

Age UK Calderdale and Kirklees

# Age Uk Calderdale and Kirklees

## Inspection report

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## Ratings

Overall rating for this service	Inspected but not rated
Is the service safe?	<b>Inspected but not rated</b>
Is the service effective?	<b>Inspected but not rated</b>
Is the service caring?	<b>Inspected but not rated</b>
Is the service responsive?	<b>Inspected but not rated</b>
Is the service well-led?	<b>Inspected but not rated</b>

# Summary of findings

## Overall summary

About the service: Age UK Calderdale & Kirklees registered in 2018 to provide a domiciliary care service for older people living in Kirklees and Calderdale. At the time of the inspection, they had not commenced the full domiciliary service. They had recently commenced a domiciliary toe nail cutting/foot care service and had provided three people with this service at the time of this inspection.

People's experience of using this service:

The provider had developed policies and procedures in preparation for the service to start.

The provider had invested in an electronic system. This would enable the registered manager to plan the service, record people's information and keep essential information about staff.

The registered manager was aware of their responsibility to ensure people using the service were protected from harm. Risk assessments had been developed to assess any risks identified and measures to reduce the likelihood of harm would be recorded in care plans and shared with staff.

There was a training plan in place to ensure all staff received safeguarding training before providing care.

The provider had a programme of essential training for staff refreshed at set intervals. There was a designated person within the organisation to monitor the training requirements of staff and to ensure training was updated.

There was a system in place to support staff through supervision and appraisal.

There was an audit in place to measure the service against the CQC key lines of enquiry. The registered manager had not yet determined the detail of other audits such as the audit of care plans and medication, but they had commenced the process.

Rating at last inspection: The service has not previously been inspected and therefore has not been previously rated.

Why we inspected: This was a scheduled inspection based on the date the service registered with CQC.

Follow up: The service will be inspected and rated based on our scheduling time frame.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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 inspected but not rated.

**Inspected but not rated**

### **Is the service effective?**

The service was inspected but not rated.

**Inspected but not rated**

### **Is the service caring?**

The service was inspected but not rated.

**Inspected but not rated**

### **Is the service responsive?**

The service was inspected but not rated.

**Inspected but not rated**

### **Is the service well-led?**

The service was inspected but not rated.

**Inspected but not rated**

# Age Uk Calderdale and Kirklees

## **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. However, we did not rate this service as they had not commenced the service they had initially registered to provide and had only recently added and started to provide a domiciliary foot care service.

#### Inspection team:

The inspection was carried out by one adult social care inspector.

#### Service and service type:

Age UK Calderdale & Kirklees is a domiciliary care service which is registered to provide personal care to people living in their own houses and flats in the community. It will provide a service to older people.

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 because we needed to be sure that the registered manager would be in. The inspection site visit activity started and ended on 24 April 2019. We visited the office location on this day to see the manager and office staff; and to review care records, policies and procedures.

#### What we did:

Before the inspection we reviewed all the information we held about the service. We contacted the local

authority safeguarding, commissioning and monitoring team and reviewed all the information regarding the service. The local authority contract monitoring team advised us they did not contract with the service and therefore did not undertake any monitoring visits. We contacted Healthwatch to see if they had received any information about the provider. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During the inspection we spoke with the registered manager, the Chief Executive Officer (CEO), and the one member of staff currently providing the foot care service.

We looked at the care record for a person receiving foot care. We also looked at the records the service planned to use when they commence their full domiciliary care service. No audits had been undertaken at the service although there were systems in place to carry these out once the service took on people requiring a home care service. We checked the recruitment records for the one member of staff visiting people in their own homes.

# Is the service safe?

## Our findings

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

This domain has not been rated as the service is not fully operational

Systems and processes to safeguard people from the risk of abuse

- The provider had systems and processes in place to reduce the risk of harm to people and they were aware of the local safeguarding reporting protocols.
- The provider had systems in place to ensure their staff were developed and trained to understand and apply safeguarding policies and procedures. Safeguarding was discussed at each supervision and was discussed at team meetings for staff working in the provider's non-regulated service and plans were in place to ensure this was followed in the regulated service.

Assessing risk, safety monitoring and management

- Risk assessment documentation was in place to be used when risks had been highlighted. For example, the registered manager told us this would be used if a person had a stair lift in place, to ensure risk of harm was identified and reduced. This included ensuring safety belts were used at all times.
- The registered manager was in the process of building an environmental risk assessment into their electronic record system to ensure staff were protected from harm. For the current people using the foot care service, risks were highlighted on the system and staff were alerted to read this information.
- The registered manager told us they would be monitoring call times electronically once their domiciliary care service commenced.

Staffing and recruitment

- The provider had systems in place to ensure staff were recruited safely. The service was part of a larger organisation with established processes in place. The domiciliary service had not yet started, and no staff had been specifically recruited for this, at the time of the inspection.
- Staff undertaking foot care services had achieved qualifications as podiatry assistants and were studying to qualify as podiatrists. All necessary checks had been completed and only one member of the foot care staff was undertaking visits to a person's own home. Other foot care services were provided in community settings.

Using medicines safely

- As the service had not started, no one was supported to manage medicines. The provider had developed a medication administration record. They had not yet developed a specific policy or audit tool, but they had plans in place to develop this before the service commenced.

Preventing and controlling infection

- Staff had access to personal protective equipment such as aprons, and gloves. Access to these would be at various locations in the providers existing services throughout the area.

### Learning lessons when things go wrong

- Existing systems to learn lessons were in place which would be used by the new service. The CEO of the organisation explained to us they had a system in place in their services to share any lessons learnt to ensure their services improved.

# 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

This domain has not been rated as the service is not fully operational.

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

- The provider had policies and processes in place to assess people's needs and choices. They had used evidenced based guidance to develop paperwork and electronic records to ensure they met nationally recognised standards.
- As no one at the service was receiving a regular service, we were unable to check the impact of these policies and procedures.

Staff support: induction, training, skills and experience

- The provider intended to use the Care Certificate to ensure all new staff met a nationally recognised standard of induction. They had planned staff would shadow more experienced staff until they became confident to work on their own.
- The provider required all staff to be trained at induction in essential topic areas which would be refreshed annually. They used an online training provider for some areas of training whilst other areas would be provided face to face.
- Once staff had been recruited the registered manager told us they would ensure staff had the necessary skills, values and behaviours by undertaking competency assessments and spot checks whilst staff were in people's homes.

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

- Plans were in place to ensure when the service started, care records captured people's preferences, and requirements to support people to eat and drink.
- The registered manager told us they were aware of recent changes in the descriptions of drink thickeners, and special diets. They also said, "We are looking into a good nutrition and hydration course for staff. We already have an online course."

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

- The provider worked with local authorities and clinical commissioning groups to ensure effective care. They had established links with agencies from their non-regulated services which would be used when the service started to take on people requiring domiciliary care.
- The provider used a WhatsApp group to communicate essential information to staff, which staff told us was useful.

Adapting service, design, decoration to meet people's needs

- The provider has a handyperson scheme which is not regulated by CQC. The registered manager told us if staff providing domiciliary care required adaptations they could refer electronically into this service.



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

- The registered manager had links with the local community health service, Locala. They had existing links with the local authority, GP services, and other foot care providers. The registered manager said, "We have a whole folder of leaflets, to get the best help for people."

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

- Consent to care and treatment was considered in the care records developed by the service.
- There was no specific area for recording mental capacity assessments or best interest decisions and this was an area the registered manager told us they would develop before taking on people requiring support.
- The registered manager had plans in place to ensure all staff were trained and understood the principles of the Mental Capacity Act 2005 to ensure they were acting in accordance with legislation.
- 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.

## 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

This domain has not been rated as the service is not fully operational.

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

- The provider had an equality and diversity policy in place. The CEO told us the organisation supported people with protected characteristics into volunteering and employment. They said this would be extended to this new service to ensure the rights of people using and employed to provide the service had their protected characteristics respected. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. For example, discrimination based on age, disability, race, religion or belief and sexuality.

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

- The provider told us they planned to support people to express their views and involve them in decisions by working with them at the initial assessment stage to develop a plan of care. This would be followed by ongoing discussions with people about the care they received. They had developed outcome surveys, where feedback could be named or anonymous. These would be used to drive improvements at the service if these had been identified as necessary.

Respecting and promoting people's privacy, dignity and independence

- The provider's training encouraged staff to respect privacy dignity and encourage independence.
- Through the provision of foot care, the provider was able to demonstrate how people's ability to walk had improved and this in turn led to improved independence.
- Confidentiality was maintained electronically by the use of secure systems and passwords. Staff accessed care records via a computer, laptop, tablets and mobile phones using a password system. The CEO said, "It has two layers of log in for security." Staff would have different rights of access to information depending on what they needed to know for their roles. This helped to ensure people's records and personal information remained confidential and could only be accessed by people who needed to see it.

## Is the service responsive?

### Our findings

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

This domain has not been rated as the service is not fully operational

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

- Although not yet operational the registered manager told us they would complete all initial assessments following a request for the domiciliary service.
- The registered manager said, "Preferences are detailed in the care plan paperwork. Such as the person's favourite towel and favourite shower gel, and where they like to sit. That is the level of detail." In terms of the gender of staff required to support the person, the registered manager said, "We will be able to support gender of carer. We have male carers in our day centres. It will be documented in our discussions."
- In relation to preferred times of care they said, "It is going to depend on the time the first person requests and the time people want. The target group is to start with our existing clients (day care), and the days they come to the day centre. It will develop from there."
- All organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard applies to people with a disability, impairment or sensory loss and, in some circumstances, to their carers. The registered provider had considered the AIS and ensured all information was available in accessible formats and there was a section in care records to record people's needs.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place which detailed how people were able to complain and the resolution process. This was available in large print, easy read and any accessible format required.
- As the regulated service was not fully operational there had been no complaints.

End of life care and support

- The service was not supporting people at the end of life. The registered manager said, "This will grow as we develop. We would partner up with anyone we needed to as long as we could safely support the person to the end."

# 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

This domain has not been rated as the service is not fully operational

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

- The provider's ethos and vision for providing a person-centred service was driven by the leadership of the organisation. They told us they did not want to commence their domiciliary care service until all their systems and processes were in place to enable them to provide a high-quality service. This included offering existing day care staff the opportunity to move to the new service through an expression of interest process and to grow the service slowly.
- The nominated individual and the registered manager met regular to discuss the developments at the service and were both actively involved in devising systems and process for the new service.

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

- The registered manager was aware of their responsibility to notify CQC of key events although there had been no events at the time of this inspection.
- The registered manager and provider were to attend a national network around foot care services. The registered manager said, "We can share best practice and what works. We will peer support others providing this service." This showed they recognised the importance of sharing learning to support other services to develop.
- The registered manager was a member of Age UKs' national registered manager network which ensured they kept up to date with best practice.

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

- The registered manager and the CEO told me they were fully committed to involving people using the service, the public and staff in developing the service.
- Staff meetings were held and the one member of staff working in people's homes providing the foot care service said they could share their views about the service. They told us they felt fully involved in developing the service including what type of equipment they needed and the developing of the foot care electronic care record.

Continuous learning and improving care

- The CEO told us the service had access to the Age UK quality team to ensure the service met the required standards. This included access to policies and an established network of people able to provide support when required.
- The provider had an audit tool which measured them against the CQC key lines of enquiry. Although this

had not been used, the tool was an effective system to monitor the quality of the service and where actions were required drew all this information into an action plan. This would enable the registered manager to improve the standard of care, and work to an improvement plan.

- The registered manager told us they were looking into specific outcome measures to monitor how they were meeting people's outcomes. They currently used this in their day centre facilities and could report on this using their electronic system.
- The CEO told us they used, "a blend of surveys" to gain people's views about their existing services, including commissioners and people using the service. These would be developed to be specific to the domiciliary service.

Working in partnership with others

- The provider worked in partnership with other organisations nationally and locally.