

Age UK South Staffordshire

Age UK South Staffordshire (Penkridge Resource Centre)

Inspection report

Penkridge Resource Centre, The Roller Mill
Teddesley Road
Penkridge Stafford
Staffordshire
ST19 5BD

Tel: 01785788491
Website: www.ageuk.org.uk/southstaffs

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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 inspection took place on the 23 March 2016 and was announced. At our previous inspection in 2014 we had no concerns in the areas we looked at.

The service provides personal care to people in their own homes. There were 10 people using the service at the time of this inspection.

There was 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.

Staff knew what constituted abuse and who they should report it to if they thought someone had been abused.

Risks to people were assessed and minimised through the effective use of risk assessment and staff knowledge of people and their risks. There were sufficient numbers of suitably trained staff to keep people safe. They had been employed using safe recruitment procedures.

Staff had been trained to administer medication.

The Mental Capacity Act 2005 (MCA) is designed to protect people who cannot make decisions for themselves or lack the mental capacity to do so. The provider worked within the guidelines of the MCA to ensure that people consented to their care, treatment and support or were supported to consent with their representatives if they lacked capacity.

Care was personalised and met people's individual needs and preferences. The provider had a complaints procedure and most people knew how to use it.

Staff were supported to fulfil their role effectively. There was a regular programme of training that was relevant to the needs of people, which was kept up to date.

People were supported to eat and drink sufficient to maintain a healthy lifestyle dependent on their specific needs.

When people became unwell staff responded and sought the appropriate support.

People told us that staff were kind and caring. Staff felt supported and motivated to fulfil their role.

The provider had systems in place to monitor the quality of the service.

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 safeguarded from abuse as staff knew what to do if they suspected someone had been abused. Risks to people were minimised through the effective use of risk assessments. There were sufficient staff to meet people's needs safely. Staff were trained in the safe administration of medicines.

Is the service effective?

Good ●

The service was effective. Staff felt supported to fulfil their role effectively. The principles of the MCA were being followed to ensure that people consented to their care. People were supported to maintain a healthy diet. Staff supported people with their health care needs.

Is the service caring?

Good ●

The service was caring. People were treated with dignity and respect and their independence promoted. People's right to privacy was upheld.

Is the service responsive?

Good ●

The service was responsive. People received care that met their needs and reflected their individual preferences. There was a complaints procedure and people knew who to speak to if they had any concerns.

Is the service well-led?

Good ●

The service was well led. There were systems in place to assess and monitor the quality of service being provided. People, their relatives and staff felt that the manager was approachable and responsive.

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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 23 March 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available to facilitate the inspection.

The inspection was undertaken by one inspector and an expert by experience. An expert by experience is someone who has experience in using this type of service.

We reviewed information we hold on the service. This included notifications of significant events that the manager had sent us, safeguarding concerns and previous inspection reports. These are notifications about serious incidents that the provider is required to send to us by law.

We spoke to three people who used the service and four relatives. We spoke with the registered manager and four care staff.

We looked at two people's care records, staff recruitment procedures and the systems the provider had in place to monitor the quality of the service to see if they were effective.

Is the service safe?

Our findings

People were protected from harm and the risk of abuse. Staff we spoke with all knew what to do if they suspected someone they cared for had suffered abuse. One staff member told us: "I would phone the office straightaway and let them know what my suspicions were". The registered manager demonstrated a knowledge of what constituted abuse and what would require referring for further investigation. There had been no recent safeguarding incidents to report.

Risks to people were assessed and plans were in place to minimise the risk of harm. One person told us: "Staff won't do anything they are not trained to do". There were clear and comprehensive plans to inform staff how to support people and prevent harm to themselves or others. We saw if people required support with mobility there were instructions to staff as to what support they needed. Staff confirmed they knew people's risks and what they needed to do to minimise the risks.

There were sufficient suitably trained staff to meet the needs of people who used the service. A person who used the service told us: "The staff are usually on time and only a few minutes late, if they are on holiday though I know somebody else will be coming". We saw that safety checks had been undertaken prior to the person being employed. References and Disclosure and Barring (DBS) checks were completed to ensure that the prospective staff was of good character. The DBS is a national agency that keeps records of criminal convictions. This meant that the provider checked staff's suitability to deliver personal care before they started work.

Staff told us and we saw that they had all received medication training. Most people the staff were supporting did not require their medication administering. However one person required reminding to take their medicines and one person required application of an external ointment. We saw records that confirmed that the ointment had been applied at the correct times.

Is the service effective?

Our findings

People who used the service felt that staff were effective in their role. One person told us: "I feel very confident in the staff's abilities. I have no worries about them and they all seem very experienced". Staff we spoke with told us they felt supported to fulfil their role effectively. A staff member told us: "I feel that they give me enough support and they give me enough training and if I needed advice I could just ask them". Staff training was on-going and relevant to the role they were undertaking. We saw that the registered manager had undertaken one to one supervisions with individual staff.

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 provider was working within the principles of the MCA when supporting people to make decisions about their care. People consented to or were supported to consent to their care by their legal representatives. If people refused treatment or support this was respected. Staff had knowledge of mental capacity and what to do if people refused their planned care. One staff member told us: "I always ask people if they are comfortable with what I'm doing and I tell them what I am doing, if they didn't want care I would ask them the reasons and try to have a little chat to find out if there were any problems we were not aware of, if they still weren't happy I wouldn't force them I would just let the office know".

People were supported to access food and drink of their choice. Staff had received training in safe food handling and preparation. The registered manager told us that staff had also received training from a dietician in recognising the signs of malnutrition in people. The manager had signposted people to the dietician who had supported them with a programme called 'Eat Well', when issues had been identified.

When people became unwell staff knew what to do. One staff member told us: "If I found someone was unwell, I would see to their immediate needs and then either report to the manager or call an ambulance depending on the situation. If I called an ambulance I would obviously let my manager know as well". Another staff member said: "Depending on what the matter was I would phone the doctor or relatives and let the office know, if it was an emergency I would call an ambulance". On occasions staff supported people to attend health care appointments.

Is the service caring?

Our findings

People who used the service told us that the staff treated them with dignity and respect. One person told us: "The staff are kind and caring". Another person told us: "They [the staff] are reliable and courteous". We saw one member of staff had volunteered to support one person to an appointment on their allocated day off. They had offered this as the person would not have been to attend without the support. The registered manager and staff members we spoke with all demonstrated a caring value base.

People told us that they were involved in the planning of their own care and in writing of their own care plans. One relative told us: "We had a meeting and said what help we needed and how often". Another person told us: "I was involved in the care planning and the care is as we need it". We saw that when people requested a change to their care plan or the time of their care calls that this was usually fulfilled. The registered manager told us that the same staff worked with the same people whenever possible so as to provide a consistency for the person.

Staff we spoke with told us they respected people's right to privacy. One staff member said: "I make sure people have the help they need but allowing them to have independence if they want while being nearby in case they need me, for example shutting the bathroom door if they are using the toilet". Another staff member told us: "I always make sure I knock when I arrive letting them know who it is and I draw the curtains when supporting them to get dressed, it's just treating them with respect" .

We saw in the care records we looked at that people were supported to be as independent as they were able to be and that they were written in such a way that people's privacy was respected. For example we saw it was recorded that staff should leave one person alone in the bathroom when they had supported them into the bath. This enabled the person to have some time alone to be independent in meeting their personal care needs. One person had recently commented on a feedback form 'I am able to keep a level of independence and stay at home'.

Is the service responsive?

Our findings

Prior to people being offered a service an assessment of their needs was undertaken to ensure that the provider could meet people's individual needs. Care plans and risk assessments were drawn up for staff to be able to support the person based on their individual preferences. A member of staff told us: "If I am seeing somebody I haven't seen before I always check their care plan first". People who used the service and their relatives told us they received a service that met their individual needs. One person told us: "I said what I needed help with and how often and I'm getting the help I need".

People's care was regularly reviewed and we saw when people requested a change to their planned care this was facilitated. For example, one person attended a day centre and had requested a change in day of their care call so they could attend the centre on a different day. We saw this was arranged for them.

The registered manager told us that they tried to send the same staff to care for people to ensure a continuity of care. One person's relative told us: "We have the same care staff and we like to have the same carers it would be difficult if it was different people coming all the time and we wouldn't be able to build up a relationship with them". Another person told us: "I think it's nice that they have continuity of care because the same staff come". One person had commented on a quality questionnaire recently completed 'I like the flexibility of the staff catering around my personal plans and needs'.

The provider had a complaints procedure. Most people we spoke with told us they knew how to make a complaint if they needed to. One person told us: "I would just ring the office, but I've never had to we are very happy". The registered manager told us they recorded all communication with people on a communication form. This was regularly submitted to the provider for analysis. We saw numerous compliments from people who used the service and their relatives thanking staff for their care and support.

Is the service well-led?

Our findings

There was a registered manager in post, who was supported by two care coordinators to manage the service. Staff we spoke with told us that they felt supported by the management team and that there was an on call system to offer support and advice out of hours. A member of staff told us: "I feel I can ask management anything and they will be able to help me or find the answer for me if they don't know straight away". Another staff member said: "I can call for advice any time I need they are always there to help".

Staff performance was monitored through regular supervision and staff meetings. One staff member told us: "This is the best organisation I have worked for in terms of the support we receive, they are also really approachable if I ever need any advice".

A person who used the service told us: "I think Age UK is one of the better providers, I like the way there carers are more mature as they seem to have more empathy". The registered manager told us that they often signposted people who used the service to other available agencies which could offer them help to maintain their independence in their own homes. For example, there was an exercise and walking group run by the provider and a dietician had recently finished supporting some people in educating them in what is a healthy diet. The provider had also arranged benefit checks for people to ensure they received the right amount due to them.

We saw that there were systems in place to monitor the quality of the service. Customer satisfaction surveys were sent out to people who used the service or their representatives. These were analysed, however there had only been positive comments so no action had been necessary to improve the service for people. There was a system to report accidents or incidents; however the registered manager told us there had been no recent incidents to report.