

Age Concern Bromley

# Age UK Bromley & Greenwich

## Inspection report

Community House  
South Street  
Bromley  
Kent  
BR1 1RH

Tel: 02083251850

Website: [www.ageukbromleyandgreenwich.org.uk](http://www.ageukbromleyandgreenwich.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

### About the service

Age UK Bromley and Greenwich is a domiciliary care agency that provides foot nail clipping and some nail clipping services to older adults, who live in the community. This is to support those who are unable to deal with this task themselves and to help them stay active and independent. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene. Where they do, we also consider any wider social care provided. At the time of the inspection there were 848 people using the service.

Age UK Bromley and Greenwich also provides a Sitting Service which supports people for the first 24 hours after discharge from hospital and focuses on providing personal care and recuperation assistance to enable people to regain their confidence and independence in their home environment and prevent readmission to hospital. At the time of the inspection there were no people using this service.

### People's experience of using this service

People said they felt safe and staff were kind and caring. There were appropriate safeguarding systems in place to protect people from the risk of abuse. People were protected against the risk of infection. Risks to people had been assessed, identified and they had appropriate risk management plans in place to minimise the risk of harm. The service followed appropriate recruitment processes to ensure people remained safe. Staff were supported through induction, training and supervision and there were sufficient numbers of suitably skilled staff deployed to meet people's needs. The service had systems in place to report, record and investigate accidents and incidents. The service was not responsible for any aspect of supporting people with medicines.

Assessments were carried out prior to people joining the service to ensure that the service could meet their needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People were involved in making decisions about their care and support needs. The service was not responsible for any aspect of supporting people with nutrition or hydration or end of life care.

Staff understood people's diverse needs and supported them in a caring way. People's privacy and dignity was respected. People's communication needs had been assessed and met. People and their relatives knew how to make a complaint if they were unhappy.

The provider had an effective system in place to assess and monitor the quality of the service and worked in partnership with key organisations to plan and deliver an effective service. People and their relatives' views had been sought to improve the quality of care and support provided

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

#### Rating at last inspection and update

The last rating for this service was Inadequate (published 23 January 2020) and there were multiple breaches of our regulations.

The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, person centred care and good governance.

We carried out a comprehensive inspection on 7 July 2021. At this inspection we found significant improvements had been made and the provider was no longer in breach of regulations.

The service has been in special measures since the last inspection. During this inspection the provider demonstrated that significant improvements have been made. The service is no longer rated as inadequate overall or in any key questions. Therefore, this service is no longer in Special Measures.

#### Why we inspected

We undertook this comprehensive inspection to check that the provider had followed their action plan and to confirm they now met legal requirements.

#### Follow up:

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Age UK Bromley & Greenwich

## **Detailed findings**

### Background to this inspection

#### The 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 checked 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.

#### Inspection team

The inspection team on site consisted of one inspector. After the inspection, two experts by experience made telephone calls to people and their relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses or flats.

The service had a registered manager in place. This means that presently the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection site visit took place on 07 July 2021 and was announced. We gave the service four days' notice of the inspection. This was because we needed to be sure that the provider or manager would be in the office to support the inspection.

#### What we did before the inspection

We reviewed information we had received about the provider. We used this information to plan our inspection. The provider was not asked to complete a provider information return prior to this inspection.

This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

#### During the inspection

We spoke with 16 people and 14 relatives to seek their views about the service. We spoke with the registered manager and three care staff. We reviewed records, including the care records of 10 people using the service, and the recruitment files and training records for four staff members. We also looked at records related to the management of the service such as quality audits, accident and incident records, and policies and procedures.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. This included looking at care plans, training data, staff supervisions and quality assurance records.

# Is the service safe?

## Our findings

Safe – this means people were protected from abuse and avoidable harm.

At the last inspection this key question was rated Inadequate. At this inspection this key question has significantly improved to Good. This meant people were safe and protected against avoidable harm.

### Assessing risk, safety monitoring and management

At our last inspection risks relating to the health and safety of people using the service were not always appropriately assessed and accidents and incidents were not always recorded and safely managed. These were breaches of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found significant improvement had been made and the provider was no longer in breach of regulation 12.

- Risks to people had been assessed in areas including diabetes, Parkinson's disease, falls, allergies and communication to ensure that their care and support were managed safely.
- Where potential risks were identified, there were risk management plans in place to guide staff on how to minimise any risks. For example, a risk management plan for a person living with Parkinson's disease, detailed the risks to the person and the action staff should take should the person become unwell.

### Learning lessons when things go wrong

- There were systems in place for reporting, recording and monitoring accidents and incidents. The manager told us that if there were any incidents and accidents staff were required to report and log this matter. The manager showed us there had been only one minor incident since the last inspection. This was followed up in a timely manner and learning was discussed with staff at staff meetings.

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

- The provider had appropriate systems in place to safeguard people from the risk of abuse.
- Staff knew the types of abuse that could occur, what to look out for and the process to follow for reporting any allegations. Staff also knew of the provider's whistleblowing policy and told us they would escalate any concerns of poor practice.
- People told us that they felt safe. One person said, "Yes, I do feel safe, I am very happy with the service." One staff member said, "I would report safeguarding concerns to the registered manager, and I know that they would act immediately."

### Staffing and recruitment

- Appropriate recruitment checks took place before staff started work. Staff files contained completed application forms which included details of their employment history and qualifications. Files also contained evidence confirming references had been sought, proof of identity had been reviewed, and

criminal record checks undertaken.

- There were enough staff to meet people's needs and people told us that staff attended scheduled calls on time. One person said, "Yes [staff] turn up on time, no missed appointments."
- Staff told us that if they were going to be late they would ring the person they were due to support and the office to let them know. One staff member said, "If I was going to be late, (which is very rare) I would call the client and the office to let them know the reason." Another staff member said, "I always let clients and the office know if I am going to be late."

#### Preventing and controlling infection

- People were protected from the spread of infection. There were systems in place to manage and prevent infection. There were policies and procedures in place which provided staff with guidance, including Covid-19.
- Staff were tested on a weekly basis and completed infection control training, this included COVID-19.
- Staff followed safe infection control practices by using personal protective clothing (PPE), this included wearing masks, aprons and gloves when supporting people. They disposed of PPE appropriately, in order to protect people from the risk of infection. One person said, "[Staff] always wear gloves and masks" Another person said, "Yes, [staff] wear PPE". One staff member said, "I always wear PPE without a doubt to protect my clients and prevent infection".



# Is the service effective?

## Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to Good.

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

At our last inspection people's needs were not adequately assessed to meet their needs. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvement had been made and the provider was no longer in breach of regulation 12.

- People's needs were assessed before they started to use the service. This included people's nail care needs, falls and other health conditions. For example, one person who had been identified as having diabetes, had a risk management plan in place. This meant staff knew what adjustments to make when supporting the person to have their nails cut and what to do if the person became unwell.

Staff support: induction, training, skills and experience

At our last inspection we found that the provider had failed to provide suitably qualified staff. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvement had been made and the provider was no longer in breach of regulation 18.

- Records showed that staff had completed mandatory training in areas such as safeguarding, dementia, first aid, moving and handling and health and safety. New staff were also supported by shadowing a more experienced staff member.
- Records showed that staff were supported through regular supervisions and appraisals in line with the provider's supervision policy. On staff member said, "My training is all up to date and I have regular supervisions and I find them useful to talk one to one about any concerns I have."
- People told us that staff had the skills and knowledge to support them with their individual needs. One person said, "Yes, they are very good indeed", A relative said, "Yes... They are well trained". One staff member said, "My training is up to date and I always attend supervisions where I can raise concerns and ask questions."

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

At our last inspection we found the provider had failed to work within the principles of the Mental Capacity Act 2005. This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvement had been made and the provider was no longer in breach of regulation 11.

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. In domiciliary services any applications to deprive someone of their liberty must be made through the Court of Protection.

- The service was working within the principles of MCA. The registered manager told us that they required people to sign a consent form before supporting them. Records showed that people had signed consent forms agreeing to care and treatment.
- People told us that they had been asked to sign a consent form and staff asked for their consent and explained what they were going to do before supporting them. One person said, "Yes, [staff] go through a questionnaire and I sign it." On staff member said, "I always ask for consent before supporting people and every new client is asked to complete a consent form."
- The manager told us the people they currently supported had capacity to make decisions about their own care and treatment. However, if they had any concerns regarding a person's ability to decide they would work with the person and their relatives, if appropriate, and any relevant health care professionals to ensure appropriate capacity assessments were undertaken. They said if someone did not have the capacity to make decisions about their care, their family members and health care professionals would be involved in making decisions on their behalf and in their 'best interests' in line with the Mental Capacity Act 2005.
- The service had not carried out any capacity assessments as none were needed at the time of this inspection. The manager said that at every visit, staff check that people still had the capacity to make their own decisions.

Supporting people to live healthier lives, access healthcare services and support; Staff providing consistent, effective, timely care within and across organisations

- The service did not refer people to other healthcare services, this is because people or their relatives arrange this appointments. However, the manager told us if people became unwell staff would call their GP or emergency services.

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

- The service did not support people to eat and drink.

# Is the service caring?

## Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to Good.

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

At the last inspection, we identified a large number of concerns and a failure to ensure the service was compliant with our regulations. We were not assured that the provider and manager acted in a wholly caring manner by ensuring people always received good quality, safe and effective support that met all their needs. At this inspection we found that the provider had made improvements.

- Staff training records showed that all staff had completed equality and diversity training.
- The manager told us that they did not support people with any diverse needs, but if people had any specific needs then they would support them with these needs if required.
- People told us staff were kind and caring and treated them well. One person said, "Yes, they are smashing people, very kind." A relative said, "[Staff] are most definitely caring."

Respecting and promoting people's privacy, dignity and independence

- People told us that their privacy and dignity was respected. One person said, "[Staff] respect my privacy and dignity, they ask me where I would like to have my nails cut."
- Information about people were kept confidential. Information was electronically stored on the provider's computer system. Only authorised staff had access to people's care files and electronic records.

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

- People were given information in the form of a 'service user guide' when they joined the service. The guide detailed the standard of care people could expect and the services provided. The service user guide also included the complaints policy, this meant people had a clear understanding of how to complain if they wished to.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated Requires Improvement. At this inspection this key question has improved to Good. This meant people needs were being met.

### Assessing risk, safety monitoring and management

At our last inspection people had not always received person-centred care. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found significant improvement had been made and the provider was no longer in breach of regulation 9.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had individual care plans which were regularly reviewed and updated.
- People had a personal profile in place, which included important information about the person such as date of birth, gender, religion and next of kin details.
- Care plans included information about people's preferences in relation to their health needs, falls, medicines, infection control and mobility. This ensured staff were aware of any risks to people so they could provide safe care, treatment and support.
- People told us that they were involved in planning their care and had a care plan in place. One relative said, "Yes, I have been involved in a care plan review and they asked if I was happy with the care".

### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

At the last inspection people's care plans did not record their communication needs. At this inspection we found improvements were made.

- People's care plans contained a section about their communication methods. This included the language they spoke, what their communication needs were and how staff should communicate with them.
- The registered manager told us that there was no-one who presently needed information in another format. However, if they did then this information would be provided.

### Improving care quality in response to complaints or concerns

- The provider had a system in place to handle complaints effectively. This included a complaints policy which included how to make a complaint and how it would be dealt with in a timely manner.
- The registered manager told us, and we saw that service had not received any complaints since the last inspection. However, if they did, then they would log and investigate them in a timely manner. People said they knew how to make a complaint, but never had the need to do so. One person said, "The service is very good, there is no need to complain." A relative said, "I have no complaints".

#### End of life care and support

- The service did not support people receiving end of life care.

# Is the service well-led?

## Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated Inadequate. At this inspection this key question has significantly improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection service was not consistently managed and well-led. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

At this inspection we found significant improvement had been made and the provider was no longer in breach of regulation 17.

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

- There was a registered manager in place who was knowledgeable about the requirements of being a registered manager and their responsibilities with regard to the Health and Social Care Act 2008. They were aware of the requirement to notify CQC of a range of significant events that occurred at the service. Since our inspection in September 2019, there had not been any concerns that required the service to notify us about.
- Records showed that the registered manager and the provider had oversight over the safety of the service.
- There were adequate systems in place to assess and monitor the quality of the service. Regular audits were carried out regarding care plans, risk assessments, staff files and training to identify shortfalls and take remedial action in a timely manner.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People were positive about the provider, and the individual and person-centred care they received. One person said, "I am more than happy with the service." A relative said, "I am very grateful for the service and happy with it."

Engaging and involving people using the service, the public and staff

- People's feedback about the service was obtained by telephone monitoring calls, so that the provider could analyse the feedback and drive improvements if necessary.
- The provider carried out regular spot checks to ensure that staff were working safely and adhering to the

service's policies and procedures when offering people support and treatment.

- Staff attended regular team meetings. Minutes from the last meeting in February 2021 showed areas discussed included Covid-19, vaccinations and regular testing for staff, risk assessments and the electronic care plan system used by the service. One staff member said, "Yes, I attend staff meetings, they are good as we discuss training and organisational updates."

- Staff told us that they felt supported by the registered manager. One staff member said, "The registered manager is very supportive, and I can go to them about anything." Another staff member said, "I think the registered manager is really nice and always listens."

Working in partnership with others

- The service worked in partnership with GPs and podiatrists.