Age Concern York

Age Concern York Bridge the Gap Service

Inspection report

Priory Street Centre
15 Priory Street
York
North Yorkshire
YO1 6ET

Tel: 01904683829
Website: www.ageukyork.org.uk

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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 was the first time we had carried out an inspection at this location, which was registered with the Care Quality Commission (CQC) in August 2016. We inspected this service on 08 February and 02 March 2017. The inspection was announced. The registered provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in the location offices when we visited.

Age Concern York Bridge the Gap Service, is registered to provide personal care to people in their own homes. Their main office is centred in York and there is paid parking available on the road outside and at a long stay car park nearby. The service is registered to provide support to: people living with dementia, learning disabilities or autistic spectrum disorder, mental health, older people, people with an eating disorder, physical disability and sensory impairment.

At the time of our inspection, the service was providing the registered activity of personal care for nine people in their own homes.

The registered provider is required to have a registered manager in post and, on the day of our inspection, there was a manager registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Care workers we spoke with understood the types of abuse they might see and knew how to respond to protect people from avoidable harm and abuse.

People's needs were assessed and risk assessments put in place. However, we found this information about people was not always consistently recorded but was updated during our inspection.

The service had a safe recruitment process and used a pre-planned rota system that ensured that they had sufficient care workers to meet people's needs.

Pre-employment checks were completed before employees commenced their role, which meant only those people considered suitable to work with vulnerable people were employed.

Systems and processes had been implemented that helped to ensure medicines for people were administered safely in line with policy and procedure. Medicines audits were completed monthly and, along with spot checks on care workers administering medicines, highlighted any areas for improvement.

Where accidents and incidents had been reported we found a system in place to record and evaluate the event and the registered manager signed these off.

Training was managed electronically and this included areas the registered provider considered essential and other areas that were specific to people's individual needs. This meant care workers had the appropriate knowledge required to meet with people's individual needs.

The registered provider was working with the legal requirements of legislation under the Mental Capacity Act 2005 (MCA). Care workers had received training in the MCA and had a good understanding of the act and how it impacted on their daily role. Care workers told us they always assumed people had capacity unless assessments identified otherwise.

People were encouraged to maintain their independence and reviews of the type and amount of support they required were continuous. We found examples where the amount of support people required when first leaving hospital did on occasion reduce due to the quality and assessment of the care and support they received.

People were involved in their care planning and we saw, where people had capacity to do so, they had signed their consent to the care and support along with the main carer and the registered provider.

People received their care and support from regular care workers meaning that care workers knew how best to support that person. This consistency helped people to develop a meaningful, caring relationship with their care workers.

Care workers understood the value of treating people with dignity and respecting their wishes and preferences. People told us that care workers treated them with dignity and respect and care workers told us they understood how to maintain their confidentiality.

As part of quality assurance, the registered provider completed operational audits of medicines, reviewed care plans and sought feedback where people had received a short term service. The registered manager told us it was their intention to complete additional surveys and evaluate the feedback to identify any emerging trends and improve the service for people as the service started to grow in size.

Other spot checks were carried out on care workers delivering the service in people's homes. These measures helped to ensure people received the best possible care and ensured consistency across the service. Feedback on practice was provided to care workers as a result.

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's needs were assessed and proportionate risk assessments put in place to minimise risks and prevent avoidable harm to the person and from their home environment. However, some information was not always consistently recorded and this was updated during our inspection.

Care workers had received training in safeguarding adults from abuse and understood how to escalate any concerns to keep people using the service safe.

Medicines were administered safely and in-line with best practice.

Is the service effective?

Good

The service was effective.

Care workers received appropriate support and training that equipped them with the skills and knowledge to carry out their roll and meet with people's individual needs.

The registered manager and care workers understood their responsibilities in respect of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) Care workers supported people to make choices and decisions.

People were happy with the assistance they received with meal preparation and any specific dietary needs were recorded for reference.

Is the service caring?

Good

The service was caring.

The feedback we received showed that care workers cared about the people they were supporting.

People's individual care and support needs were understood by care workers, and people were encouraged to be as independent

as possible.

People were treated with dignity and respect and care workers understood the importance of maintaining people's confidentiality.

Is the service responsive?

Good

The service was responsive.

People's care plans recorded information about their individual care needs, although some records had to be updated during our inspection.

People were invited to comment on the care and support they received and the responses we saw were mainly positive.

There was a complaints procedure in place and people told us they knew who to speak with if they had a concern or a complaint.

Is the service well-led?

Good

The service was well led.

Systems and processes were in place that ensured people's care records were reviewed and updated. However we found some information had been inconsistently maintained and this was updated during our inspection.

There was a registered manager in post and care workers understood their roles and responsibilities.

Care workers were kept up to date with best practice, changes in the organisation and with people's individual needs.

The registered manager had systems in place which helped to review and develop the service.

Age Concern York Bridge the Gap 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 registered provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 08 February and 02 March 2017 and was announced. The registered provider was given 48 hours' notice because the location provided a domiciliary care service and we needed to be sure that someone would be in the location offices when we visited.

The inspection was carried out by one Adult Social Care Inspector. Before our visit, we looked at information we held about the service. We also contacted City of York Council's safeguarding and commissioning teams to ask if they had any relevant information to share.

We did not ask this service to send us a provider information return (PIR) before this inspection. The PIR is a document that the registered provider can use to record key information about the service, what they do well and what improvements they plan to make.

As part of this inspection, we spoke with two people using the service and two relatives who lived with them. We spoke with two care workers, the registered manager and the deputy manager. We visited the registered provider's office and looked at three care plans. We looked at personnel and training files for four care workers and other records used in the management and monitoring of the service.

Good

Is the service safe?

Our findings

People who used the service told us they felt safe in their homes and that they trusted the care workers. Comments included, "There is always a familiar face, it is a great service and without a doubt we trust the care workers.", and "I was concerned coming out of hospital how I would cope, but the care workers are wonderful and they help me feel safe back in my own home."

The care plans we saw contained risk assessments which had been reviewed and updated as and when the person's needs changed, for example, following an illness or a stay in hospital. The risk assessments covered areas of daily care and support which the person may need help with, for example, medication, walking, getting in and out of bed and personal care. This helped to ensure information was available so care workers could provide people with safe care and support without unnecessary restrictions in place. However, we found the information recorded was not always consistently updated in all points of reference for care workers. For example, information in one care plan included a risk assessment from the local authority that highlighted a person was at risk of falls. The support plan in place in the office identified the concerns with the person's mobility, but not the specific risk from falls.

We spoke with the registered manager about this and they told us they only had a small service. They told us they were a small team of care workers and they had regular discussions about people's care and support. They showed us daily diary notes that clearly documented people's changing needs and where concerns were evident they were detailed in a record of contact. The care plans were updated during the inspection process and care workers we spoke with confirmed they had access to up to date information that enabled them to provide people with safe care and support.

Systems and processes were in place that helped to protect people from avoidable harm and abuse. The registered provider had an up to date safeguarding older people policy. Care workers had received training in safeguarding. They were able to describe to us how they would protect someone from abuse and what signs may be presented when someone was being subjected to abuse. A care worker said, "We have to watch out for people, to keep them safe from harm and we need to make sure we report any concerns; it's our duty to do so." The registered manager showed us the process they had followed to evaluate a concern for submission to the City of York Council where further investigation may be required. Safeguarding notifications were evaluated by three senior officers across the wider organisation of Age UK with a designated lead who made any final decision.

The registered provider completed pre-employment checks on their care workers that ensured they were of suitable character to work with vulnerable people. We checked the recruitment records for four care workers and these evidenced that an application form had been completed, two references had been obtained and checks had been made with the Disclosure and Barring Service (DBS) prior to the employee commencing their duties at the service. The DBS carry out a criminal record and barring check on individuals who intend to work with vulnerable adults. This helps employers make safer recruiting decisions.

The registered manager used a staffing rota template with pre-agreed visit times that was used to schedule

care workers. This ensured there was the right amount of care workers on duty to meet people's needs effectively. The staffing levels on the day of the inspection were adequate to meet people's needs. People told us, "We don't seem to have any problems with staffing, we have consistent care workers who visit and we are informed when they are away and informed of who is covering." And, "Somebody always turns up and we have regular care workers, if somebody is off one of the managers will even cover so we have the best of both worlds."

We saw initial assessments had been completed with people by the registered provider that recorded where and how much they required assistance with their medicines. An up to date policy and procedure that provided care workers with guidance for the management of medicines was in place and where care workers were responsible for the administration of medicines, they had completed training in the 'administration of medication in a domiciliary care setting', organised by the 'Workforce Development Unit via the City of York Council.' The registered provider had included medicine checks as part of spot checks completed where they checked that care workers were competent in the administration of medicines.

People told us they received their medicines as prescribed. Medicines Administration Records (MARs) were used to record when people had taken their prescribed medicines. The MARs we saw had been completed accurately with minimal omissions and audits were completed that confirmed any actions taken where errors or omissions were noted. This meant systems and processes were in place that helped to ensure people received their medicines safely as prescribed.

The registered provider recorded accidents and incidents and we saw that outcomes and actions had been documented for two events in the previous 12 months. We saw one incident had resulted in a safeguarding alert being raised for further investigation; this had been concluded.
We were shown an emergency contingency plan dated June 2016. The plan has been prepared to ensure there was necessary information in place that would enable care workers to co-ordinate an effective response in the event of any disaster for example a flood, other severe weather event, terrorist activity or a health emergency such as a flu pandemic. This information meant people would be kept safe during an emergency situation.

Good

Is the service effective?

Our findings

People and their families who used the service told us they thought care workers had the required skills and experience to meet with their needs. A relative told us, "I really couldn't manage without them [care workers] they manage to get my husband up and help into the living room with so little effort; they really know how to help people."

Records showed care workers received training which was relevant to their role and equipped them to meet the needs of the people who used the service. All care workers had completed an induction to their role and the organisation. The induction covered an overview of the services provided by the organisation and included key contacts, equal opportunities, procedures for compliments and complaints, and boundaries of the role. This was followed by more generic training in specific activities for example moving and handling, safeguarding, mental capacity information, medication and person-centred care.

We saw on-going training was managed electronically and the system recorded up to date completed training that the registered provider considered essential. Where refresher training was due this had been scheduled. A care worker told us, "Training is really good, I can undertake almost anything as long as it's associated with my role which helps me keep up to date with best practice and meet people's individual needs." Another said, "I am always doing some training, I enjoy it, there's a mixture of electronic and classroom learning and it's all well managed for us."

Care workers were aware of the policies and procedures of the service that were available for them to use and that provided guidance and information on the expectations of carrying out their role. Where care workers provided care specific to people's needs we saw they had received additional training. This included the administration of medications, epilepsy and stroke awareness and various other courses that were planned throughout the year.

Care workers were supported in their role and received regular supervision. A care worker told us, "I look forward to my supervision, they are at least every two months and they're an opportunity to discuss my progress, concerns and even have a rant if I want to; my supervisor is great and any concerns or requests are always dealt with." Another care worker told us, "We have really good communication with management about our roles and the people we support that include supervisions, annual appraisals and also regular care workers meetings."

The Mental Capacity Act 2005 (MCA) provides a framework for acting and making decisions on behalf of individuals who lack the capacity to do so for themselves. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. Where people live in their own homes, applications to deprive a person of their liberty must be authorised by the Court of Protection.

We checked during this inspection and found the registered provider was following legislation under the MCA. The registered manager and care workers we spoke with had a very clear understanding of the

requirements of the MCA. A care worker said, "I always assume everybody has capacity to make their own decisions and, unless the person had received an assessment and information stated otherwise, I would never make a decision for somebody." They continued, "Some people may not always have full capacity for example, if they suffer from dementia. Where this is the case we have to be patient and allow the person time to respond and more often than not, they are able to make a decision." Another care worker told us, "I always assume people have full capacity unless told otherwise, where I have any concerns I record them and these are reviewed," and "Sometimes it could be due to a health condition for example, a water infection. We would rule that out with a GP check-up and we would continue to monitor the person." At the time of our inspection there was no one who received a registered activity from the service who was being deprived of their liberty.

The registered manager told us and we saw that MCA training had been provided for care workers where they provided care and support to a person with dementia in addition to training in dementia awareness. This was important to ensure care workers recognised when a person's condition may deteriorate and they may start to have fluctuating capacity for example with dementia.

It was clear people were involved in their care planning and care workers ensured they had provided consent to the care and support they received. Where people had capacity, they had a signed customer information and consent form in their care plans. Where people lacked capacity and the main carer had power of attorney, they had signed the records along with the care organiser.

We saw that information regarding people's health needs was recorded. People's care plans contained information about their health needs and how care workers were to support the person to maintain a healthy life style. Previous and current health issues were documented and health care professionals were contacted when support was needed. People were supported to access their GP when required and regular reviews were undertaken to ensure people remained healthy.

Good

Is the service caring?

Our findings

People we spoke with told us they liked the care workers and enjoyed their company, comments included, "All the care workers are caring, I like them all" and "The care workers, who visit, do a fantastic job." People we spoke with told us they had been involved with their care plans. Comments included, "We had a meeting at the start with the manager and filled out some paperwork that ensured they [registered provider] could meet all of my needs", and "I know I have a care plan and I know it's about me and the things I need help with."

The service was in demand due to its good reputation. A relative of a person receiving care and support told us, "Age UK can offer so much more than just the care and support for [Person's name]. They can look after your dog and can provide hospital transport; these types of services are in great demand." Care workers were positive about the service they provided and told us they enjoyed their jobs because the organisation had a caring ethos that included them in their job roles. A care worker said, "We often provide the first care and support people will receive in their lives and it is often after they have been discharged from hospital." They continued, "We help them adjust back into their homes and we focus on helping them to maintain their independence as much as possible."

The registered manager discussed the importance of ensuring people were matched as much as possible with their care worker. They told us, "The deputy manager will always try and attend the first call with the care worker to provide an introduction and to talk through the person's individual requirements from the service." A care worker confirmed this, they told us, "[Deputy manager's name] attends with us on our first call, they will have already met with the person and completed an initial assessment of their needs. The introduction breaks down any potential barriers so we are all clear and happy about what needs to be done to support the person."

People were supported to express their views and were actively involved in their decision making. Care plans were signed by the person, their main carer and by a care coordinator. We saw from daily notes that care workers documented feedback on each visit that they had completed. This included what had happened during the visit and any concerns or changes that the person or their main carer had requested were recorded. One person we spoke with said, "Nothing seems to be too much trouble, [Person's name] likes the care workers and when [Person's name] went into hospital for a short time we were really worried we would not have the same care workers when [Person's name] came home but the service has been fantastic, it's so helpful." A person told us, "The care workers always discuss everything; they do care a lot and will talk to my wife if I need any additional help." This meant the registered provider had systems and processes in place that ensured people, their main carers and their families were consistently asked about choices and their independence was supported.

Care workers could describe to us how they would uphold someone's dignity. They said "We always knock and announce our arrival at someone's home" and, "I always make sure people are covered over when I help them with personal care." They went on to say, "I would always treat people how I would wish to be treated and always encourage them to do what they can to help, for example, when we provide personal

care such as bathing I always encourage the person to wash themselves as much as they can."

A care worker told us, "I would never discuss anything with anybody that was said to me by a person in their own home or when we were out together. It's confidential and unless it involved safeguarding concerns then I would maintain that confidentiality." This showed us that care workers treated the people using the service with respect and took appropriate steps to maintain people's dignity and confidentiality.

At the time of our inspection, the service was providing care and support to people who had protected characteristics (age, disability, gender, marital status, race, religion and sexual orientation). We were told that those diverse needs were adequately provided for. From speaking with care workers we could see that people were receiving care and support which reflected their diverse needs and this information was appropriately documented in people's care plans.

Good

Is the service responsive?

Our findings

The registered manager told us how the service was often provided to help people return to their own homes after a stay in hospital. They said, "The initial purpose of the service was to help people return home with care and support provided in their own home until more permanent services could be put in place." They told us, "The service has evolved and we are now providing some long term care packages to people and people like this consistency in their lives which is responsive to their individual needs."

The registered provider worked closely with other health professionals to ensure the service was suitable for people. Information from reviews completed by other health professionals, for example City of York Council, was available in people's care plans in the main office but this information was not always reflected in the care plan in the persons home. The registered manager explained that people's needs were constantly changing and although the additional information should be included it may not have been reflective of people's current needs at the time of our inspection.

We saw the deputy manager had completed an initial assessment with each person and this information provided the basis of the care and support plan. At the time of our inspection everybody receiving a service had a care plan in place. Care plans recorded information about people's general health and any medical conditions that had been diagnosed. Care workers confirmed this information was in place before they attended a visit with a person and provided them with key information about the person's back ground and care requirements. A care worker said, "Care plans contain good information about the person, they are useful and updated regularly with any required changes."

The care plans we looked at contained information which described the person in detail and this had been completed with their input. Information was available about the person's social preferences, other contacts, hobbies and interests and any religious or cultural preferences were recorded. One person told us, "I was asked if I want a male or female care worker, there are lots of choices we can make." The person's care plan confirmed the person's choices and care workers told us their preferences were respected at all times. This made the care plans person-centred. A care worker said, "It's important we ask people how they want to be cared for, it's their choice." Another said, "The care plans are really good; we use them to help us to get to know the person and what they like to do." We found the care plans were reviewed at least annually and more often where a person's needs had changed.

The registered provider discussed an example where a person had been referred to the service with a pre-assessed care package of several calls a day. They told us how they had re-evaluated the person's needs and with the person's consent had reduced the number of hours they visited. They told us this helped to encourage the person to rebuild their independence as much as possible, whilst maintaining some degree of support with activities they found difficult. The registered manager told us, "We try and be responsive to people's needs and encourage them to be independent as much as they are able to do so."

The registered provider had systems and processes in place to listen to people's views, comments and concerns and to respond to improve people's experiences of using the service. We were shown a complaints

policy and procedure dated June 2016 and further information about raising a complaint was available in people's care plans. People we spoke with told us they felt able to raise concerns or complain and were confident that any issues or problems would be resolved by the registered manager. Feedback from families and people we spoke with was positive they said, "All the care workers are great and we don't have any cause for concern. Communication is good but if we had any concerns we would simply pick up the phone and speak to the manager." And, "I ring the office with any concerns and if nobody is there I leave a message and somebody usually responds. I don't need to ring very often and it's a pretty good service." At the time of our inspection the registered provider had not received any complaints about the service provided. The registered manager told us, "We encourage feedback, we always ask everybody if they are happy or if they have complaints to make but we just get positive replies; which is great."

The registered provider told us how they obtained feedback on the service. They told us, 'Where we only provide a short term service we have separate questionnaires we give to people when they leave the service. We also complete spot checks on care workers." Care workers confirmed they received spot checks during visits to people's homes and records confirmed the checks included basic conduct by the care worker, food preparation, wearing of appropriate clothing including a name badge, and checks were completed where medicines were administered and recorded. The Deputy manager told us the checks were an opportunity to ensure care workers were providing the best care and upholding high standards for people and that they were able to ask people if they were satisfied with the service they received. Other surveys were not completed and despite questionnaires for short term users of the service we found this information was not collated or evaluated to identify trends and areas where the service was performing well or where required improvements could be made. The registered manager told us that due to the size of the service this information was instantly recognisable and actions were implemented if any concerns were raised. They confirmed they would implement our suggestions including documented evaluations of feedback as the service grew in size.

Good

Is the service well-led?

Our findings

The registered provider told us they were reviewing the content and layout of care plans based on feedback from a recent inspection at another of their services. We received confirmation that areas of information that had been omitted on the first day of our inspection had been updated by the second day of inspection. We asked a care worker if they found people's care plans of use and they told us, "Care plans have been amended and updated to include all identified areas of risk that were highlighted as part of the first day of inspection [by the CQC]." This meant the registered provider had used the feedback from day one of our inspection and had implemented corrective actions to ensure information was up to date at point of reference for care workers.

We asked for a variety of records and documents during our inspection, including people's care plans and other documents relating to people's care and support. We found that these were well kept, easily accessible and stored securely. During our inspection we looked at the care records held for three people. We found the information was centred on the person and systems and processes were in place to review the information at least annually or as people's needs changed.

The registered manager told us they encouraged feedback from people to identify areas the service did well and areas where the service could improve. We were shown feedback obtained from people when they had left the service. Other quality assurance checks were in place and these included audits for medication, care plan reviews and spot checks on care workers delivering care and support. These measures helped to drive improvement in the service people received and ensured care and support was delivered in line with both the organisational and people's individual requirements. We asked two care workers what they thought the service was particularly good at. They told us, "I have nothing but positives to say [about the service], but it's the appreciation of and desire to meet with people's individual needs," and "We help people to remain as independent as possible in their own homes and we aim to make life easy for them to live as they choose."

The registered provider is required to have a registered manager as a condition of their registration. At the time of this inspection, the manager was registered with the Care Quality Commission (CQC), which meant the registered provider was complying with the conditions of their registration.

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service in the form of a 'notification'. We discussed the submission of notifications with the registered manager, as we had not received any in the previous 12 months. The registered manager evidenced and discussed two events during the previous 12 months and these had not been submitted as a notification to the CQC. The registered manager confirmed this was an oversight and that they would review and submit any required notifications following the inspection. They told us, "Some processes are new to us since we had to obtain our registration [with the CQC], but we are keen to learn and are particularly responsive to any feedback."

The registered provider worked closely with other services to promote people's health and wellbeing. A City of York Council commissioner told us, "Through the links with other voluntary sector groups and Age UK

services, Bridge the Gap sign post and refer holistically where they feel this would improve a customer's wellbeing and reduce the need for a long term service." They continued, "Examples include referrals to day clubs, supported internet shopping, furniture provided from the Age UK shops, lunch clubs, tele-care, falls prevention, occupational therapists and carers assessments."

All the care workers we spoke with told us they found the registered manager approachable and they were visible around the service. Comments included, "You can go to the manager and they will listen to you", "The manager is very approachable" and "I don't feel as though there are any questions I can't ask, [Registered manager's name] keeps us well informed."

Care workers told us they received a monthly bulletin that helped them keep up to date with events in the organisation. We looked at a bulletin from January 2017 and saw information included details of fund raising events, weather bulletins and guidance to keep people warm, training, voluntary contacts and guidance to help keep people safe from fraud with associated police contacts. A care worker told us "We receive all sorts of information, we have a care workers bulletin, regular meetings and updates and we can always contact the office to discuss anything."

Team meetings were held every three months and included a variety of topics. For example, medication, spot checks, employment contracts, infection control and PPE, uniforms and optional injections for care workers such as the flu jab to help prevent the spread of flu during specific times of the year. This meant systems and processes were in place that helped to keep care workers up to date with events in the organisation and helped them to meet with service expectations. They also had opportunities to discuss any issues and share best practice and they told us management was responsive to their suggestions, requests or concerns.