

Age UK Medway

Age UK Faversham and Sittingbourne (Formerly Age Concern Faversham)

Inspection report







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11 July 2019

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Ratings

Overall rating for this service	Good 
Is the service safe?	Good 
Is the service effective?	Requires Improvement 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Good 

Summary of findings

Overall summary

About the service

Age UK, Faversham and Sittingbourne is a domiciliary care agency. It provides personal care to adults living in their own houses and flats in the community. At the time of the inspection the agency was supporting 73 people with personal care. All of the people supported by the service were over 50 and had a range of needs including living with dementia, mental health needs and physical disabilities. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service did not always support this practice. People's care plans did not record when people's capacity had been assessed or why relatives were giving consent for care. The registered manager did make changes to documents after our inspection to address this. People's care plans did not always detail how to reassure people who could become anxious. People's needs were assessed and support took into account their preferences and needs. People were supported to stay healthy and have access to health professionals when required. When people were supported to eat and drink, staff supported them to have food they liked.

People and their loved ones told us they were supported by kind and compassionate staff. People had consistent staff who knew them well and used their knowledge of people to tailor their support. People were encouraged to be part of planning their care. Staff treated people with dignity and respect, recognising when people were uncomfortable with requiring support.

People received person-centred care which was designed around their needs and preferences. People were supported to access community events and local day services to prevent them become isolated. Complaints were dealt with in line with the providers policy and documents were available in large print when required. Staff worked closely with the local hospice to enable people to stay at home until the end of their lives.

People were supported by staff who understood their responsibilities in relation to safeguarding people from abuse. Risks to people were assessed and guidance was in place for staff to reduce risks. People's medicines were managed safely and an online care planning system gave good over sight of medicines administration. Staff understood the need for infection control and used equipment such as gloves when required. Accidents and incidents were reviewed for learning.

People, their loved ones and staff told us the management team were supportive and approachable. The registered manager was aware of their regulatory responsibilities and had informed other agencies of events as required. People, loved ones and staff had been asked their views on the service and action was taken to address any shortfalls. The provider had a culture of continued learning and improvement, they offered forums and conferences to support this. Staff worked closely with other agencies to meet people's needs

and enable them to stay in their homes.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 10/10/2018 and this is the first inspection.

The last rating for this service was Good (published 03 March 2016). Since this rating was awarded the registered provider of the service has changed. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected

This was a planned inspection based on the date of registration.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.
Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.
Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.
Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.
Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.
Details are in our well-Led findings below.

Good ●

Age UK Faversham and Sittingbourne (Formerly Age Concern Faversham)

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave a short period notice of the inspection because some of the people using it could not consent to a home visit from an inspector. This meant that we had to arrange for a 'best interests' decision about this.

Inspection activity started on 9 July 2019 and ended on 11 July 2019. We visited the office location on 9 July 2019.

What we did before the inspection

We reviewed information we had received about the service since the last new registration. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection-

We visited two people and a relative of someone who used the service in their own homes. We also spoke to one person by phone. We spoke to the registered manager, service manager and two team leaders. We spoke to four carers by phone.

We reviewed six people's care plans and associated documents. We looked at three staff files and a variety of records relating to the management of the service including audits.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff understood their responsibilities in relation to keeping people safe from abuse. Staff could tell us about the types of abuse they may see and the actions they would take.
- The management team worked with the local authority safeguarding team to discuss any concerns and to keep people safe.

Assessing risk, safety monitoring and management

- Risks to people were assessed and plans were in place to reduce risks to people.
- Risk assessments were detailed and gave staff step by step guidance about how to support people safely. For example, risk assessments about supporting people to move stated the equipment to be used and how to use it.
- Risks relating to people's homes were also assessed and gave staff details of any risks such as pets or areas where they may slip or trip.

Staffing and recruitment

- The management team only took on new care packages if there were enough staff to cover them. Sickness and annual leave were covered by other members of the team and office staff.
- Staff were recruited safely using a robust process which included references from past employers and checks of criminal histories to ensure staff were suitable for their role.

Using medicines safely

- People were encouraged to manage their own medicines when possible. Other people's medicines were managed by family members. People's care plans detailed the medicines they were taking so staff could support in an emergency.
- When staff supported people to take their medicines there was clear guidance for staff about how and when people should be given their medicines. There were body charts in place to show staff where to apply topical creams.
- Staff recorded when they had administered medicines on the online care planning system. The management team would be alerted if this was not completed and took action immediately.

Preventing and controlling infection

- Staff had access to personal protective equipment (PPE) such as gloves and aprons and people told us they always used these when supporting them.

- Staff understood the need for infection control and described how they reduced the risks by washing their hands between visits and using fresh PPE for each person.

Learning lessons when things go wrong

- Accidents and incidents were reviewed for themes or learning. The outcome was then shared with staff.
- Office staff could update information or send alerts to staff immediately through the online care planning system which staff could view on their mobile phones.

Is the service effective?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- Mental capacity assessments were carried out by staff however, these were not recorded in people's care plans. Consent forms were signed by people's relatives, there were no records to show why the person could not sign themselves and if the relative had the legal right to sign for them. This is an area for improvement.
- After the inspection the registered manager sent us an updated consent form which recorded details of why relatives were signing and told us these would be used moving forward. They also told us they would review the documentation for those they were already supporting.
- Staff understood the principles of the MCA and people told us they were always asked for consent. One relative told us, "They respect my loved one's choices. They will try to encourage them to do things but if they refuse the staff go along with their wishes."
- When people lacked capacity, records showed that decisions had been made in their best interest and with the involvement of relatives or professionals as appropriate.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- When people were living with conditions such as dementia this may cause some people to become anxious or confused the guidance in their care plan was generic. Care plans stated staff should reassure people but did not say how. The staff we spoke to all knew how to reassure the people they supported but this was not recorded. There was a risk that new staff would not have the information they needed to support people consistently if they were upset or anxious. This is an area for improvement.
- People were supported to access health care professionals when required. Staff monitored people's

health and encouraged them to seek medical advice if they were concerned.

- When people were living with long term health conditions such as diabetes there was information for staff about how the condition impacted the person. There was also guidance about the range of acceptable blood sugar levels, signs that a person's sugar may be too high or low and how to respond.
- When people went into hospital or worked with other health professionals, when agreed by the person staff shared appropriate information to help people get the right treatment and support.

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

- People's needs were assessed using a comprehensive assessment which took into account their needs and preferences.
- The assessment also recorded people's protected characteristics such as sexuality and religion and the support required in these areas.

Staff support: induction, training, skills and experience

- People were supported by staff who had the skills and support to carry out their role. One relative told us, "They certainly know what they are doing, I completely trust them with my loved one as staff know exactly what they need."
- Staff completed an induction which included training and working alongside experienced staff. The management team checked on people's knowledge and competency before confirming they had completed their probation.
- Staff completed a range of training courses, both on core subjects and related to the needs of people they supported. One staff member told us, "We are always doing training, the office always remind us if any is due and we get it done. It is important to be up to date."

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

- When people were supported to eat and drink there was clear guidance for staff about the support they needed and their preferences.
- If staff were concerned about a person's weight loss or lack of appetite, an alert was placed on their care plan. This allowed the office to monitor their intake and support the person to access a health professional if required.

Is the service caring?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us that the staff who supported them were kind, compassionate and caring. People were supported by a regular team of staff and they told us this helped them to get to know staff and feel more comfortable with them.
- The office staff tried to match people to staff who had the right skills and similar interests. They told us this helped people to build relationships more quickly with staff.
- One relative told us, "My loved one is quite a shy and quiet person, but the staff always have them laughing it is lovely to hear."
- One person needed hospital treatment during a period of bad weather. Staff dug out the person's drive way to allow the ambulance park and reach the person more easily. The person's loved one told us this made a big difference to them.

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

- People and their loved ones were involved in planning their care.
- People told us that staff supported them the way they wanted and always checked if they were happy with the support or needed anything else.
- One person told us, "I can change my visits if I need to and they do their best to do what I need."

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us that staff treated them with dignity and respect.
- One relative told us, "My loved one is a very private person who struggled with people helping them wash etc. The staff were very patient and completely understood how they were feeling. It helped them to accept the help they needed."
- People's care plans detailed how much people could do for themselves and when they needed support. Staff told us they tried to encourage people to remain as independent as possible.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received care in the way they preferred, and which met their needs.
- People's care plans gave information about their life history and who was important to them. They also gave staff guidance about how people wanted to be supported.
- The new online care planning system enabled information about any changes in people's care needs to be made straight away. An alert could be sent to staff who could read the changes before providing support.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People could access documents in larger print if required.
- The registered manager told us they had not had information requested in any other format, but they would adapt documents if required.

Supporting people to develop and maintain relationships to avoid social isolation

- People could access a minibus owned by the provider and staff used this to support people to access local activities or trips.
- Staff kept up to date with local events and informed people about them. They also signposted them to other services which the provider had such as local day centres or meal delivery services.

Improving care quality in response to complaints or concerns

- One complaint had been received since the change in registration. This had been responded to in line with the providers policy and to the satisfaction of the complainant.
- People and their loved ones told us they knew how to complain and felt confident any concerns would be addressed.

End of life care and support

- People could be supported to stay at home at the end of their life. Staff worked closely with the local hospice to ensure they met people's needs.
- People's care plans gave details of their wishes for end of life care.

- One person who had been supported by the service for a number of years was admitted to a hospice. They wanted to spend the Christmas period at home with their family. Staff and the hospice team worked together to plan support to allow the person to have their wish. The person was supported at home for Christmas then returned to the hospice.

Is the service well-led?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People told us the management team were accessible, approachable and always listened.
- Staff told us they felt supported and able to ask for advice or support at any time. Staff were encouraged to give their ideas and suggestions in team meetings.
- There was a shared vision and set of values which focussed on people receiving high quality care.

How the provider understands and acts on the duty of candour; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager and provider understood their responsibilities in relation to duty of candour and were open and transparent about any mistakes made and their learning.
- People and staff were clear about the structure of the service. The registered manager also managed another service owned by the provider. The day to day management of the service was carried out by a service manager.
- The management team were aware of their regulatory responsibilities and had informed CQC of any notifiable events.
- Regular audits were completed of the service. These included regular spot checks of staff and meeting with people to get their feedback on staff's performance. Actions were taken to address any shortfalls identified.
- The new online care planning system gave office staff the ability to check if all assigned care tasks had been completed. If any task was not completed staff were required to record why and this was followed up by the management team.

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

- Annual surveys were completed for people who used the service and staff.
- The feedback was mostly positive, and any issues raised were addressed. A report of the outcomes and any actions taken as a result was shared with people and staff.
- Twice a year the provider sent people a magazine with updates on good practice and changes at the service. This also reminded people of contact details and who to contact if they had any concerns.

Continuous learning and improving care

- The registered manager attended forums and conferences arranged by the provider. These covered a range of subjects such as changes in legislation, good practice and supporting people who identify as LGBTQ+. (Lesbian, gay, bi-sexual, transgender and queer.) This information was shared with staff via team meetings.
- Learning from the providers other services was shared to drive improvement.

Working in partnership with others

- Staff worked closely with community health professionals such as physiotherapists, speech and language therapists and district nurses to meet people's needs.
- The management team also worked with occupational therapists to access equipment people needed to remain in their own homes.