

Dover Age Concern Limited

Age UK Dover Community Support

Inspection report

Age Concern Dover Town & Rural Riverside Centre
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection visit took place at the service's office on 6 and 7 December 2016.

Age UK Dover Community Support is registered to provide personal care to people living in their own homes in the community. The support hours varied from half hourly calls upwards and ranged from one to three calls a day. The service office is based in the local Age UK day centre in Dover. They offer care in the Dover, Deal, Sandwich and surrounding areas, and support a wide range of people, including, older people and people living with dementia. At the time of this inspection there were 46 people receiving support with their personal care.

The service is run by a registered manager, who was present at the inspection visit. 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 and associated Regulations about how the service is run. The registered manager had overall responsibility for this service, as well as being the Chief Officer for the Age UK local branch. The registered manager was being supported by a consultant, two care co-ordinators in the office and a care assessor.

We last inspected Age UK in January 2015 when four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were identified. The service was then rated 'Requires Improvement'. The provider sent us an action plan telling us what they would do to meet the requirements of the regulations. At this inspection we followed up on four previous breaches of regulations. Two breaches had been met with two breaches of regulations only partially met and one additional breach was found at this inspection.

At the previous inspection in January 2015 the provider had not ensured that sufficient guidance was in place for staff to follow to show how risks were managed. There was a risk of people not receiving their medicines safely or as prescribed. People were not receiving care from staff that had the training, regular supervision and appraisal to carry out their roles effectively.

Risks associated with people's care had been identified, and detailed guidance was in place to ensure that people were supported as safely as possible. Some people could display behaviours that challenged due to their anxieties and detailed risk assessments were in place to guide staff to the strategies to adopt to positively support people when this occurred.

Although some improvements had been made to the systems in place to administer medicines safely there were still areas which remained unresolved. Staff were not recording individual medicines accurately and completing records properly. One staff member was administering medicines without any training or competency assessment to confirm they had the skills and competencies to give people their medicines safely.

The registered manager was carrying out audits on the quality of the service every three months; however these were not fully effective as the checks had not identified the shortfalls found at this inspection.

Staff had not been recruited safely, as the required checks had not been completed to ensure they were suitable to work with people. There was enough staff employed to give people the care and support they needed. New referrals were not being taken until new staff had been recruited. The registered manager told us that there was an ongoing recruitment drive to maintain staffing levels and improve the continuity of the service.

Staff training was up to date and there was a system in place to alert managers when staff needed training or further updates. New staff had induction training, which included shadowing experienced staff. Staff were supported by senior staff through regular one to one meetings and 'spot checks' to assess their skills and competencies to carry out their role. Each member of staff had received an appraisal to give them an opportunity to discuss their training and development needs.

Staff had received mental capacity training and ensured people were supported to make decisions. The Mental Capacity Act provides the legal framework to assess people's capacity to make certain decisions, at a certain time. Deprivation of Liberty Safeguards (DoLs) provides a process by which a person can be deprived of their liberty, in a care home or hospital, when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. However, in domiciliary care these safeguards are only available through the Court of Protection. At the time of the inspection no one was subject to an order of the Court of Protection.

People were supported to make their own decisions and they told us their consent was gained at each visit. People and relatives had also signed and agreed with the care to be provided as part of their care plan.

People told us they felt safe when staff carried out their visits. Staff had received safeguarding training and were aware of how to recognise and report safeguarding concerns.

People were supported to maintain good health and appropriate arrangements were in place to monitor people's health care needs. Care plans were person centred and detailed with personalised information staff needed to make sure people received the care they needed. The plans included comprehensive details of people's preferred routines, their wishes and preferences, skills and abilities. People told us that they chose what they wanted to eat and were supported by staff to prepare their meals.

Staff supported people to go out and encouraged them to use local community facilities such as the Age UK day centre. They told us there were lots of people who visited the day centre and they enjoyed the social activities provided.

The provider had a complaints policy and process. Complaints were managed effectively and responded to appropriately, in a timely manner and in line with the policy. People and their relatives told us they would speak with the registered manager or staff if they had a concern and they would be listened to.

Some people had equipment in place to aid their mobility, such as bathing aids. Staff ensured that equipment that was kept in people's homes was checked regularly and safe to use.

There was a business continuity plan in the case of an emergency, such as fire, flood or the breakdown of the technical systems at the agency office. There were on-call arrangements in place, which people and staff could access if they needed support outside of office hours.

People told us their regular carers were very kind and caring. They said their privacy and dignity were protected and they were encouraged to be as independent as they were able. Staff knew people's daily routines and were polite and respectful, when talking about people they were supporting.

People told us that staff mostly arrived on time, stayed for the duration of the call, and always stayed longer if they needed more time. People received a rota of staff to confirm who was completing their visits and had never experienced missed calls.

Staff understood the visions and values of the service and they also understood the ethos of the service by treating people as individuals, with compassion, and with dignity and respect. Improvements had been made to ensure people were not protected against the risk of unsafe and inappropriate care arising from the lack of proper records.

We found a number of breaches in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Risks to people's safety and welfare were being managed to make sure they were protected from harm.

Medicines were not managed as safely as they could be.

New staff were not being recruited safely.

There were sufficient numbers of staff to fully cover people's care and support needs.

Staff knew how to protect people from abuse were aware of the correct procedures to raise a safeguarding alert.

Requires Improvement ●

Is the service effective?

The service was effective.

Staff had received appropriate training, regular one to one meetings with their manager and a yearly appraisal.

Staff had a good understanding of the Mental Capacity Act and the process to support people to make decisions in their best interests.

People were supported to remain as healthy as possible and access health care professionals when needed.

People were supported to have a suitable range of food and drink.

Good ●

Is the service caring?

The service was caring.

People said staff were kind and caring. They said that staff were polite and respected their privacy and dignity.

Staff were committed to a strong person centred culture which put people first.

Good ●

People were encouraged to be independent where possible and were given choices about their care and support.

Is the service responsive?

The service was responsive.

People and their relatives were involved in planning their care and their care plans were personalised to reflect their wishes and preferences.

People had opportunities to provide feedback about the service they received.

There were systems in place to enable people and their relatives to raise complaints. People told us they did not have any complaints but felt confident that the service would listen to them and act on what they said.

Good ●

Is the service well-led?

The service was not always well-led.

The audits in place to check the quality of the service were not effective as they had not identified the shortfalls found at this inspection. When the audits had identified shortfalls there was no evidence of what action had been taken to address the issues.

People had opportunities to provide feedback about the service they received.

Staff told us that they now felt supported by the management team and were aware of the ethos for caring for people as individuals and putting people first.

Requires Improvement ●

Age UK Dover Community Support

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 was 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 7 and 8 December 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we wanted to make sure we are able to speak with people who use the service and the staff who support them. On the 7 December 2016 we went to the office and looked at care plans, staff files, audits and other records.

We spoke with people using the service in the Age UK day centre. On the 8 December 2016 we visited three people in their own homes. The inspection was carried out by two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had personal experience of arranging and monitoring the domiciliary care services of a family member.

The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We gathered and reviewed information about the service before the inspection including notifications. A notification is information about important events, which the provider is required to tell us about by law.

We spoke with the registered manager, the consultant, two office staff and an assessor, who organised the work for the staff, plus four other members of staff. After the inspection we spoke with three people and six relatives by telephone. Feedback was gathered from one health care professional.

We reviewed people's records and a variety of documents. These included eleven people's care plans and

risk assessments, four staff recruitment files, the staff induction records, training and supervision schedules, staff rotas, medicines records and quality assurance surveys.

The previous inspection of this service was carried out in January 2015 when four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were identified. At this inspection, there were two continued breaches and one additional breach of the regulations.

Is the service safe?

Our findings

People and relatives we spoke with told us that they felt safe receiving support from staff. They knew who to talk to if they needed to raise any concerns in relation to their safety and they were comfortable to do so.

People said, "I couldn't do without the staff, they make me feel safe". "Yes so far, I feel comfortable". "Very, very safe because my carer is very good". "Yes I feel safe, they are all very nice"

Relatives said, "I would speak to people in the office. My relative knows the staff and is happy to raise anything with them". "Yes definitely, we feel safe because of the quality of the carers".

"Absolutely (feel safe), I have seen how the two carers interact and how they respond to any concerns". "The staff left a note to say the smoke alarm was beeping. I checked it, the battery was low, I put a new one in".

At the last inspection in January 2015 we asked the provider to take action to ensure that staff had sufficient guidance to follow to show how risks were mitigated when moving people or supporting them with their behaviour. Action was also required with regard to the safe administration of medicines. Following the inspection the provider sent us an action plan to tell us of the improvements they were going to make. Improvements had been made with regard to people's behaviour, moving and handling risk assessments and some areas of the administration of medicines, however, there remained shortfalls with medicines management and the previous breach of regulation had not been complied with.

People who received support with their medicines told us they could rely on the staff and their medicines were administered and recorded correctly and safely. They said, "The staff always ask me if I have taken my medicines".

Relatives said, "All seems to be ok with the medicines". "The staff check my relative has taken their medication. The staff are very sharp on checking my relative's insulin, they do extra checks, they are very on the ball with that". "We found my relative wasn't taking their medication, we have now arranged for staff to come in to check she is taking her pills".

Although people and relatives told us they were confident that medicines were being administered safely, staff were not always recording accurately what medicines were being administered.

One person was receiving their medicines using a dossett box (A dossett box is a pill container organising tablets to be stored in separate compartments for days of the week or times of the day) When staff gave the person their medicines they recorded 'medicines as per dossett box', this is not in line with current good practice as all medicines given should be listed individually. There were also some gaps on the medicine record sheet where signatures were missing to confirm the person had their medicines. The staff told us that sometimes family members were involved in the administration of the medicines and they had not signed to confirm the medicines had been given. The medicine records were checked by office staff and initialled to confirm there were no errors but these gaps had not been identified and acted on.

Some people were prescribed creams to protect their skin. Staff applied these creams to people's skin. One person's care plan stated that they had an 'itchy skin condition' and they were able to tell the staff when and where the cream was to be administered. Body maps were completed to show staff where to apply the creams as other people may not be able to tell staff where their cream was to be applied. The administration of prescribed creams was not always recorded in the medicine record sheets so the registered manager could not be sure that people were receiving their creams as prescribed.

Not all staff had received medicine training to ensure they had the skills and competences to give people their medicines safely. One new member of staff had been administering medicines without any training, and had not had their skills and competencies assessed as being safe to administer medicines.

Risks to people's skin had been identified but there was not always a risk assessment in place for staff on how to support people from developing pressure sores. One person was prescribed cream, to help stop their skin being sore. They told us that staff regularly helped them to apply the cream; however, staff had not regularly signed to confirm this. Staff had received training in pressure area care and felt confident they were supporting people effectively to keep their skin as healthy as possible but without risk management plans for staff to follow there was a risk of inconsistent care.

The provider had not ensured the proper and safe management of medicines. This was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

One person had detailed information about their medicine regime. Their care plan noted that the medicines were all in their original packets and a tablet was to be given with water unless otherwise stated. There were also notes about certain tablets being taken thirty minutes before food and to make sure the person was upright in bed or sitting in the arm chair. There was detailed information on specific medicines so that staff had the additional guidance to refer to.

Staff were not always recruited safely. Staff did not have full work histories and had not disclosed the reason for leaving previous jobs. Not all staff had two written references and one person had a reference that contained inaccurate information. We spoke with the registered manager and they recognised and accepted these shortfalls. They said, "I am charge of recruitment, I missed that. It is my fault."

The provider had failed to operate effective recruitment procedures to make sure staff were of good character. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

The moving and handling and behavioural risk assessments had been reviewed and there was clear guidance in the care plans of how to safely support people with their behaviour and mobility.

The co-ordinators had recognised that there was a lack of staff to ensure the continuity of calls to people and a decision had been made not to take new referrals until new staff had been recruited. The office staff were supporting the care staff to cover calls to ensure people received the care they needed. The staff rotas showed that there were sufficient staff to cover as permanent staff were also carrying out additional hours to make sure everyone had the support they needed. People living with diabetes had their calls consistently met at the same time each day.

On the whole the people spoken with stated that the staff usually arrived on time and the majority had not experienced any missed calls. There was a mixed response when asked if they were informed if the staff were going to be late. One person and one relative stated that they had experienced problems a few of

weeks ago regarding lateness and staff not staying sufficient time. They had called the office and reported this and both said the service promptly responded and the issues were resolved. People said, "A few weeks ago, the office started to send staff later and later, I rang and they have sorted it out". "The staff are on time and if late the office will tell you". "Sometimes, they let me know if the staff are late and sometimes they don't.

Relatives said, "The staff generally arrive at the right sort of time". "Yes, the carers can be late due to traffic. The office ring and let me know. Office communication is good".

All the people we spoke with said they received care from a regular team of staff which they were happy with. There was a mixed response when people were asked if they informed who was coming. One relative stated they received a letter once a week and others stated they only knew if the staff told them. People said, "I have one regular carer that was my requirement and they respect this". "I know the three or four regular carers". "I have four different carers".

Relatives said, "My relative has one main carer and two others who fill in. My relative likes them all". "Generally, we have the same people between two and four different carers a week".

Staff ensured that equipment that was kept in people's homes was checked regularly and safe to use. People they had confidence in the staff who they considered well trained in the use of the equipment. They said, "Yes I have a chair lift, zimmer frame, bed and bath lift. The staff are okay with these and they also check I have my life line on". A relative commented, "The staff know how to use the bath chair".

There was a business continuity plan in the case of an emergency such as fire, flood or the breakdown of the technical systems. There were on-call arrangements in place, which people and staff could access if they needed support outside of office hours.

Staff had received safeguarding training and understood how to recognise the signs of abuse. They said, "People might become withdrawn, or I'd notice the physical symptoms such as a loss of appetite or bruising. I'd come straight away and report it to the co-ordinators or the manager." Staff were aware of what procedures to follow to report any concerns, both internally and outside of the organisation. Staff were aware of the whistle blowing policy and were confident they could raise any concerns with the registered manager who would take the appropriate action.

Is the service effective?

Our findings

People told us they were happy with the care and support they received and considered the care staff to be sufficiently skilled and experienced. They said, "Yes the staff are trained and skilled".

However, there were mixed comments with regard to new staff. Two people mentioned when they were given a new staff member an experienced carer introduced them, whereas others stated they were not introduced to new staff, with one relative expressing concerns. People said, "New carers come accompanied by experienced carers and show them what to do". "New carers didn't know what to do and didn't have anybody to shadow, but I now have regular carers". The registered manager told us that they had just recruited new staff who were in the process of their induction training, and were gaining experience in their role and were always introduced to people.

Relatives felt staff were trained and experienced. They said, "The supervisor comes around and asks us questions about the carers". "I am aware they have to meet national training standards. All carers who come have first aid training".

The training programme included face to face training and on line training. New staff shadowed more experienced staff and were given an opportunity to get to know people as part of their induction. Records showed that staff were not always completing their basic induction training, such as safeguarding and moving and handling before working unsupervised in people's homes. The registered manager told us that the training had now been arranged and records confirmed this.

Specialist training was offered and staff had completed training in areas such as diabetes, pressure care and challenging behaviour. Staff told us that they felt the training programme had improved and people told us that staff had the skills they needed to carry out their roles.

Staff had regular one to one meetings and an annual appraisal with the management team to discuss any issues that had arisen and any development needs. Staff received regular, unannounced 'spot checks' from their manager when they were providing care in people's homes.. One person said, "Yes they have come from the office the read the book and watch the carer". One member of staff told us, "I have regular supervision and spot checks. Every three months they just turn up and surprise us." During the 'spot checks' staff were questioned on their level of knowledge of the people they were caring for and the rationale for the care they were providing. This was to make sure staff were providing the care and support that people needed. Staff were also assessed on their appearance and communication skills and were given feedback about their performance.

People told us that they were always asked for their consent and were offered choices which staff respected. Staff explained how they asked people and gained their consent to their care at each visit. People had also signed and agreed with their care to be provided as part of their care plan.

Relatives said, "Yes, the staff always ask for consent". "Yes they ask my relative for consent if there is

something different". "Yes they do, there is a good relationship between them". "They do ask for consent, mainly around medication and meals".

Staff had an understanding of the Mental Capacity Act (MCA) 2005 and had received training. They were aware of the importance of supporting people to make decisions. They said, "Don't assume people do not have capacity. They should have a choice. We give them as much independence and dignity as they need."

The Mental Capacity Act 2005 (MCA) 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. 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. In domiciliary care, these safeguards are only available through the Court of Protection. No one was subject to an order of the Court of Protection although some people did have Lasting Powers of Attorney arrangements in place, and others had a Do Not Attempt Resuscitation (DNAR) in place that staff were aware of.

There was brief information in the care plans about people's capacity. The care assessor was in the process of implementing new assessment forms for each person. They told us that most people had the capacity to make decisions but there were some people who would need an assessment to ensure they had the right support to make decisions about their care.

People told us that the staff supported them well with the preparation of their meals. They said, "The staff always fill up my jug of juice if it is getting low, I have to drink a lot due to my diabetes, so I'm always pleased when they do that." "They heat meals and wash up, they are good at doing this".

People's needs in relation to support with eating and drinking had been assessed during the initial care assessment and recorded. Staff told us how they supported people to choose their meals and eat as healthy as possible. People said staff encouraged them to drink and eat enough and would leave a snack or drinks for later. Care plans had details of snacks and drinks which were to be left out for people to eat after their call. One plan stated, 'please leave me a bowl of grapes, tangerines and a banana and put by my chair in the lounge for later'. Another plan stated "I have a small but healthy diet I need drinks given and left for later to encourage me to drink throughout the day". The daily notes reflected this information to confirm people received the food and drink they needed.

Relative's said, "The staff make my relative a sandwich, they cover it and put it beside her and with a fresh cup of tea". "They ask my relative what they want and they are quite happy. The staff encourage them to eat, but accept when they say no". They do leave nice note on things e.g. 'the sandwich is in the fridge, eat me' with a smiley face". "The staff microwave meals for my relative and always asks what they would like to have".

Staff said, "I visit a person living with dementia, they recognise my face. I sit and take them to the fridge and they choose what they want to eat". "We do their breakfast for them and will make their lunch. I always leave a little note saying 'eat me please' to remind them".

People said that staff were good at supporting them with their health care needs. They said, "I went through a time of being unwell, the carer never left me on my own. She rang the doctor for me. She is 100% there for me". Relative's said, "When my relative had high blood sugar levels they called the doctor and let the office know. They will also ring or come round to check on them. They go above and beyond". "I do ask them how my relative is and they tell me if they notice anything". "The staff have rung me now and

again if there has been a health problem".

People's health care needs were monitored and met. Staff told us that they stayed with people if they were unwell, and sought appropriate medical assistance when necessary. One staff member said, "You call the office to extend the call if people are unwell." Staff also supported people to attend any medical appointments, they said, "I take my client to most of their appointments. I go to the diabetes clinic and went when they had their flu jab".

Some people were living with unstable health care conditions such as diabetes. Each person had personalised guidance in place to tell staff how they may present if they were becoming unwell and what action staff should take as a result. One person told us, "The staff member went and bought me jelly babies once when my blood sugar was low, after I'd eaten them it went back up and I was fine. I'm so grateful they were there."

Is the service caring?

Our findings

People and their relatives told us that the staff were caring. They said the staff treated them well, listened to them and acted on what they asked. People said, "Yes the carers are always asking me how I am if I have had a good night". "They chat with me and are always very nice". "They help me, I asked if they could help changing the bed. In no time at all it was done".

Relative's said, "Yes the staff are excellent. Life is difficult enough, I need the carers". "I asked them if they could let the boiler men in, they did this for me". "The staff have worked well to help my relative adapt to accept care". "If we need extra service it is always there. I asked if they could do an extra call. They did this."

During the inspection staff spoke with people in a respectful, kind, and caring manner. People said they were treated with dignity and their privacy was respected. People said, "My carer respects me and is very professional". "My carers are very polite and very nice, they do an A1 job". "They are kind and caring and also notice if I am not well and ask if I am OK". Relative's said, "The staff do treat my relative with dignity and respect".

Staff gave examples of how they maintained people's privacy and dignity by making sure their personal care was carried out in private, ensuring doors were closed and curtains were pulled. Staff had received training in treating people with dignity and respect as part of their induction and their practice. The service was part of the 'dignity champion' national scheme. Dignity champions ensure that everyone is treated with dignity as a basic human right, not an optional extra.

Staff were passionate about supporting people to remain at home. They told us they treated people as individuals and made sure they had their choices and preferences. Staff said, "I've done extra hours, but I don't feel like it was over and above, it's just my job. The person is the most important thing".

People told us and care plans showed how people were supported to remain independent, such as helping them to prepare and choose their meals. They said, "The carer encourages me to be independent she says 'come on you can do it'". A relative commented, "The staff help my relative to be as independent as possible, by enabling them to choose their food and clothes". Staff said, "I encouraged one person to walk. Even if it was just along the hallway, we walked together from the stairs to the kitchen which helped them get back on their feet". "It was really good as they thought they would not be able to walk after their fall".

People and relatives told us staff took time to chat whilst carrying out their visits. People said they looked forward to this and enjoyed these conversations. They said, "I like to have a chat and the carer is quite willing to have a sit down and a natter". "They are lovely".

Staff encouraged people to go out in the community and in some cases supported them to go to the shop or bank. Staff worked in a flexible way to make sure people were able to join in with their preferred social activities or visit family members. Visits would be rearranged if people needed to attend appointments or had special arrangements. People said that their regular staff knew their daily routines and always asked

them if there was anything else they needed before they left.

People were confident that their care needs and records remained private and staff were confidential. They said, "There is something very personal about staff coming to my home and helping me. I need to feel comfortable with whoever comes. My carer and I are very alike and a very good match". "I know I can trust my carer they do not chat about me she doesn't talk about other people either". "The staff always respect confidentiality".

The service supported relatives by sending them information such as signs and symptoms of health care conditions, such as dementia, to help them to have a better understanding of people living with dementia.

Advocacy services and were available to people if they wanted them to be involved. An advocate is someone who supports a person to make sure their views are heard and their rights upheld. No one at the service was being supported by an advocate at the time of the inspection.

Is the service responsive?

Our findings

People told us that the staff were responsive to their needs. They said they received care that was personalised to their needs. People said, "I have a care plan and they review it at least twice a year". "There is a care plan, they include my relative and they signed the documents".

At the last inspection in January 2015 we asked the provider to take action as people were at risk of receiving inappropriate care as the provider had failed to ensure that person centred care plans were in place. Following the inspection the provider sent us an action plan to tell us of the improvements they were going to make. Improvements had been made and care plans were person centred with clear guidelines for staff to follow to ensure that people received the care they needed.

The care needs assessor visited people to assess their needs before they started to use the service. People told us they had been and continued to be involved in planning their care. They told us that the assessments were thorough and they were asked how they wanted their care to be provided. Staff told us they reported any changes to people's care to the assessor who would visit people promptly, re-assess their needs and change the care plan.

Each person had a detailed and person centred care plan. People said that staff looked at their care plans and always completed daily notes for the next member of staff to read so that people received consistent care. The plans covered all areas of people's needs including details about their personal care needs, meal times, mobility, communication, medical needs and routines. The plans were very personalised, and had details of how staff should support people who were living with dementia. One plan stated that the person could manage their shower, but needed to be reminded each day. The care plan stated that staff should say, 'why don't you have a shower while I am here'. Being reminded enabled the person to remain independent to shower and prompted them to remember to brush their hair as this was part of their preferred daily routine. There were gentle prompts throughout the care plan to show how staff supported the person, such as ensuring they attended the diabetic clinic, putting their medicine on a saucer as they were able to take the medicine this way and reminding them about their hearing aids so they could decide if they wanted to wear them or not.

Sometimes people became distressed or anxious and could display behaviours that challenged. People's care plans contained guidance to tell staff what could cause people to become distressed and how staff should respond. One person did not like receiving help from anyone wearing a uniform. Staff were directed to remove their uniform when visiting the person and this helped ease the person's anxiety around receiving support. Staff confirmed that they never wore their uniform when visiting the person and told us that they had built up a good relationship with them.

Staff told us that the care plans were very detailed and people's individual needs were clearly recorded. They told us that this gave them the opportunity to know people's routines and how to care for them consistently in a way that suited them best. They said, "I have enough time to write all my notes, so the next

person will know what has been going on."

The plans were reviewed and updated on a regular basis. People told us that the assessor had visited them to go through their care plans to make sure if everything was in place or further changes needed to be made. Relatives said they were involved in their relative's care reviews and care plans were updated when their needs changed. They said, "There is a care file here. We were involved in the care plan and it has been reviewed a couple of times. Recently we had a formal diagnosis and the care plan has been updated". "There is a care plan and it has been reviewed, I believe it is done every six months, they involve both of us".

People's care plans recorded what interests and hobbies people had. One plan stated that they enjoyed baking and staff supported them to do this. The staff also supported them to go for walks along the beach and buy ice cream. People were encouraged by the staff to attend the local Age UK centre to socialise and enjoy local events. A staff member told us "I've got one of my clients to start coming to the day centre. We sit together sometimes and sing. They have made loads of friends and they have got so much more confident. It's lovely to see."

People had been sent a letter advising them of the activities within the Age UK local centre inviting them to pop in and enjoy the festivities. The events were listed such as when children from the local primary school were going to sing Christmas carols and when the raffle would be drawn. People told us that they could choose to join in and were supported to go to the centre if they decided to go.

People and relatives told us that communication with the office was good. People said, "The office staff are helpful and staff are caring and kind". Relative's said, "Good communication, I normally contact them around arranging extra support. Easy communication by email and phone". "Quite good communication, I ring them and then I confirm by text".

People and staff told us that the on call arrangements were responsive. They said they had called the out of hour's telephone number and had received the support and guidance they needed. A relative said, "I have all phone numbers and out of hours. On the emergency helpline, you leave a message and they ring you back usually within fifteen minutes"

The service had policies and procedures in place to explain how they would respond and act on any complaints that they received. When people started to use the service they were given a copy of the complaints procedure that explained to them what they had to do. Everyone we spoke to said they knew how to complain, and that they would call the office if they had any concerns.

The service responded to complaints in a timely manner and resolved issues. Records showed that one person had raised issues with regard to a member of staff and the service immediately changed the staff member and resolved the situation.

Is the service well-led?

Our findings

People and relatives told us that the service was organised well and they would not hesitate to recommend the service. People said, "Yes, the people in the office are very good and very caring". "It's a wonderful service; I can't think it's not well led". Relatives said, "It's been alright so far". "Yes, on the whole I think so (well led)". "This company is pretty good". "Yes I do this is a crucial thing with any organisation".

Staff told us that they were supported and felt the service was well led. They were confident to raise any issues and said they would be listened to and acted on by the registered manager?. They told us that the management and office team were open and transparent, and felt it was a good organisation to work for. They said, "We are a good team, any problems we feel we can speak about them". "I've never had a problem; any issues have always been dealt with."

The registered manager had overall responsibility for this service, as well as being the Chief Officer for the Age UK local branch. They were supported to run the service by two care co-ordinators and a care assessor. The registered manager told us that they continued to work with action plans to improve the service and were being supported by a consultant to help them achieve compliance with regulations. They told us that there had been additional challenges to provide the service due to staff shortages and it had been difficult to recruit new staff.

At the previous inspection in January 2015 we asked the provider to take action to ensure the systems and procedures in place to assess, monitor and drive improvement in the quality and safety of people were effective. Also to ensure that people were protected against the risk of unsafe and inappropriate care arising from the lack of proper information.

Some improvements had been made. People and stakeholders including relative and staff had received a quality assurance survey to express their views on the service and audits of different areas had been implemented. However, the audits in place did not identify the shortfalls found in this report.

.The registered manager carried out three monthly audits on all aspects of the service, including, staffing levels, recruitment, one to one meetings, appraisals, and training. However, when shortfalls had been noted, such as the gaps in the medicine records, there was no indication of what action had been taken to address the issues.

Systems to assess, monitor and improve the service must be effective. The audits had not identified the shortfalls noted at this inspection. This is a continued breach of Regulation 17(1)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Records were stored securely to ensure people's confidentiality. The recording and detail in the records had improved. Care plans and moving and handling risk assessments were detailed to ensure that people's needs were recorded accurately. People and relatives had signed documents to agree with the care.

Accidents and incidents were recorded and logged and appropriate action was taken to prevent them happening again. Records showed that when people had fallen and emergency services were called staff remained with the person until paramedics arrived and the person's care plan was reviewed and updated with their changing needs.

People and other stakeholders involved in the service, such as health care professionals had been asked to feedback their views on the service. One professional said, "When I use Age UK I always feel the client is at the heart of the service. The staff always seem happy and friendly." All of the people surveyed said they were treated with respect. Feedback had been read and considered and the registered manager acted to address any issues that were raised.

The service worked closely with Age UK including the day care services. There was a mission statement which promoted the wellbeing of all older people and the aim was to help make later life a fulfilling and enjoyable experience. Staff knew about the visions and values of the organisation and told us how they put people first, treated them as equals and respected their dignity. Staff said, "We value people's independence and give them the right to make choices."

The registered manager told us they were a member of the Guardian Social Care Network, this gave them access to a range of articles relating to social care. They were also a member of a local registered manager's network. They met regularly with other registered managers in the area to share best practice.

The service had links with the local Age UK partnership of Dover, Deal and Thanet, and the senior citizens forum and care of older people. They worked with the volunteer sector and offered guidance and support, as well as a number of activities working in partnership with Age UK at the centre to people.

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. CQC check that appropriate action had been taken. On the whole the registered manager had submitted notifications to CQC in an appropriate and timely manner in line with CQC guidelines. The provider had displayed the CQC rating from the last inspection in the office.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had not ensured the proper and safe management of medicines.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems to assess, monitor and improve the service must be effective. The audits had not identified the shortfalls noted at this inspection
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider had failed to operate effective recruitment procedures to make sure staff were of good character.