

Age UK Maidstone

# Age UK Maidstone

## Inspection report

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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

We inspected this service on 12 July 2017. The inspection was announced. The provider was given two working days' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available at the locations office to see us.

Age UK Maidstone, provides two personal care services: a bathing service and a foot care service. The bathing service is provided for people within their own homes. The foot care service is provided for people in their own home or in a clinic, one of which is at the registered office in Maidstone town centre. Age UK Maidstone is a charity that provides a range of services for older people in the Maidstone area. At the time of our inspection 30 people were using the bathing service and 420 people were using the foot care service.

Age UK Maidstone offered people additional services such as a befriending service, wheelchair hire and travel vouchers. The registered manager organised social groups within the local community.

At the time of our inspection, there was 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.

The feedback we received from people using both services was consistently positive. Those people that used the bathing service expressed great satisfaction of the service being provided and spoke very highly of the staff supporting them. People said both services were responsive to their needs and provided a much needed service within the community. People's privacy was respected and maintained by staff who understood the importance of maintaining people's dignity.

The safety of people using the service was taken seriously by the registered manager and staff who understood their responsibility to protect people from the risk of harm. People felt safe with the staff that supported them. Information was available to inform staff to whom and where to report any concerns they had. Recruitment practices were safe and checks were carried out to make sure staff were suitable to work with people who needed care and support.

Risks to people using the service had been identified and managed. Potential risks to staff when visiting people's homes had been assessed and control measures put in place. People who worked within the registered office followed assessments to minimise potential risks to them.

Staff received the training they required to meet people's needs. Staff were supported in their role by the registered manager. Recruitment practices were safe and checks were carried out to make sure staff were suitable to work with people who needed care and support.

Information was available to people regarding how to make a complaint about the service they received.

People knew what to do if they were unhappy and knew who to contact at the registered office. People's feedback was actively sought and acted on to improve the quality of the service being provided.

## 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 felt safe when receiving support from staff, who understood the importance of protecting people from potential harm.

Recruitment practices were followed to ensure people were safe to work with people who needed care and support.

Risks to the safety of people and staff were appropriately assessed and managed.

### Is the service effective?

Good ●

The service was effective.

People were supported to make choices and staff asked people's consent prior to offering them care and support.

People made their own decisions about how their needs would be met.

Staff were trained and supported to have the knowledge and skills to meet people's needs.

### Is the service caring?

Good ●

The service was caring.

People's privacy and dignity was respected by staff at all times.

People were fully involved in the planning of their bathing or the foot care service they received.

Information was available to people using either the foot care or bathing service.

### Is the service responsive?

Good ●

The service was responsive.

An assessment was carried out with people prior to either service being provided. This information was used to create a care plan and risk assessments.

People's care and support needs were reviewed to ensure their needs continued to be met.

A complaints policy and procedure was in place and available to people.

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### **Is the service well-led?**

**Good** ●

The service was well-led.

The registered manager understood their role and responsibility to provide a quality service to people.

People's views were actively sought and acted on.

The registered manager developed links with other organisations within the local community.

# Age UK Maidstone

## **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 12 July 2017 and was announced. The inspection team consisted of one inspector and an expert by experience, who made calls to people using both the services the agency offered. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we looked at the previous inspection report. We also looked at notifications about important events that had taken place at the service, which the provider is required to tell us by law.

We spoke with seven people using both the bathing and the foot care service for their feedback. We spoke with three staff including the registered manager, chief executive and a member of the bathing service.

We spent time looking at records, policies and procedures, complaint monitoring systems, internal audits and the annual questionnaire results. We looked at ten peoples care files: six people using the bathing service and four people using the foot care service; three staff files and the staff training programme.

At the last comprehensive inspection on 5 August 2016 the service was rated as requires improvement.

# Is the service safe?

## Our findings

People using both the bathing and foot care service told us they felt safe with the staff that supported them. People using the bathing service said, "I know I am safe and feel in no danger at all with any of the carers, they actually make me feel safer." Another said, "Gosh, yes I have never felt safer and more pampered." A third said, "I feel safe and have no qualms at all about the carers attending to me."

There were enough trained staff employed by the agency to meet people's needs. The registered manager worked as part of the bathing service team to cover if people were on annual leave or were sick. The registered manager told us the bathing service team was limited to three people to ensure people received consistency and continuity of staff to meet their needs.

At the last inspection we made a recommendation that the provider carried out an audit of the staff recruitment files. At this inspection we found this had taken place. Recruitment practices were safe to make sure staff were able to work with people who needed care and support. Each staff file we viewed had a personnel checklist at the front which documented the information received as part of the recruitment process, such as the documentation required, references, identity check and a Disclose and Baring Service (DBS) background check. The personnel checklist ensured staff were of good health and suitable character to work with people who needed care and support.

People were protected from the potential risk of harm and abuse. A safeguarding policy was in place and staff were required to read this and complete safeguarding training as part of their continuous training programme. Staff were able to describe the potential signs of abuse and what they would do if they had any concerns such as, contacting the registered office. Staff said they felt confident that any concerns they raised would be taken seriously and dealt with by the registered manager. The contact details of the local authorities safeguarding team were on notice boards around the registered office. The registered manager and staff knew their responsibilities protecting vulnerable people in the community.

People using the foot care service were protected by the prevention and control of infection procedures in place. Foot care staff used a sterilising machine which enabled equipment to be individually wrapped for each person that either visited the clinic or had a visit in their own home. Staff had access to the correct personal protective equipment such as disposable gloves and aprons which were available at the registered office.

Potential risks to people had been assessed and recorded. Prior to people using the bathing service a risk assessment was completed with the person and a member of the bathing team. This identified any potential risks or hazards which could affect people or staff, for example, any medical conditions people had or the use of any mobility aids. Environmental risks relating to the actual activity of supporting a person to bathe within their own home had been assessed and recorded, such as a person having a pet. Prior to people receiving the service a risk assessment was completed with the person regarding their bathroom and any potential aids which may be required, for example grab rails or the use of a shower chair. The risk assessment also included the potential hazards and the action taken to reduce the risk, for example,

purchasing a non-slip bath mat. People who received the foot care service completed an annual foot care health check which covered whether any contraindications were in place. For example, if people had been diagnosed with diabetes or had any blood born viruses. Staff had up to date information to support people to minimise potential risks that had been identified.

The safety of staff visiting people out in the community had been assessed and recorded. Staff followed a lone working procedure, and, were given access to a mobile phone to use in the event of an emergency. The safety of staff working within the registered office had been monitored and recorded through risk assessments, such as, manual handling and computer work stations. A fire risk assessment was in place and regular checks were made to ensure the fire alarm was in good working order.

The regulated activity provided at the time of our inspection was a bathing service and a foot care service. The provider did not support people with other activities such as medicine administration.



## Is the service effective?

### Our findings

People told us they felt the staff were well trained and suitably qualified. One person said when talking about the staff, "They have a very professional way of working at every visit." Another said, "They always know the right thing to do for me to make me comfortable and safe." A third said, "Every aspect of the care is excellent every time, always amazing."

Staff working in the bathing service had been given the training, knowledge and competence to fulfil their role. A member of staff told us they felt they had been provided with the training they required to meet people's needs. The registered manager had used a variety of training methods including face to face and online training to ensure staff had the resources and information they required. The staff employed for the bathing service had worked for the provider for a number of years and were skilled in their role and refresher training was provided to ensure their knowledge was updated. The staff employed for the foot care service were qualified technicians who had been suitably trained to fulfil their role and meet people's needs. Foot care staff had received training in the use of a Doppler, this is a tool used to listen to a person's blood flow in their leg and foot.

Staff told us they felt supported in their role by the registered manager. Staff said they felt the registered manager was approachable and they were able to speak to them at any time. Staff received supervision in line with the provider's policy and procedure. These meetings provided opportunities for staff to discuss their performance, development, any concerns they had and their training needs. Staff received an annual appraisal with the registered manager which gave them an opportunity to reflect on their practice and performance. The registered manager held a weekly meeting with the bathing team to discuss any concerns or issues that had arisen and to discuss any new referrals that had been received. These meetings gave staff the opportunity to keep up to date with any changes or request further support from the registered manager.

The registered manager and staff were aware of their responsibilities under the Mental Capacity Act (MCA) 2005. However, knowledge varied with some staff not understanding the principles of the Act itself. Staff explained how they gained people's consent prior to carrying out any personal care tasks. Following the inspection the registered manager arranged for the bathing service team to complete refresher training in the MCA and its principles. Consent to care and treatment was sought in line with the law and guidance. Records showed prior to people receiving the bathing or foot care service they completed a consent form with a member of staff. People using both services made their own decisions about how they wanted their needs met based on their own personal wishes. A policy and procedure was in place which included guidance for staff regarding how, when and by whom people's mental capacity should be assessed.

The 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. 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.

The nature of the service provided to people meant that staff did not have a responsibility to support people with their nutrition and hydration or health issues.

## Is the service caring?

### Our findings

People told us that the staff supporting them always ensured they felt comfortable and not vulnerable. People told us they were very happy with the level of care and support they received. Comments included, "The staff have great respect for me and know how I feel. I really look forward to the carer visiting." Another said, "The staff are great, very caring and respectful every time they visit." A third said, "If I want more treatment or I am not sure of something they take time to explain and are very patient."

People using the bathing service were allocated a particular member of staff to provide consistency and continuity. The bathing service staff team were small with only three members of staff. These staff had worked for the provider for a number of years and knew people well. One person said, "The staff now know loads about me and my husband who also gets treatment at the same time, so it's a wonderful get together really." Another person said, "I just enjoy the treatment session, the company and a chance to have a gossip." A third said, "The way she (staff member) holds my hands and keeps me safe I couldn't get in without her."

People were involved in the planning and delivery of the service they received. Some people using the foot care service had specific preferences which were recorded within their care plan. For example, a specific length they wanted their nails cut or filed. People using the bathing service had a care plan which had been developed with them and a member of the bathing team. These recorded the exact support needs people had, what they were able to do for themselves and what specific support they required from staff. People's care plans also contained information about their mobility and any assistance that was required from staff. Some people using the bathing service had specific preferences which were recorded within their care plan. For example, a specific powder or cream to be used following a bath, once dried. People's views were listened to and acted upon by the staff that supported them.

A written log was kept within the registered office and the person's own home, recording the exact support that had been given, during the visit. Staff, had recorded if a person was acting out of character such as, they said they were in pain or had not accessed the toilet for a period of time. Staff would then contact the person's doctor or next of kin if the person agreed.

People told us the staff supporting them whether they were using the bathing service or foot care service respected their privacy and dignity. One person said, "My care is always appropriate and dignified and I never feel uncomfortable." Staff gave examples of how they protected people's privacy and dignity such as, covering people over with a towel not exposing parts of their body. Another person said, "Every carer is lovely and always makes me feel valued." People using the foot care service received their treatment in private. People could be assured that staff supporting them would maintain their privacy and dignity at all times.

The registered manager and the provider had produced a comprehensive service user guide for both services the agency offered. This document was regularly reviewed to make sure it had up to date information. The document included the aims and objectives of the service, people's rights whilst receiving

a service were specified, including how people's privacy and dignity would be maintained. Information about the organisation was included in the guide and information people would need to know including registration with the Care Quality Commission. The terms and conditions of each service were recorded, as well as the cost that was involved for people. People using either service were given the information they needed about what to expect from the agency.

## Is the service responsive?

### Our findings

People told us staff were responsive to their needs and provided the support they required when they needed it. People said the staff always had time for "a cup of tea and a chat", which made people feel as if it was a social occasion as well as meeting their needs. One person said, "The carer I see is wonderful, most obliging to my needs." Another said, "Staff do take time, sit and chat and have a coffee which is nice."

People could be referred to either the bathing or foot care service by someone such as a GP; however, people could also make contact with the agency themselves. The agency offered a number of other services which people accessed such as, wheelchair hire and travel vouchers. People had access to an advice officer within the registered office, who supported people with issues such as benefit entitlement. A free befriending service was offered to people with the aim to reduce social isolation within the local community.

An initial assessment was completed with people before either service could commence. Initial information was taken over the telephone or in person within a clinic or the registered office. An assessment was then completed with the person and a member of staff or the registered manager. Since the last inspection the bathing service staff had received training regarding the assessment process and recording the outcomes people wanted to achieve from the service. The registered manager told us there had been a change in the way people were assessed, they said, "We now look at the person as a whole, ensuring they have their complete needs met. We signpost people to various organisations that may benefit them."

Information from the initial assessment was used to develop a care plan with people. People were involved in the development of their care plan by advising staff how and when they would like their service provided. Records showed and people confirmed that they had been involved in the development of their care plan. Information was available to ensure staff were responsive to people's care and support needs.

At the last inspection we made a recommendation that people using the bathing service had their needs reviewed consistently. The registered manager had acted on this and people's care plans and risk assessments were now reviewed on a six monthly basis. An annual review was completed with people using the foot care service to ensure that their needs were being met. This review was also a formal check of any changes to people's health or medicines which may affect the service being provided. People could be assured that staff were following up to date relevant information to meet their needs with the systems in place to ensure people's care and support needs were regularly reviewed with them.

A complaints policy and procedure was in place which included the process that would be followed in the event of a complaint. Information regarding how to make a complaint or compliment about the service people received was recorded within the service user guide. People told us they were aware of how to make a complaint if they needed to and were confident any concerns they had would be acted on. One person said, "I don't ever think I will need to complain to be honest, but I know exactly what to do." The registered manager confirmed there had not been any formal complaints made since the last inspection.

## Is the service well-led?

### Our findings

People told us they knew who the registered manager was and had their contact details, if they needed to speak with them. At the last inspection there was a manager in place who had planned to apply to become registered with the Care Quality Commission. At this inspection the manager was now the registered manager of the agency.

People spoke highly of the staff and the service they received. One person said, "It is a truly excellent service in every way." Another said, "I don't think there is anyway this service could be improved." A third said, "I didn't know the service existed before my (loved one) became disabled but it is now a lifeline for us both."

Staff understood their role and also understood the structure of the organisation and the responsibilities of others, such as the registered manager and the chief executive. Staff said there was clear visible leadership by the registered manager who they met with weekly. The registered manager understood that they were required to submit information to the Care Quality Commission (CQC) when reportable incidents had occurred. For example, if a person had died or had an accident. There had not been any notifiable incidents since the last inspection.

The registered manager had built active links and relationships with organisations within the local community. They had recently secured funding with the clinical commissioning group (CCG), to offer people a 'home and settle service'. This was for people who were being discharged from hospital, returning back to their home. A member of staff would meet them from the hospital, take them to their home and ensure they had everything they required such as, food and utilities. The registered manager had also developed various social groups within the local community which were called 'event hubs'. These provided people with an opportunity to meet other people, socialise and take part in activities such as an exercise class. The registered manager told us that these had been developed in areas which people had found it difficult to access local transport.

At the last inspection we made a recommendation that the agency actively sought the views of people using both services. At this inspection the registered manager had developed an annual questionnaire which had been sent out to people using the bathing and foot care service. Results from the 2017 foot service questionnaire showed people were 'extremely happy' with the service they received and would recommend the agency to others. One person commented that parking to use the foot care clinic at the registered office was difficult. The registered manager contacted this person and arranged for them to visit another local clinic which had additional parking. The results from the bathing service questionnaire had not been formally collated; however, feedback was positive with people being very happy with the service they received.

Systems were in place to monitor the quality of the service being provided to people. Feedback was actively sought from people using the service and acted on. The provider had recently developed a 'steering group'; this gave registered managers from across the organisation an opportunity to meet on a regular basis. The registered manager told us these meetings enabled people to share good practise, discuss any changes in

legislation and develop any tools people felt were required. An annual provider quality audit had also been scheduled for 2017.