

Age Concern Enfield

Time Out Service

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

This service is a domiciliary care agency. It provides personal care to older adults living in their own homes. It is primarily a service that provides support to family carers and part of a wider service provided by Age UK that also includes day care provision and signposting support.

At our last inspection in May 2017 one breach of regulation was found in relation to risk assessments and the service was rated as 'requires improvement'. At this inspection we found that improvements had been made and the service was no longer in breach of this regulation.

The service had a registered manager in post. 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.

The service helped people to stay safe. Staff knew about abuse and how to report it and other incidents or accidents which took place. Risks to people were assessed and updated and there were systems in place to ensure there was enough staff to meet people's needs.

People were supported to take their medicines safely and in accordance with the prescribed instructions. Staff members received the training, support and development opportunities they needed to be able to meet people's needs.

People's needs were assessed and care plans were developed to identify what care and support people required. People said they were involved in their care planning and were happy to express their views or raise concerns. When people's needs changed, this was quickly identified and prompt, appropriate action was taken to ensure people's well-being was protected.

People experienced positive outcomes because of the service they received and gave us good feedback about their care and support.

People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible. People's views on the service were regularly sought and acted on.

Staff were motivated and proud to work for the service; as a result, staff turnover was kept to a minimum ensuring that continuity of care was in place for most people who used the service. Staff were respectful of people's privacy and maintained their dignity.

The service followed safe recruitment practices and carried out appropriate checks before staff started supporting people.

The registered manager demonstrated leadership and a good understanding of the importance of effective quality assurance systems. There were processes in place to monitor quality and understand the experiences of people who used the service. We saw that regular visits and phone calls had been made using the service and their relatives to obtain feedback about the staff and the care provided.

The service worked in co-operation with other organisations such as healthcare services to deliver effective care and support.

The service listened and responded to people's concerns and complaints, and used this to improve the quality of care. The service learnt lessons and made improvements when things went wrong.

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 were protected from harm. Risks to the health, safety or well-being of people who used the service were understood and addressed in their care plans.

Staff had the knowledge, skills and time to care for people in a safe manner.

There were safe recruitment procedures to help ensure that people received their support from staff of suitable character.

We found that medicines were administered safely

Is the service effective?

Good ●

The service was effective.

The service ensured that people received effective care that met their needs and wishes. People experienced positive outcomes because of the service they received and gave us excellent feedback about their care and support.

Staff were provided with effective training and support to ensure they had the necessary skills and knowledge to meet people's needs effectively.

They were aware of the requirements of the Mental Capacity Act 2005.

People were supported with their health and dietary needs

Is the service caring?

Good ●

The service was caring.

Staff were committed to a person-centred culture.

People who used the service valued the relationships they had with staff and were very satisfied with the care they received.

People felt staff always treated them with kindness and respect.

Is the service responsive?

The service was responsive.

Care plans were in place outlining people's care and support needs. Staff were knowledgeable about people's support needs.

The service responded quickly to people's changing needs and appropriate action was taken to ensure people's wellbeing was protected.

People were involved in their care planning and decision making.

Staff were approachable and there were regular opportunities to feedback about the service received

Good ●

Is the service well-led?

The service was well-led.

The service promoted strong values and a person-centred culture. Staff were supported to understand the values of the organisation.

There were processes in place to monitor quality and understand the experiences of people who used the service

Good ●

Time Out Service

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 the 19 June 2018. The provider was given 48 hours' notice because the service is small and the registered manager can be out of the office supporting staff or providing care. We needed to be sure that they would be available.

Before the inspection, we checked for any notifications made to us by the provider and the information we held on our database about the service and provider. Statutory notifications are pieces of information about important events which took place at the service, such as safeguarding incidents, which the provider is required to send to us by law. We reviewed the Provider Information Record (PIR). The PIR provides key information about the service, what the service does well and the improvements the provider plans to make.

The inspection was carried out by two adult social care inspectors, and one expert by experience, which is a person who has personal experience of using or caring for someone who uses this type of care service. Their involvement was limited to phoning people using the service and their relatives to ask them their views of the service. One of the inspector's activity was limited to phoning care staff.

There were 11 people using the service at the time of our inspection visit. During the inspection we spoke with seven people who use the service. We also spoke to four care staff, the chief executive and the registered manager.

We reviewed the care records for five people using the service to see if they were up-to-date and reflective of the care which people received. We also looked at records for four members of staff, including details of their recruitment and training. We reviewed further records relating to the management of the service, including complaint records, spot checks, the training matrix and records of audits.

Is the service safe?

Our findings

People said they felt safe and that staff understood their needs. Comments from people included "They always report to us. If they're concerned they contact us and tell us what their concerns are. Once they told us to take her to a doctor [as they were concerned about her health]. On another occasion she had norovirus and they contacted us and told us to take her to a GP" and "Most definitely. They notice if my sister is not well, and whether she's had a fall; they make notes whether she has bruises; they might even ring me and tell me about it as well."

There were safeguarding policies and procedures in place. Staff had received training and understood their responsibilities regarding safeguarding people from harm and abuse and for reporting any concerns. A care worker told us "If I see any person with bruises or if they are withdrawn, I report it straight away."

At our last inspection we found that some risk assessments did not take into consideration people's health needs to reduce health complications and to ensure people were always safe. At this inspection we found improvements had been made.

Risk assessments provided information on how to mitigate the risks of falls, nutrition, choking, medicines and moving and handling. Falls risk assessment provided information on how to mitigate risk of falls and what staff should do if a person fell. The service had introduced a fall scoring methodology to determine people's risk of falling. A feeding assessment was carried out to determine risks with nutrition and a risk management plan was in place for people at risk of malnutrition. Risk assessments had been completed for people that may refuse medicines and information provided guidance on how to mitigate the risk and what staff should do if the person did not take their medicines. Risk assessments also included information on how to mitigate risks for specific health conditions such as arthritis, depression, and diabetes. Skin integrity was assessed using Waterlow charts to determine risk levels. Records showed that a risk management plan had been created for people at risk, which provided information on how to mitigate the risk of skin complications. Risk assessment were updated every six months or sooner if require for example we saw that one person's risk assessment was recently updated following an incident where they had gone missing.

Appropriate staff recruitment processes helped to protect people from those who may not be suitable to care for them. The recruitment files showed that appropriate checks had been carried out before staff started work. They included two reference checks. Enhanced Disclosure and Barring Service (DBS) checks were completed. The DBS enables employers to check the criminal records of employees and potential employees, to ascertain if they are suitable to work with adults and children.

There were sufficient staff employed to keep people safe. People told us that visits were punctual and there had been no missed calls, people were always informed if a carer was running late. One person commented "carers are on time and there have been no missed calls." Staff told us that they had no concerns with staffing levels and cover was in place if they needed time off.

We saw calls to people were arranged in geographic locations to cut down on travelling time. The service's

visit schedules included appropriate amounts of travel time between consecutive care visits. Staff said travel time was not normally an issue, that they never had to rush and there was plenty of time allocated to each visit to ensure people's needs were met. A care worker told us "we always have enough time they are good like that."

People who needed assistance with medicines received the support they required. The service had recently updated their medication policy to include a competency assessment for staff as well as training on medicines administration. Records confirmed these were in place. We saw in their care records that medicines administration records were completed appropriately by the care workers. Care records documented the medicines that people were prescribed and the level of assistance the person required.

The service protected people by the prevention and control of infection. Staff were aware of infection control practices such as washing hands and the importance of good hygiene. Staff told us they had access to protective clothing including disposable gloves and aprons.

The service learnt lessons and made improvements when things went wrong. For example, the service had recently introduced a system of handover meetings and an information sheet for staff to sign to confirm they had read and understood. This ensured staff were fully briefed before covering a service user when their regular carer was away.

Accidents incidents and near misses were recorded and analysed for patterns and remedial action taken to prevent recurrence.

Is the service effective?

Our findings

People were supported by staff who received regular training and had a good understanding of people's needs. A person using the service told us, "My mum's bossy and the carer has been trained very well and deals with my mum. Her actions show how well she's been trained."

All staff were expected to complete the Care Certificate and were supported to do this by the registered manager. The Care Certificate is a national training process, designed to ensure staff were suitably trained to provide care and support. When new staff started in post they completed an induction programme. As part of this they shadowed an experienced member of staff until they were confident to work unsupervised. Staff told us they had enjoyed their induction and felt they had learned enough about their roles to give them the confidence and competence to begin working with people who used the service. Staff told us they were provided with relevant training which gave them the skills and knowledge to support people effectively. They said the training was of a good standard and was mainly face to face.

Staff received regular supervision, the staff we spoke with all told us they were well supported in their roles. A care worker told us, "I feel supported I had a bereavement and received good support at that time. Always on call, it's quite good in that way, always someone at the end of the line." In addition to supervision meetings, regular team meetings took place and staff were observed whilst they provided care to people.

People's rights to make their own decisions, where possible, were protected. The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

The registered manager and staff we spoke with all had a clear working understanding of the MCA and their responsibilities to ensure people's rights to make their own decisions were promoted. Care workers understood the importance of supporting people to make decisions and remain independent. They had received training on the Mental Capacity Act 2005 (MCA).

Staff were able to tell us how they obtained consent from people before they provided personal care. One care worker said, "There must be written consent, by self or family before care. We always talk to people and explain what we are going to do before you start." People's care records contained 'best interest' checklists and signed documents of consent which confirmed agreement of the care that was provided to them. There were records of whether anyone had formal arrangements in place under the MCA such as power of attorney. The registered manager told us how they respected people's choices even if they think it may not be the best decision.

People's healthcare needs were monitored. The care plans detailed people's medical history and known health conditions. Records confirmed that people had regular access to health professionals such as their GP or occupational therapist (OT). Changes in people's health were documented in their care records. This information was also available to inform health professionals who became involved with their care, either through an identified need or an emergency. The registered manager told us they liaised with community

health and social care professionals whenever people needed this, such as for trying to source more funding for care visits when staff told them there was not enough time.

Care staff told us they supported people at mealtimes to access food and drink of their choice. Much of the food preparation at mealtimes had been completed by family members and staff were required to reheat and ensure meals were accessible to people who used the service. A person using the service told us "Sometimes my mother doesn't want to eat. They support her well and they help her with breakfast or at lunchtime feeding her the meal, and giving her drinks. They do the function very well."

We spoke to staff that were clear about the importance of adequate fluids and nutrition. Staff confirmed that before they left their visit they ensured people were comfortable and had easy access to food and drink as appropriate.

Is the service caring?

Our findings

People we spoke with were very complimentary about the staff and found them to be kind and caring, comments included "I'm going to give them 10/10 on everything. All staff are very caring and supportive." And "They know mum's personality and listen to what she has to say. I think they're kind and caring." People told us they thought they were treated with respect and had their dignity maintained. Staff, we spoke with, were very clear that treating people well was a fundamental expectation of the service. A care worker told us "You have to treat people how you would like to be treated, it's about keeping them independent and gaining trust."

Staff spoke of the people they supported with a genuine fondness and respect and encouraged people to be as independent as possible. They told us how they ensured they did not rush people and allowed time for people to do what they could for themselves.

The registered manager told us how they endeavoured to keep the same care staff with service users for prolonged periods, by using a permanent rota and use the same group of staff for people. People who used the service confirmed that they usually had their needs met by familiar staff and that they always knew who was going to be visiting them. Staff was motivated and proud of the service. They understood the importance of building positive relationships with people who used the service and spoke about how they appreciated having time to get to know people and understand the things that were important to them.

Staff were respectful of people's privacy and maintained their dignity. Staff told us they gave people privacy whilst they undertook aspects of personal care, but ensured they were nearby to maintain the person's safety, for example if they were at risk of falls. A care worker told us "I give privacy and wait outside and ensure the bathroom is warm enough." Comments from people included: "Being bathed by a stranger is invasive, and they seem to handle it with sensitivity. Mum's never been distressed." And "They don't go into places they shouldn't be going into; they're very respectful."

□.

The registered manager told us if staff were running late, they were required to contact the office who then informed the person due to be visited or their relatives. Staff confirmed they did this. People and their relatives told they were kept informed if visits were running late. This demonstrated respect by keeping people informed.

The service also responded positively to requests for culturally appropriate care; a care worker told us "if I go to someone's house and they want me to take shoes off, I use overshoes." Care workers told us that they had received equality and diversity training and said that they would treat all people the same. Care plans included a comprehensive communication passport that listed people's ability to communicate. The passport also detailed how staff should communicate with the person, what the person liked to talk about and what not to do when communicating with people

People and their family members were involved as much as possible in their care and support arrangements. They were consulted when care plans were written and were provided with important

information about the service. The service supported people to express their views and be actively involved in making decisions about their care and support.

Is the service responsive?

Our findings

We found that people who used the service received care that met their needs, choices and preferences. Staff understood the support that people needed and were given time to provide it in a safe, effective and dignified way. The registered manager told us that all care visits were a minimum of an hour "so care staff can engage in a meaningful way" they told us "we have to be honest about what we can and can't do."

The service initially carried an assessment for each person to develop a person-centred care plan. This included information of the person's medical conditions, their personal care needs, whether they required domestic support and other areas related to the person's wellbeing

Care plans we reviewed provided staff clear guidance on how to meet the person's individual care and support needs. Staff were provided with details of the level of support the person normally required during each planned care visit and guidance on supporting people to be as independent as possible. There was a 'Things you must know about me' section that listed people's personal details such as next of kin, emergency contacts and religion. There was an 'Understanding Me' section that provided details on people's place of birth, family background and interests.

Each person's care plan contained a hospital passport. A hospital passport is a document that provides staff with important information about them and their health when they are admitted to hospital.

Staff had ensured people were as involved in the planning of their care and support as possible. Where required and appropriate, family members advocated on behalf of the person using the service and were involved in planning care and support arrangements. A relative told us "We discussed the care plan; we ourselves sourced Age Concern; based on what I knew about them, we chose to go with them."

During each care visit staff completed detailed daily records of the support they had provided. These records were regularly returned to the service's office for review by senior staff. These records were informative and included details of the care provided, staff arrival and departure time and details of any observed changes in the person's mood or care needs. Staff had used these records to share information with carers due to make subsequent care visits.

A care plan review involving the person and their family was carried out every six months or when required. These reviews were based upon the views of people and their representatives. The provider continually updated by contacting all people who used the service on a regular basis. Formal reviews of people's care and support needs were completed as and when required. Reviews took place either through meetings in people's homes or via telephone discussions with people and their relatives and where appropriate, health and social care professionals.

People's confidentiality was respected. Staff were familiar with the provider's confidentiality policy and we observed that confidential information was securely stored at the provider's office.

When people's needs changed this was quickly identified and prompt, appropriate action was taken to ensure people's wellbeing was protected. We saw examples where request for additional support were made during this inspection. Discussions with staff showed they had good awareness of people's individual needs and circumstances, and that they knew how to provide appropriate care in response.

We saw evidence on care records of multi-disciplinary work with other professionals.

We found that feedback was encouraged and people we spoke with described the managers as open and 'transparent. Some people we spoke with confirmed that they were asked what they thought about their service and were asked to express their opinions.

The service was flexible and responded to people's needs. People told us about how well the service responded if they needed additional help. For example, one person said ". Sometimes the carers work overtime as mum can be difficult, so they give extra care than they should be doing."

People and their family members knew how to complain if they were not happy and felt that the registered manager would take appropriate action if they did complain. There were systems in place to record complaints and we saw that the service had one recent complaint that had been handled appropriately. A person using the service told us "in the beginning I complained (a few years ago now, so can't remember what it is – nothing major), but it was dealt with quickly."

Is the service well-led?

Our findings

People told us they felt confident the service was well-led. The services vision included "to work with a diverse community of people, to promote their independence, well-being and quality of life "and "to provide carers with support in their caring role"

Comments from people included, "I would recommend them. My experience has been good and I can't complain.". And "They listen to what we say, but we are free to talk to them anytime; if something needs changing it gets done quickly."

The service operated in an open and transparent way by being inclusive with its staff team and the people it supported. The registered manager focused on putting people first, working together and ensuring care was person centred and individualised. The registered manager and senior staff regularly monitored the operation of the service through frequent spot checks and audits. These included checking care practice, checking records which demonstrated people received their visits on time; checking medicine records were accurately completed, monitoring care plans to ensure they were regularly reviewed and monitoring accidents and incidents. The registered manager and chief executive carried out regular audits on care plans and staff files. Each care plan we reviewed had been audited recently.

The management team monitored the quality of the service by regularly speaking with people to ensure they were happy with the service they received. They also undertook regular unannounced spot checks to review the quality of the service provided. We saw that there were spot checks undertaken to observe care workers. This included observing the standard of care provided and visiting people to obtain their feedback. The service user spot checks also included reviewing the care records kept at the person's home to ensure they were appropriately completed and to see if care was being provided according to the person's wishes.

Staff told us they could visit the office to speak with members of the senior staff team and the registered manager at any time. Our discussions with staff found they were motivated and proud of the service. The registered manager was known to people, their relatives and staff members. People were positive about them and staff members felt that the registered manager was always friendly and approachable.

Care workers praised the registered manager had told us they an 'open door' policy and were "always friendly and helpful "comments included "Age UK is an amazing employer, I love my job, we all work together, it's a good team." "I have no problems with the management, they listen to us and get things done."

The provider engaged with and involved stakeholders in the development of the service. The registered manager told us everyone using the service was recently sent a survey. We saw that the responses were generally positive.

There were on call systems in place to support people and care staff outside of office hours. Staff told us these systems worked well and that they were always able to access support when needed.

The service worked in partnership with other agencies to support care provision and development. The registered manager told us of attending a local authority's providers meetings and working closely with the chief executive and other managers at Age UK.