

Age Concern Rotherham Limited

Age UK Rotherham

Inspection report

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27 January 2016

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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

The inspection took place on 26 and 27 January 2016 and was unannounced on the first day. The second day we visited people who used the service.

Age Uk Rotherham is a care agency and a not for profit organisation. The service is registered to provide personal care to people in their own homes. Although it also provided cleaning, gardening and befriending services which are not regulated by CQC. The calls to people who use the service are always a minimum of an hour. At the time of our inspection the service was predominantly supporting older people and people living with dementia. Care and support was co-ordinated from the office, which was based in Rotherham. The registered manager told us they enabled people to continue to be able to live independently in their own homes. They called the care staff enablers.

There was a registered manager at the time of our inspection. 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.

We found that people's needs had been assessed before their care package commenced. People who used the service and their relatives that we spoke with told us they had been involved in creating and updating their care plans. The information included in the care records we saw identified people's individual needs and preferences, as well as any risks associated with their care and the environment they lived in.

People who used the service who we spoke with told us the care staff were very good, staff were kind caring and always stayed the required time ensuring care needs were met.

We found that staff we spoke with had an understanding of the legal requirements as required under the Mental Capacity Act (2005) Code of Practice. The Mental Capacity Act 2005 sets out how to act to support people who do not have the capacity to make some or all decisions about their care.

There were robust recruitment procedures in place. The provider was recruiting staff at the time of our inspection.

Staff had received formal supervision and annual appraisals were due at the time of our inspection. These ensured development and training to support staff to fulfil their roles and responsibilities was identified.

Staff we spoke with told us they felt supported by the care coordinator and management they told us that they were listened to. Staff also told us communication was good and they were always made aware of any changes.

People who used the service told us they were aware of the complaints procedure and said they would contact the office if they had any problems. People said, the office staff are always available and deal with any issues immediately.

People who used the service had opportunity to give feedback by completing questionnaires which relatives told us they had recently received and were in the process of completing the questionnaire. The registered manager told us the feedback was used to improve the service provision.

The provider had a system to monitor the quality of the service provided. This was effective and identified areas for further improvement.

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.

Staff knew how to recognise and respond to abuse correctly. They had a clear understanding of the agency's procedures in place to safeguard adults from abuse.

Individual risks had been assessed and identified as part of the support and care planning process.

There was skilled and experienced staff deployed to meet people's needs.

Is the service effective?

Good ●

The service was effective.

Each member of staff had a programme of training and were trained to care and support people who used the service safely and to a good standard.

We found that staff we spoke with had an understanding of the legal requirements as required under the Mental Capacity Act (2005) Code of Practice.

Is the service caring?

Good ●

The service was caring.

People were treated with kindness, dignity and respect by staff that knew them well and knew what was important to them.

People were involved in planning and reviewing their own care.

People were encouraged to maintain their independence.

Is the service responsive?

Good ●

The service was responsive.

We found staff we spoke with were knowledgeable they

understood people's needs. Care records reflected each person's needs and preferences, choices and decisions.

There was a complaints system in place, people were confident to raise concerns and felt they were listened to. When people had complained their complaints were thoroughly investigated by the provider.

Is the service well-led?

Good ●

The service was well led

The provider had systems for monitoring the quality of the service provided. These were effective.

Staff meetings were held regularly and staff told us communication and sharing of information was good.

Age UK Rotherham

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 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.

This inspection took place on 26 and 27 January 2016. The inspection was unannounced on the first day. The inspection team consisted of one adult social care inspector.

Before our inspection we found no evidence that the provider had completed a provider information return (PIR). The registered manager showed us their completed PIR and told us they had not received a request to submit one but had completed one in preparation. We were sent a copy of this at the time of the inspection. 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

At the time of our inspection there were 22 people who received a service from the agency that was regulated by CQC. We visited people to discuss the care provided and looked at their care records. We spoke with 5 people who used the service on the telephone, 3 relatives and the local authority commissioners.

During our inspection we also spoke with five members of staff, which included care workers, the deputy manager and the registered manager. We looked at records relating to people who used the service and staff, as well as the management of the service. This included reviewing three people's care records, staff recruitment, training, support files, minutes of meetings, complaints records, policies and procedures and quality assurance records.

Is the service safe?

Our findings

All people we spoke with said that the staff made them feel safe and supported them very well in their home. All people confirmed that enablers listened to them and that they were involved in their care planning.

One person said "The carers I have are very good, they get used to you and know what you like."

People who used the service and their relatives we spoke with told us they felt care and support was delivered in a safe way. One person said, "The staff take time and ask you what you want, they listen." Another person said, "They always do things safely."

We saw care and support was planned and delivered in a way that made sure that people's safety and welfare was maintained. We looked at copies of people's care plans and day to day care records at the agency's office and the records kept in their homes. Records were in place to monitor any specific areas where people were more at risk, including how to bath them safely. We also saw risk assessment in place for slips, trips and falls. We saw the environment had been considered when developing these risk assessments. People we spoke with and their relatives told us they had been involved in the development of the care and support plans, which ensured their needs, were met.

The staff we spoke with showed a good understanding of people's needs and how to keep them safe. They described how they made sure that risk assessments were followed. People's records included the arrangements in place for them to enter and leave people's homes safely. In some cases this involved the use of a key safe and in others they gained access by the person letting them in. We asked people if staff wore a uniform and name badge. Everyone confirmed that staff wore uniforms and always carried identification with them.

People told us they were supported by a small group of staff and it was always one of these workers that provided the care. One person told us, "It is two care workers that visit and I always know who is coming."

People told us staff turned up on time and if they were running late they would telephone to let them know. Staff told us there was enough staff to meet people's needs.

We spoke with staff about their understanding of protecting people from abuse. They told us they had undertaken safeguarding training and would know what to do if they witnessed bad practice or other incidents that they felt should be reported. They were aware of the local authorities safeguarding policies and procedures and would refer to them for guidance. They told us they would report anything straight away to the office.

Staff had a good understanding about the whistleblowing procedures and we saw staff had received training in this subject.

The agency did not provide support with medication administration. Staff also confirmed that they did not

get involved with peoples medicines. Staff told us if they found a person had not taken their medication they would alert the family to this.

We looked at three staff recruitment files. The files we saw contained all the required information to ensure staff were only employed if they were suitable to work with vulnerable people. Application forms had been completed, two written references had been obtained and formal interviews arranged. All new staff completed a full induction programme that ensured they were competent to carry out their role. Staff we spoke with confirmed the procedure they went through before they commenced employment. Although we identified one staff members application form identified gaps in employment we could find no evidence these had been explored. The registered manager actioned this immediately and also updated the interview questions to include this so gaps would always be explained at time of interview and recorded.

The regional manager told us that staff at the service did not commence employment until a Disclosure and Barring Service (DBS) check had been received. The records we saw confirmed this. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with vulnerable adults. This helps to ensure only suitable people were employed by this service. The registered manager told us it was Age UK's policy to renew the DBS every three years. We saw this was completed in files where staff had been employed over three years.

Is the service effective?

Our findings

People who used the service that we spoke with told us they thought the staff were competent in their job roles. They also told us, staff understood their needs and met them.

One person told us "The staff are very good. I look forward to them coming."

Another person we spoke with said "They know what I like and how I like things done and are very supportive."

Training records we saw and staff comments, demonstrated staff had the right skills, knowledge and experience to meet people's needs. Staff we spoke with confirmed they had undertaken an induction at the time they commenced employment. Staff also told us they had recently completed the care certificate. This is a nationally recognised set of standards that health and social care workers adhere to in their daily working life. This covered 15 standards of health and social care topics.

Staff confirmed that they completing the company's mandatory training at the time they commenced employment. Staff also confirmed that they received regular updates to ensure their knowledge was kept up to date with current good practice. The records we saw showed that staff had access to periodic training updates. This included moving and handling, infection control and safeguarding of adults. We saw staff had also received training in dementia awareness to ensure staff were supported to understand the needs of people living with dementia. The registered manager told us all staff had become dementia friends and they had signed up to the dementia alliance and expected all staff to become dementia champions.

One staff member we spoke with said, "The training is very good we are always doing something." Another said, "We are well trained some is e-learning others are classroom based but all very good."

We found staff had received Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS) training. The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including balancing autonomy and protection in relation to consent or refusal of care or treatment. Staff we spoke with were aware of the legal requirements and how this applied in practice.

We checked whether people had given consent to their care. People we spoke with told us staff always asked their choices and preferences before they delivered care. Where people did not have the capacity to consent, we found the requirements of the Act had been followed.

Records, and staff comments, showed staff received supervision. Staff also had received an appraisal of their work. The registered manager told us these were being arranged at the time of our inspection as they were due for all staff. Staff supervisions ensured that staff received regular support and guidance, and appraisals enabled staff to discuss any personal and professional development needs.

Staff we spoke with commented positively about the support they had received. One care worker told us,

"We are well supported." Another staff member said "We work well as a team, we support each other."

Is the service caring?

Our findings

People we spoke with told us that care staff were kind and respected them. One person told us, "I have no complaints about the care it is very good."

Relatives we spoke with confirmed that staff were caring and kind and listened to their relative. One relative said, "The care staff are good (my relative) has no complaints." Another relative told us, "The staff are kind and respectful we have no complaints."

Everyone we spoke with, people who used the service and relatives confirmed that permission was sought before assistance or care was provided. People told us that they were able to build up a rapport with care staff and that staff mostly acted on their needs and wishes.

People we spoke with told us that they had positive relationships with the care workers that supported them. They told us they always knew who was supporting them and that meant they were able to get to know what their needs were. People told us they were supported by a small team of care staff who knew them well. The staff we spoke with demonstrated a very good knowledge of the people they supported, their needs and their wishes.

People said they could express their views and were involved in making decisions about their care and treatment. People and their relatives told us they had been involved in developing their care plans and said staff respected their decisions.

We asked people and their relatives if staff respected people's privacy and dignity and help people to be independent. Everyone said they did. One person said, "Yes. The staff are always respectful." Staff we spoke with were able to explain how they made sure people's privacy and dignity was upheld. They told us curtains would be closed, bedroom and bathroom doors closed while personal care was being delivered.

Is the service responsive?

Our findings

We found that people were receiving personalised care that was responsive to their individual needs. People we spoke with told us they were happy with the care they were receiving. People also praised the staff and spoke highly of the care and support they received. People told us that they had been involved in their care plan and were involved in reviews.

People we spoke with told us that if their care needs changed they would just tell one of the carers or phone the office and the care would be adjusted accordingly. All people we spoke with and their relatives felt the service was very responsive to any changing needs.

We looked at three care and support plans in detail and found the care files did reflected people's needs and preferences. The files included detailed information about the areas the person needed support with and how they wanted their care delivering. These plans were easy to understand and provided good detail about the person's needs, likes, dislikes and interests. We also found copies of the plans in the people's homes that we visited.

People and their relatives we spoke with told us and records showed us that people were involved in and contributed to the planning and review of their care. We saw care plans were regularly reviewed and people's opinions and feedback were sought through review meetings and questionnaires. People told us that questionnaires are sent out asking for feedback and people felt listened to. One relative told us they were completing a questionnaire at the time of our inspection giving feedback. The registered manager told us they sent out a number of questionnaires each month to people who used the service or their relatives to gather feedback. This helped to continually improve the service provided.

The company had a complaints procedure, which was included in the statement of purpose given to people at the start of their care package. We saw these were in the people's care files who we visited. We checked the complaints file. There was a system in place to document concerns raised, what action was taken and the outcome. The registered manager explained the processes followed when a concern or complaint was received this evidenced people were listened to.

The registered manager received a complaint during our inspection; we saw this was dealt with promptly and appropriately. The complaint was thoroughly investigated and the complainant was informed of the findings and the outcome. This evidenced people who used the service and their relatives were listened to.

The people we spoke with told us they would feel comfortable raising a concern if they needed to, either with the care workers or the office. One person told us, "I can call the office whenever, staff are available to listen and resolve any issues." A relative we spoke with also said, "If I have any issues I call the office they are always resolved."

Is the service well-led?

Our findings

At the time of our inspection the service had a registered manager in post that was registered with the Care Quality Commission.

We found people who used the service, relatives, and health care professionals were actively encouraged to give feedback about the quality of the service. People indicated they were mostly happy with the care and support provided and this was confirmed by the completed questionnaires we saw. There was also another survey ongoing at the time of our inspection as a number of questionnaires were sent out each month to gain feedback. Through the feedback received they are hoping to increase the services, for example expand into weekend and evening calls.

Staff told us regular meetings had taken place and communication was very good. Staff told us that the meetings gave opportunity to be able to raise concerns or discuss issues to ensure all changes and any updates were effectively communicated to staff. Staff said they were also able to have informal chats with the care coordinator when they needed to talk something through or required additional support.

The provider had a system to quality monitor the service provided. We found this was effective. There were systems in place to monitor and improve the quality of the service provided. We saw copies of reports produced by the coordinator, registered manager and their manager. The reports included any actions required and these were checked each month to determine progress.

Systems were in place for recording and managing complaints, safeguarding concerns and incidents and accidents. Documentation showed that management took steps to learn from such events and put measures in place which meant they were less likely to happen again. The provider had an organisational governance procedure which was designed to keep the performance of the service under regular review and to learn from areas for improvement that were identified. We saw that audits were regularly carried out in all aspects of the service.

The registered manager told us that Age UK was a not for profit organisation and had to answer to a board and achieve their quality standards. They told us they had to report to the board every six months. There was robust scrutiny and accountability to the board. They also had a yearly audit and assessment and had to achieve Age UK accreditation level each year. This is not a nationally recognised accreditation at present, but Age UK are hoping to achieve this.

We saw records of staff supervision and staff told us they felt adequately supported by the care coordinator. Staff also received assessments and spot checks while delivering care. We saw these were carried out to ensure staff were competent to carry out their roles and responsibilities.

Accidents and incidents were monitored by the service to ensure any incidents that could be prevented were identified. The registered manager told us they had very few incidents, but would always look at every incident form completed by staff to evaluate and review. This ensured any actions required would be

addressed.

From speaking to the registered manager and staff it was evident that they were passionate to ensure the vision and values of the service were embedded into the way the agency was managed and were putting people at the heart of the service. Feedback from people we spoke with and their relatives was predominantly positive and evidenced that the staff team were striving to provide a good quality service.