

Age UK Staffordshire

Age UK South Staffordshire (Penkridge Resource Centre)

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 ●

Summary of findings

Overall summary

About the service: Age UK South Staffordshire (Penkridge Resource Centre) is a domiciliary care service that was providing personal care to 12 people in their own homes and at the time of the inspection.

People's experience of using this service:

- People were supported by sufficient numbers of staff who had been safely recruited. When people required medicines these were administered safely. People were safeguarded from the risk of abuse and any identified risks were assessed and minimised.
- People consented to their care and were supported by staff who were trained to fulfil their roles effectively. People's needs were assessed and reviewed to ensure care being delivered was up to date and reflective of their needs.
- People were treated with dignity and respect and involved in decisions about their care.
- People received a personalised service that met their individual needs and they knew how to make a complaint if they were unhappy with any aspects of their care.
- The provider and registered manager had systems in place to monitor and improve the quality of service.

Rating at last inspection: At our last inspection in March 2016 the service was rated as good.

Why we inspected: This was a planned comprehensive inspection.

Follow up: We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned for future dates.

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 well-led

Details are in our findings below

Is the service effective?

Good ●

The service was well-led

Details are in our findings below

Is the service caring?

Good ●

The service was well-led

Details are in our findings below

Is the service responsive?

Good ●

The service was well-led

Details are in our findings below

Is the service well-led?

Good ●

The service was well-led

Details are in our findings below

Age UK South Staffordshire (Penkridge Resource Centre)

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: This inspection was undertaken by an inspection manager 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. Our expert-by-experience had knowledge about personal care of adults within the community.

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

- 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 the service 48 hours' notice of the inspection visit to ensure that someone was able to facilitate the inspection.

Inspection site visit and activity started on 11 February 2019 and ended on 20 February 2019. We visited the office location on 14 February 2019 to see the registered manager and office staff; and to review care records and policies and procedures.

What we did:

- Before our inspection visit, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we held about the service in the form of statutory notifications received from the service and any safeguarding or whistleblowing incidents, which may have occurred. A statutory notification is information about important events, which the provider is required to send us by law.
- During the inspection we spoke with five people who used the service and two people's relatives. We spoke with the registered manager, care coordinator and two members of care staff.
- We looked at two people's care records and the systems the provider had in place to monitor the quality of the service.

Is the service safe?

Our findings

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

Good: ☐ People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse.

- People told us they felt safe. One person told us: "I definitely feel safe with them (staff). I am very happy with their visits".
- The registered manager and care staff knew what to do if they suspected someone had been abused. One staff member told us: "I would report anything suspicious to the local authority if I thought the manager hadn't dealt with it. But I'm sure they would".
- Staff were trained to recognise and respond to potential abuse and the registered manager demonstrated knowledge of the local safeguarding procedures.

Assessing risk, safety monitoring and management

- Risks to people were assessed and risk assessments put in place for staff to be able to minimise the risks prior to the care service beginning.
- If people required equipment to mobilise this was clearly recorded with the level of support people required in their care plans
- One person told us: "The staff sit with me while I have a shower so that makes me feel safe, in case I fall."
- Another person told us: "Yes I do feel safe with them (staff). I look forward to seeing them."
- Staff we spoke with knew people's needs and any identified risks. One staff member told us: "We are contacted if anything has changed with the person so we know how to look after people safely".

Staffing and recruitment

- People told us that there were sufficient staff to meet their assessed care needs. One person told us: "I think they have enough staff, they never let me down. I have the same ones unless they are off sick or something." Another person told us: "Yes the staff are usually on time and they never rush in and out."
- Staff we spoke with told us that they had time to get to one person and then the next without rushing people's care.
- The registered manager told us that they only agreed to one hourly care call or more to ensure that people would receive sufficient quality time.
- The provider followed safe recruitment procedures to ensure that staff were fit and of good character to support people.

Using medicines safely

- No one was having their medicines administered by care staff at the time of the inspection. However some people were reminded to take their medicines. A relative told us: "Yes they remind my relative to take their

tablets with their breakfast in the morning. There have never been any problems."

- We saw and staff told us that they had received training to be able to administer medicines safely if required.

Preventing and controlling infection

- People told us that staff followed safe infection control procedures when providing care and support. One person told us: "The staff always use gloves and tabards".
- Staff we spoke with told us that they had access to protective clothing and there was always a supply available.

Learning lessons when things go wrong

- There was a system in place to record accident and incidents, however there had been no recent reported incidents.
- The registered manager told us that if there was an accident or incident they would visit the person's home and assess their needs to ensure that action was taken to minimise the risk of it occurring again or further harm.

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

Good: ☐ 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 were assessed in line with best practise prior to being offered a service to ensure that the provider could meet their specific needs. One person told us: "We have a good relationship and the carers know what I need doing."
- The registered manager told us and showed us that people's care was regularly reviewed.
- People's care plans were kept in their own homes and staff we spoke with knew people's individual needs.

Staff support: induction, training, skills and experience

- People told us that the staff were trained and competent in caring for them. One person told us: "Yes the staff support me very well and I think they are well trained and professional." A relative told us: "Yes they are all very professional and well trained carers."
- Staff we spoke with told us that they received regular support and training ● to fulfil their roles effectively.
- The registered manager had identified some gaps in staff training and had addressed them by planning and booking training plans.
- New staff had a period of induction to ensure they were competent before they worked alone. A relative told us: "We have two new carers on board at the moment. They come with a regular one and shadow them until they are ready to go alone."

Supporting people to eat and drink enough to maintain a balanced diet

- Most people required minimal support with their nutritional needs. However, some people needed help in preparing simple meals. A relative told us: "The carers they are marvellous they cook a full breakfast if (Person's Name) fancies one and warm the lunch. Sometimes they have a pudding too."

Staff working with other agencies to provide consistent, effective, timely care

- The registered manager told us that they liaised with 'skills for care.' (Skills for Care help create a well-led, skilled and valued adult social care workforce). They told us that they used their advice and support to enhance the staff's skills in fulfilling their roles.
- We also saw that the registered manager had referred one person to the fire safety department so that their home could be assessed to ensure it was fire safe.

Supporting people to live healthier lives, access healthcare services and support.

- People told us that if they became unwell that the staff would take care of them. A relative told us: "The staff always let me know if my relative unwell and they would ring the paramedics if they were really worried about them."

- Staff we spoke with told us how they would call for an ambulance or support if they found that a person had fallen or become unwell.
- The registered manager told us that they had referred one person to a district nurse due to identifying skin tears.

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.
- We checked whether the service was working within the principles of the MCA. The registered manager told us that people who used the service all had the mental capacity to agree to their care and we saw they had signed service user agreements.
- The registered manager knew the principles of the MCA and had arranged for all staff to be trained in application of the MCA.

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

Good: ☐ People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People told us that they were treated well. One person told us: "The staff treat me with the utmost respect. They are marvellous." A relative told us: "Absolutely the carers do treat my relative very well. (Staff's name) is like one of the family now. And they call them by their surname not by their first name, which is respectful."
- No one who used the service had any specific needs in relation to their cultural, spiritual or sexual needs. However the registered manager told us that this would be discussed at the pre assessment and any adjustments would be made.

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

- People told us that they were involved in decision making about their care. One person told us: "The carers always listen to me, if I need anything doing I only have to ask." A relative told us told us: "I know they always ask my relative if everything is ok and they keep me informed and ring me if they need ask me anything."
- A relative told us: "Yes there is a care plan and I am there for the discussions at the reviews. It is updated regularly when there had been a change".

Respecting and promoting people's privacy, dignity and independence

- People told us that their privacy and dignity was respected. One person told us: "The carers are very respectful with me and they make sure I am covered when I get out of the shower."
- In the care plans we looked at we saw it was recorded what people could do for themselves to encourage them to be independent. Staff we spoke with knew people well and knew what people could do or what they needed support with.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: ☐ People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received care that was specific to their individual needs. One person told us: "The carers always ask me if everything is ok for me."
- The registered manager completed an assessment of people's needs prior to the service commencing to ensure that their needs could be met.
- Everyone had a care plan, which we saw was personalised to their individual needs, likes and dislikes. These care plans were regularly reviewed.
- Staff we spoke with knew the people they supported well and knew how they liked to be supported.

Improving care quality in response to complaints or concerns

- People told us they felt able to complain if they needed to. One person told us: "We have never needed to complain about anything but I would ring (manager) if we had any concerns."
- The provider had a complaints procedure which each person had been given with their service agreement. We discussed with the registered manager making the procedure more accessible in the way that it was presented to ensure people would be able to easily read and understand it.

End of life care and support

- There was no one receiving end of life support at the time of the inspection. However, the registered manager expressed a desire to specialise in this area and was seeking palliative training for all staff. They told us that if someone required end of life support they would work with other agencies to ensure a pain free, dignified passing was achieved.

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

Good: ☐ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- This was the registered manager's first inspection since working at the service and they told us of plans on how they wanted to improve and develop the service, for example, offering end of life care.
- Since being in post the registered manager had recognised areas that had required improvement and was open and honest about the changes that had been needed. They had planned and organised training to ensure that all staff were refreshed and fully trained to be able to fulfil their roles effectively. A relative told us: "The (manager) is always at the end of a phone and has turned Age UK around. She arranges extra training for the staff and supports them very well. She just gets things done."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager carried out regular audits and spot checks on staff performance to ensure people received good care.
- They told us that they regularly carried out care calls so that they knew people's needs and what staff were expected to do. One relative confirmed this: "Yes we know (manager). She is very helpful, hands on, if they are short staffed she will step in and help rather than let anybody down."
- Staff we spoke with felt supported by the registered manager and able to approach her if they needed anything.

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

- People were regularly asked their views on the service by staff on a day to day basis and in formal questionnaires.
- We saw a questionnaire that had been completed in 2018 and the analysis of it had been positive.
- There were regular staff meetings that took place so staff were able to discuss and agree any necessary action and share information.

Continuous learning and improving care

- The registered manager told us that they had approached the provider to request an electronic monitoring system so that call times could be monitored more effectively. There currently there was no way of knowing whether carers stayed the required amount of time. However there had been no complaints from people about this.

Working in partnership with others

- The registered manager had plans to develop the service and was liaising with skills for care and other care providers to gain more knowledge and learning to be able to improve the quality of the service for people.