. This meant staff had a means by which they could call for assistance if required and they had set lines of communication with office staff and the manager. A staff member said, "I'm always aware that my clients are elderly and get in a routine expecting me at a certain time. If I am delayed for any reason I always make contact and am supported by the office with this. I explain the reason for the delay. I see it as part of the care and service we provide."

Staffing at the service comprised of the main foot care assistant who performed foot care in people's homes, a supervisor who was a qualified health care professional, an administrator and manager. The service had systems in place to ensure continuity of service to people when staff went on leave. Staff told us that they had enough time to deliver the care people needed within the allocated time and did not feel under pressure when travelling between calls as this was factored into their appointments. The service had enough staff to meet the needs of people.

Records reflected that the provider operated a robust recruitment process. The manager showed us documentation of each stage of the recruitment process for each potential new starter within the organisation. Staff were interviewed, their identification was checked, references were sought from previous employers and Disclosure and Barring Service (DBS) checks were obtained before staff began work. Staff also completed a health declaration questionnaire. The provider had systems in place designed to ensure people's health and welfare needs were met by staff who were fit, appropriately qualified and physically and mentally able to do their job.

We saw records that supported that staff were mindful of health and safety risks within people's homes and

supported them to remain safe. Assessments were also undertaken to assess risks to people using the service. For example a thorough check was made about medicines that people used so that the care did not interfere with the person taking their medicine safely. Records showed that staff had reported concerns to the manager where they were worried about people's welfare.

The provider had considered emergency planning and had a business continuity plan in place. This meant that in the event of a disturbance in the service's administration and support system the main foot care assistant could still be supported to provide care to people who use the service.

Requires Improvement

# Is the service effective?

## Our findings

People told us that staff were good at their jobs and had the necessary skills. People said that they thought the staff were well-trained and attentive to their needs. All the feedback we received from people was positive, and people commented, "I can always contact the office if I need to, they are always very helpful when I speak to the staff", and "The staff that visit are very good, I cannot fault them".

It was seen that people's needs were assessed, recorded and communicated to staff effectively within care records that were available to care staff. Staff followed specific instructions to meet individual needs and their preferences.

People told us that they would recommend the service to others and were confident that their carer had the correct skills and knowledge to meet their needs. A relative said, "My relative's foot condition has really improved since starting with the service."

People received care and support from staff who had been trained to meet their needs. Staff completed an induction when they started in their role. Learning and development included face to face training courses and eLearning. The induction and refresher training included all essential training, such as moving and handling, fire safety, safeguarding, first aid and infection control. Staff were given other relevant training, such as dementia awareness. The main foot care assistant and the caring support staff both had professional qualifications in foot care and were experienced in this area of health care. This meant that people were supported by staff that had the skills and knowledge to meet their needs and ensure their safety.

Staff told us they were supported through individual supervision and appraisal. Records we saw supported this. Spot checks of staff were carried out in people's homes by the manager. A spot check is an observation of staff performance carried out at random. People we spoke with thought it was good to see that the care staff had regular checks, as this gave them confidence that staff were doing things properly. The main foot care assistant said, "I get regular supervision from a qualified podiatrist and the manager and can access a range of other services and support if I need to."

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.

Staff did not fully understand some key requirements of the Mental Capacity Act 2005 (MCA) when people may lack capacity to make decisions about their care. It was seen that people were not always asked to give their consent to care and treatment. Staff accepted that people such as neighbours and relatives sometimes gave instructions for care and in these circumstances assessments were not undertaken about whether this person was acting lawfully on behalf of the person receiving care. Most of the people who used the service

had capacity to make decisions about the level of care and supervision required but when people may lack capacity, the service did not have a system in place to assess the level of capacity. Where there was uncertainty about the degree of consent that had been provided, recognised procedures were not followed and the service failed to take account of the views of the right professionals such as GP's to ensure that the care was in the person's best interests.

These issues were a breach of Regulation 11 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

You can see what action we have asked the provider to take at the back of this report.

Following our inspection visit, the manager told us, and we saw examples of, the processes they had implemented to ensure staff acted within the MCA. However, we could not monitor this new system at the time of the inspection.

Records showed that staff worked closely with health care professionals such as district nurses and podiatrists with regards to people's physical health needs. Staff gave examples of the action they would take if they were concerned about a person's health such as when they noticed an issue such as an infection that was beyond their area of expertise. This meant that staff met people's health needs.

Good

# Is the service caring?

## Our findings

People told us that staff were kind and caring and treated them with dignity and respect. One person said, "The carer is absolutely marvellous, I cannot praise her enough." Another said, "I have been with the service for a few years now and the treatment I have received is first rate and the staff are very caring". All of the people we spoke with told us they were happy with their care and support. A health care professional told us, "The service is first rate and the staff are kind and sincere."

We spoke with a relative who said, "We are happy with the care and support our family member receives. Staff treat our family member with dignity and respect and are caring and kind."

People were involved in their care planning and their care was flexible. For example records we saw supported that if people wanted to change their level of care or the days on which they received care, they contacted the office and requests were met where possible. People's care plans detailed what type of care and support they needed in order to maintain their health. For example, one person's care plan detailed that they needed support to move during treatment and that extra help may be required. Another person's care plan detailed they needed support with washing the foot before the treatment. Records were always produced following care and these evidenced that people had received their care and support as detailed on the care plan. Staff were aware of the need to respect choices and involve people in making decisions where possible. A staff member told us, "I like to spend some time with my clients as I know they like to chat after the treatment and this can be important to them. I feel it's all part of the service."

Annual reviews were carried out by the registered manager. Any changes were recorded as appropriate. This was to make sure that the staff were fully informed to enable them to meet the needs of the person. Staff knew each person well enough to respond appropriately to their needs in a way they preferred and support was consistent with their plan of care.

Staff maintained people's privacy and dignity. Staff we spoke with told us that people were treated with dignity and respect. Staff told us they were discreet when discussing people's needs, and would move to a quiet area of the home if the person needed to talk confidentially. People told us that staff communicated effectively with them no matter how complex their needs.

Staff had a good understanding of the need to maintain confidentiality. People's information was treated confidentially. Personal records were stored securely. People's individual care records were stored in lockable filing cabinets in the office. Records held on the computer system were only accessible by staff authorised to do so. Staff files and other records were securely locked in cabinets within the offices to ensure that they were only accessible to those authorised to view them.

Good

# Is the service responsive?

## Our findings

People told us they had been involved in their care and planning and knew how to complain. People described staff as being 'supportive', 'lovely' and 'caring'. One person said, "I've nothing to complain about but if I have, I know who to speak to." Another said, "Staff help me and I'm very pleased with the service". A relatives said, "I know how I can contact the office and speak to the person in charge but there's never been a need to as we are pleased with the service." A health care professional told us, "The service has really improved and they are good at getting specialists involved in things that are of concern."

During the inspection we saw that there was a policy in place that dealt with the risks associated with providing care to people suffering from certain conditions such as diabetes. In these cases it was noted that referrals were only accepted if they were approved by a health care professional and details of the referral, including risk associated with the condition, formed part of the person's care plan.

Individualised care records were maintained within people's homes and at the service's office. We saw that care plan and risk assessments were in place giving staff information they needed to provide care and support. Staff explained that the senior carer conducted an assessment prior to the care package starting and this was discussed with the manager. People's care records contained care plans, risk assessments, and annual reviews. The care plans included information on; personal care needs, details of medicines that had been prescribed by health care professionals and people's preferences in relation to their care including the dates and times of appointments. This was helpful for staff assisting when the main foot care assistant was unavailable. People's plans were reviewed on an annual basis and they were provided with support that met their needs and preferences.

Staff were knowledgeable about people's needs and there was evidence that they responded to matters and issues brought to their attention, in respect of people's health and well-being. A staff member said, "I know my clients well and tend to be involved with them for years. If there are any problems I have good relationships with health care specialists and always refer as soon as an issue arises." Records also showed that people had been referred to external organisations for input into their care as and when necessary. For example we saw a referral to a qualified podiatrist where the level of care required could not be provided by the service. This showed that the provider was responsive and proactive to changing circumstances.

The provider had a complaints and compliments procedure. The complaints procedure was clearly detailed for people within the 'user guide' that was sent to people at the commencement of the service. The complaints policy was available at the office and showed expected timescales for complaints to be acknowledged and gave information about who to contact if a person was unhappy with the provider response. The manager told us they had only received one complaint since opening the service in 2010 and it was noted that the matter had been looked into and complainant kept informed of progress of the enquiry. It was seen that action had been taken as a result of the concern and the complainant was satisfied with the outcome.

Compliments records were maintained. These records contained comments from people and their relatives.

One read, 'I feel much better after the visit. She is a lovely lady." Another said, 'I can move around much better after the visit and thank you for seeing me more frequently."

Good

# Is the service well-led?

## Our findings

People told us that they thought the service was well managed, were complimentary about the service, the relationship they had with manager and the way it was led. All of the people we spoke with relayed positive views of people connected with the service. They described office staff as "friendly and helpful". One person said, "I phone the office occasionally to rearrange a visit. They are all very helpful and always phone you back." Another said, "All very positive. It seems that the carer is supported and there is a good structure to the organisation."

A health care professional said, "Although it's a small service, the main carer can rely on the back up of a larger organisation when there are issues and the need for support."

The service had a clear management structure in place led by a registered manager who understood the aims of the service. The provider was represented by a nominated individual who was based in the same office as the manager. It was noted that they had regular input on matters relating to the day to day running of the service such as the design of a new care assessment form.

Staff told us that the manager encouraged a culture of openness and transparency. Their values included a policy of being supportive of staff and people, respecting each other and open communication. All staff we spoke with were complimentary about the management team and we saw that staff and the manager were open with each other in communicating matters relevant to the running of the service including improvements and raising concerns. Staff said that they felt comfortable in raising matters with the manager or provider and felt confident that they would be listened to and concerns acted upon. Staff said they liked working for the service.

Staff felt that they had good support from the manager, support staff and provider. Staff told us that they received regular newsletters from the service. One staff member said, "I get good support from the office. My equipment is always up to date and items like dressings are always in stock back at the office". Another staff member told us, "Communication is good and the manager is always on hand."

Staff also received support and guidance by attending staff meetings. These were held every quarter and records of these showed that staff discussed practice issues and explored other ways of providing support following good practice guidance. We saw detailed minutes from the most recent meeting in October 2015 when we noted that referrals to external health care services was discussed together with the rostering of staff to deal with cover over the Christmas period. One staff member told us, "The meetings are helpful and make us all feel involved but I know I can approach management at any time and don't have to wait until a formal meeting."

There were systems in place that meant that the service was able to assess and monitor the quality of care provided and that any concerns were addressed promptly. For example we saw that follow up telephone calls were made to people after they had received care and any observations were effectively provided to the carer in question. This meant that the manager regularly checked that any issues were identified quickly

in order to improve the lives of people who used the service.

Records showed that the service worked in partnership with other health and social care professionals such as community nurses and podiatrists, to ensure that people received the care and support they needed. Care records were retained within people's home, at the point of care delivery, and other records related to the operation of the service were held securely within the office. Access was restricted to those people who needed it, to ensure confidentiality.

The provider had a whistleblowing policy. This included information about how staff should raise concerns and what processes would be followed if they raised an issue about poor practice. The policy stated that staff were encouraged to come forward and reassured them that they would not experience harassment or victimisation if they did raise concerns. The policy included information about external agencies where staff could raise concerns about poor practice and also directed staff to the Care Quality Commission.

The registered manager had a good understanding of their role and responsibilities in relation to making a notification about important events such as serious injuries, safeguarding concerns and if they were going to be absent from their role for longer than 28 days. This meant that the service was aware of need for external scrutiny of events that may be significant and that could affect the well-being of people.

People were encouraged to provide feedback about the service by completing annual surveys. The manager told us that as very few had been returned the administrator had telephoned people who use the service in September 2015 in order to encourage oral feedback. It was noted that one person said, "Thank you for sorting the issue out. I much prefer my new time and am really pleased with the service." Another said, "Your carer is very helpful. My feet feel a lot better."

This section is primarily information for the provider

# Action we have told the provider to take

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

| Regulated activity | Regulation |
|---|---|
| Personal care | Regulation 11 HSCA RA Regulations 2014 Need for consent<br><br>People's capacity levels were not always assessed and monitored and the provider did not always act in line with their legal obligations in respect of the Mental Capacity Act 2005. |