

Age UK North West Kent

# Age UK North West Kent

## Inspection report

The Fleming Resource Centre  
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Tel: 01474564898

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22 May 2019

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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 North West Kent is a domiciliary care service for people who receive personal care in their own home. At the time of our inspection there were 65 people who received personal care from the service. The service had recently introduced a 'bathing plus' service which included supporting people to have baths, preparing drinks and light snacks and catheter care. The service also provides a nail clipping service for people.

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

People's experience of using this service:

People said they felt safe with the staff when they received care in their own homes. They said that they were treated kindly and compassionately by the staff. People consented to their care and were supported by staff who were trained to fulfil their roles effectively.

People's needs were assessed and reviewed to ensure care being delivered was up to date and reflective of their needs.

People were supported to express their views and make decisions about their care. People had care plans that provided guidance for staff to provide care that was responsive to people's needs. Care plans were specific and personalised. People were supported to do things they wanted to do.

People were safeguarded from the risk of abuse and received person-centred care that promoted their dignity and independence. If any risks were identified, then steps had been taken to keep these to a minimum. When there were any incidents and accidents these were recorded, and steps were taken to prevent any re-occurrence. Staff understood how to prevent infection and wore protective equipment when necessary.

There were sufficient numbers of staff to provide the care people needed and all staff had been recruited safely. People said that staff arrived when they should and stayed the allotted amount of time. People reported that they had not had any missed calls. Staff received the training they needed to look after people in the way that suited them best. Staff received support, guidance and advice from the management team.

Staff communicated effectively with people and with each other to make sure people's needs were met in the way they had chosen. When people were unwell or needed extra support, they were referred to health care professionals and other external agencies.

Staff did not administer prescribed medicines regularly. Occasionally they supported people to apply prescribed creams to their skin. This was done with consent from people and their GP and was recorded.

People told us the service was well managed. Any complaints that were made were managed in the right

way and people had been invited to suggest improvements to the service.

People and their relatives gave positive feedback about the service they received. They said the registered manager was approachable and sorted out any issues they had. Staff and people thought highly of the registered manager. Staff knew their roles and were able to tell us about the values and the vision of the service. There were adequate quality assurance measures in place. The service was well linked locally.

People, relatives and staff were encouraged to engage and improve the service. One person said, "You could not get better staff. The girls (staff) are lovely. They never let me down."

Rating at last inspection:

Good – published on 3 October 2016.

Why we inspected:

This was a planned inspection based on the rating at the last inspection. The service remained 'Good' overall.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, 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 North West Kent

## 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:

This inspection was carried out by one inspector.

#### Service and service type:

Age UK, North West Kent provides is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults. The service has recently extended the support it offers to people, which now includes support to make drinks and snacks, assistance with daily chores and catheter care.

The service had a registered manager in place. 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 service is run and for the quality safety of care provided.

#### Notice of inspection:

We gave the service 48 hours' notice of the inspection visit to ensure that someone was able to facilitate the inspection. The inspection took place on 15 May 2019 and ended on 22 May 2019.

#### What we did:

Before the inspection we reviewed the information we already held about this service, including details of its registration, previous inspection reports and any notifications of significant incidents the provider had sent us. Due to technical problems, the provider was not able to complete a Provider Information Return. 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. We took this into account when we inspected the service and made the judgements.

During the visit to the office we spoke with the registered manager, the deputy manager and two members of the care team. We looked at three people's care records and the systems the provider had in place to monitor the quality of the service. We looked at staff files including supervision notes. We looked at minutes of meetings the service held. We looked at quality assurance and monitoring systems in place.

After the inspection visit:

On 22 May 2019 we contacted people and relatives by telephone. We spoke with five people who received care from the service and one relative .

# Is the service safe?

## Our findings

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

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

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

- Staff were trained to recognise and respond to potential abuse and the registered manager demonstrated knowledge of the local safeguarding procedures.
- The registered manager and care staff knew what to do if they suspected or witnessed that someone had been abused. Staff would in the first instance they would report anything suspicious to the registered manager and they were sure action would be taken. They also knew to report to the local safe guarding team
- People said that they felt very safe with the staff who came to visit them. One person told us: "I definitely feel safe and comfortable with the staff. I look forward to them coming."

Assessing risk, safety monitoring and management

- Risks to people were assessed and risk assessments were put in place for staff to be able minimise the risks prior to the care service beginning.
- People had risk assessments in place to make sure they were moved safely when using special equipment like electric bath chairs.
- Other risks and how to minimise them, for example risk of falls or when people were living with dementia, the risks associated with these conditions and what action staff should take was not fully recorded. This had not impacted on people's care. The registered manager said they address this.
- Staff were able to explain exactly how they kept risks to people to a minimum. One person told us: "The staff make sure I get in and out of the bath safely. They are very gentle and kind". Another person said "They stay with me in the bathroom in case I fall. It makes me feel safe."
- Environmental risk assessments gave guidance for staff on how to reduce risk when working in people's homes

Staffing and recruitment

- People told us that there was enough staff to give them the care and help that they needed . One person told us: "They never let me down. I have the same girls (staff) most of the time."
- " Another person told us: "Yes, the staff arrive when they are supposed to give or take a few minutes. They never rush in and out." People told us that staff stayed for the allocated time.
- Staff told us that they had time to get to one person and then the next without rushing people's care.
- The registered manager told us that they agreed with people and the funding authority the amount of time staff spend with people. This was reviewed and changed if people needed more time.
- Overall the provider followed safe recruitment procedures to ensure that staff were fit and of good character to support people. Some gaps in employment history had not been explored and recorded when staff first came to work at the service. After the inspection the registered manager sent evidence to show this had now been addressed.

#### Using medicines safely

- No one was having their medicines administered by care staff at the time of the inspection. However, on occasions staff supported people to apply prescribed creams to their skin. When this happened people's GP's made requests in writing giving specific instructions about the application of the cream. When the staff applied the cream, it was recorded.

#### Preventing and controlling infection:

- Staff completed training about infection control.
- Staff wore protective clothing, such as gloves and aprons to prevent the risk of infection. Staff said they always had a stock of personal protective equipment.

#### Learning lessons when things go wrong

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



# Is the service effective?

## Our findings

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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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

- The registered manager or deputy manager met with people before they started to use the service. People's needs were assessed in line with best practise before being offered a service. People were offered the support in the way they preferred and that suited them best.
- If after the assessment it was decided a person's needs could not be met by the staff then the registered manager did not offer them a service.
- There was information about people's past medical history and information about people's background.
- People's care was regularly reviewed. Care plans were kept in their own homes and staff knew about people's individual needs.
- People's protected characteristics under the Equalities Act 2010, such as religion, sexuality and culture were discussed with people.

Staff support: induction, training, skills and experience:

- People were supported by staff who had the skills, knowledge and experience to deliver effective care. People said, "All the staff are very good. They know what they are doing" and "I have confidence in the girls. They have all the skills to make me feel safe."
- Newly recruited staff received an induction and then gained experience by shadowing more experienced staff. One staff member told us, "I shadowed a colleague until I felt comfortable to go out on my own. There was no rush." Another member of staff said, "There is always a someone at the end of the phone if you are worried or unsure about anything."
- Staff received mandatory training and had regular updates. There was a training matrix in place so that when staff required a refresher training the registered manager made sure they were informed, and training was booked. Mandatory training was up to date and new refresher sessions had been booked.
- Staff were encouraged to improve their skills and continuously develop. Staff were supported to undertake extra qualifications to enhance their skills.
- The service had just increased the package on offer to people and it now included catheter care and preparing light snacks. Staff were in the process of receiving training in these areas.
- Staff told us that they felt very supported by the registered manager. They said they could go to the office at any time or contact them by phone if they needed any support.
- Staff received supervisions and appraisals to drive improvements and develop the service.
- 'Spot checks' took place at least two times a year and included competency checks of staff providing support to people. This was when the registered manager or the deputy manager observed staff delivering care to people in their own home. If any issues were identified, then these were addressed with the staff.

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

- Most people did not require support with their nutritional needs. The service had recently decided to offer people the choice of staff providing a light snack and drink. Staff had to complete food hygiene training before this could be implemented. The training had been booked.

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

- The registered manager and staff worked with many agencies to make sure people received 'joined up care'.
- Various professionals were involved in assessing, planning and evaluating people's care and treatment. There was input from the 'Local Authority Enablement Team ' who supported people on a short-term basis to live more independently in their own homes.
- Staff worked well with external professionals to ensure people were supported to access health services and had their health care needs met. When appropriate, reviews of people's care involved relevant healthcare professionals, like district nurses

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- The service was working within the principles of the MCA. The registered manager knew the principles of the MCA and had arranged for all staff to be trained in its application.
- Most people had the mental capacity to agree to their care and they had signed service user agreements. If a person did not have full capacity to agree consent to their care, then best interest meetings were held with professionals, family members to make sure the care and support given to the person was right for them.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care. Ensuring people are well treated and supported; equality and diversity.

Respecting and promoting people's privacy, dignity and independence.

- Staff knew people's individual needs very well as they had built up a trusting relationship over a period of time. People told us that staff supported them in the way they preferred.
- Staff demonstrated a detailed knowledge of people as individuals and knew what their personal likes and dislikes were. Staff members were able to tell us the background of people and the support they required.
- People told us that their privacy and dignity was respected. One person told us: "The carers are very respectful. They help me into the bath and once I am in they leave me. They always close the door and wait for me to call them when I am done."
- Care plans recorded what people could do for themselves to encourage them to be independent. Staff knew people well and knew what people could do or what they needed support with. One person said, "They only help me in doing the things I can't do for myself. They know I like to be as independent as possible. They give me the time to do things at my own pace."
- Information about how the service was run was stored in the registered office. Confidential information was stored in compliance with the General Data Protection Regulation that states how personal information should be managed. Records were stored securely and were only accessible to authorised staff.

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

- The registered manager recognised people's diversity and they had policies in place that highlighted the importance of treating everyone equally.
- People's diverse needs were reflected in their care plans and respected by staff. Staff told us they treated people as individuals and respected their choices. One person told us, "You can always have a laugh and joke."

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

- People's care records showed they had been involved in initial discussions about how they wished to receive their care and support. Support plans were reviewed and updated and signed by people or their representatives, people told us they were always involved in reviews.
- A staff member told us when supporting people, it was not just about delivering care, "I always have a chat and make sure people are comfortable and safe."

## Is the service responsive?

### Our findings

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

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

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

- The registered manager completed an assessment of people's needs prior to the service commencing to ensure that their needs could be met. This included any communication needs to make sure people had access to information in a way they could understand.
- The registered manager made it clear to people and their relatives the type of service the agency offered.
- Care plans had a personal profile outlining the person's living conditions, religion, support needs, care visits and tasks. There was a 'Pen profile' section for each person providing information on people's background and interests.
- The care plans provided staff with information so they could respond to people in the way that suited them best. Staff knew people well and knew how they liked to be supported.
- Care plans reflected how each person wanted to receive their care and support. They contained enough information and guidance for staff to be able to assist people in accordance with their needs and preferences.
- One person told us that when they had a problem the staff helped and supported them to make it better. They said "Staff went over and above to sort things out for me. They stayed much longer than they should have."

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure which each person had been given with their service agreement.
- People told us they felt able to complain if they needed to. One person told us: "I have no complaints what so ever. The girls (staff) are excellent. We have never needed to complain about anything, but I would ring (registered manager) if we had any concerns."
- Another person told us that they had contacted the registered manager to raise a minor concern which had been sorted out immediately.

End of life care and support

- The service did not offer end of life support to people. If people were at the end of their lives other community services would offer this care and support.

# Is the service well-led?

## Our findings

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

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

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

- People were engaged with the service and were asked their opinions. The registered manager operated an open door policy when people, relatives and staff could give their opinions about the service and share their views at any time. People told us that they always got a response from the registered manager when they had query.
- People told us they knew the registered manager and had confidence in them and the staff. People told us they would recommend the service to others if they needed care and support.
- Staff were comfortable to visit the office, there was a relaxed atmosphere and a positive relationship between the staff and the registered manager.
- Staff attended regular staff meetings. The meetings covered all aspects of the service and staff roles. Staff had the opportunity to make suggestions about the service and how to make improvements. Staff said that their opinions were listened to and acted upon.
- Staff spoke positively about the registered manager. Comments included; "She [registered manager] is totally involved with everything. They are very grounded and really supportive." "All we have to do is ring. Anything you need, she is there."
- Throughout the inspection the registered manager and staff were open and honest about their work and the challenges they faced.

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

- The culture within the service created high-quality, person-centred care. The positive, open and transparent team culture was clearly embedded within the service.
- Staff communicated with each other using a secure electronic system, so they were up to date and informed about changes in people's care needs.
- Staff were able to share their experiences, get support from each other and receive other information they needed to undertake their roles effectively.
- The registered manager and deputy manager worked closely together on a daily basis to ensure the smooth running of the service.
- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.

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

- Checks and audits on the quality of the service had been completed. If any shortfalls had been identified, action was taken to rectify the issues.
- The management team completed 'spot checks' on staff to check the quality of the service provided. Other areas of the service were checked including care plans and recruitment.
- External audits were done yearly, when all systems used by the service were checked to make sure they were effective and meeting people's needs.
- People and relatives were asked their opinion about the services in surveys. These were analysed and improvements made if necessary. One relative had commented, 'We could not have asked for a lovelier lot. I would highly recommend you are the best. I cannot thank you enough'. The registered manager was going to include other stakeholders in this years surveys.

Continuous learning and improving care; Working in partnership with others:

- The registered manager had kept up to date with changes in best practice. They had recently completed the course to become a Community Equipment assessor. This meant the registered manager could assess people for specialist equipment and get it in place quickly. For example grab rails in bathrooms. This promoted people's independence and kept them safer.
- The registered manager worked with other agencies to provide 'joined up' care and support for people. The registered manager had started working with community wardens when concerns were raised about a person. Services were introduced to support the person in their own home and a solicitor was contacted to help manage finances.