

Age Concern Bromley

# Age UK Bromley & Greenwich

## Inspection report

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## Ratings

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

# Summary of findings

## Overall summary

### About the service

Age UK Bromley and Greenwich is a domiciliary care agency that provides foot nail clipping and some fingernail clipping services to older adults, who live in the community. This is to support those who are unable to deal with these tasks themselves and to help them stay active and independent. It can be of particular benefit to those suffering from mild to moderate Diabetes. 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. At the time of the inspection there were 1050 people using the service.

Age UK Bromley and Greenwich also provides a Sitting Service which supports people for the first 24 hours after discharge from hospital and focuses on providing personal care and recuperation assistance to enable people to regain their confidence and independence in their home environment and prevent readmission to hospital. At the time of the inspection there were no people using this service.

### People's experience of using this service

Risks to people were not assessed and there was no guidance in place for staff to reduce potential risks. There was a system to manage accidents and incidents which was not effective. Assessments were not carried out prior to people joining the service to ensure that the service could meet their needs. Staff were not supported through training and supervisions. People were not involved in planning their care and support needs. The provider's quality monitoring systems were not effective. Internal audits either did not identify the issues we found at this inspection or where issues were picked up by audits, remedial action was not taken to drive improvements.

People said they felt safe. There were appropriate safeguarding systems in place to protect people from the risk of abuse. People were protected against the risk of infection. Sufficient numbers of suitably skilled staff were deployed to meet people's needs. The service was not responsible for any aspect of supporting people with medicines.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. The service was not responsible for any aspect of supporting people with nutrition or hydration or end of life care. There was a complaints system in place to manage people concerns.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Rating at last inspection and update

This service was registered with us on 9 October 2018 and this is the first inspection.

### Why we inspected

This inspection was part of our routine scheduled plan of visiting services to check the safety and quality of the care people received.

### Enforcement

We found five breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to person-centred care, dignity and respect, safe care and treatment, consent and good governance.

Please see the action we have told the provider to take at the end of this report. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

### Follow up:

We will ask the provider to complete an action plan to show what they will do and by when to improve to at least good. We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner. We will also meet with the provider.

### Special Measures

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it. And it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Inadequate** ●

The service was not safe.

Details are in our safe findings below.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

Details are in our effective findings below.

### Is the service caring?

**Requires Improvement** ●

The service was caring.

Details are in our caring findings below

### Is the service responsive?

**Requires Improvement** ●

The service was not always responsive.

Details are in our responsive findings below.

### Is the service well-led?

**Inadequate** ●

The service was not well-led.

Details are in our well-led findings below.

# Age UK Bromley & Greenwich

## **Detailed findings**

### Background to this inspection

#### The 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.

#### Inspection team

One inspector and four Assistant Inspectors carried out this inspection.

#### Service and service type

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

The service had a manager in place, who had applied to be the registered manager. This means that presently the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection site visit took place on 09 September 2019 and was announced. We gave the service seven days-notice of the inspection. This was because we needed to be sure that the provider or manager would be in the office to support the inspection.

#### What we did before the inspection

We reviewed information we had received about the provider. We used this information to plan our inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the

service does well and improvements they plan to make.

#### During the inspection

We spoke with 22 people to seek their views about the service. We spoke with the manager and four care staff. We reviewed records, including the care records of 10 people using the service, and the recruitment files and training records for four staff members. We also looked at records related to the management of the service such as quality audits, accident and incident records, and policies and procedures.

# Is the service safe?

## Our findings

Safe – this means people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. At this inspection this key question was rated Inadequate. This meant people were not safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- Risks to people had not been assessed in areas including diabetes, falls and communication to ensure that their care and support were managed safely.
- There were no risk management plans in place to guide staff on how to minimise any risks. For example, the manager told us there were multiple people who lived with diabetes, We looked at one person's care file who was identified as living with diabetes, there was no guidance for staff on what to do should the person become unwell. Another example, out of the ten people's whose files we reviewed, eight were at risk of falls, while supporting people staff were supporting people to sit in their chairs prior to having their nails cut, no falls risk assessment had been carried out for any of these eight people and there were no risk management plans in place to guide staff on how to minimise the risk of falls.

### Learning lessons when things go wrong

- There were systems in place for monitoring, recording and reporting accidents and incidents. The manager told us that if there were any incidents and accidents staff were required to report and log this matter. The manager told us there had not been any accidents or incidents since the service was registered. However, staff we spoke to told us that there had been occasions when people's skin was cut. One staff member said, "At times when we cut people's nails, we may cut their skin which could lead to bleeding. We wipe the blood away and put a bandage around the cut. Any severe cut, we will notify the office." We did not see any of these types of incidents documented using the provider's accidents and incidents system, including what happened and the action taken. The manager told us that staff did inform them of any accidents and incidents, however these had not been logged to date and going forward this would be done.

Systems in place were either not in place or robust enough to demonstrate care and treatment would be provided in a safe way as risks were not assessed. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection, the manager told us that required risk assessments assessments had been put in place and staff had completed training on how to complete accidents and incident forms.

### Preventing and controlling infection

- People were protected from the spread of infection. There were systems in place to manage and prevent infection. There were policies and procedures in place which provided staff with guidance.
- Staff followed safe infection control practices by wearing masks, aprons and gloves when supporting people.

Systems and processes to safeguard people from the risk of abuse.

- There were appropriate systems in place to safeguard people from the risk of abuse. Staff knew the types of abuse that could occur, what to look out for and the process to follow for reporting any allegations. One staff member said, "I would report concerns to the office."
- People told us that they felt safe. One person said, "Yes I feel safe as the same staff come each time."

Staffing and recruitment

- Appropriate recruitment checks took place before staff started work. Staff files contained completed application forms which included details of their employment history and qualifications. Each file also contained evidence confirming references had been sought, proof of identity reviewed, and criminal record checks undertaken for each staff member.
- People told us that staff attended scheduled calls on time. One person said, "Staff are always on time and actually they are very good."
- If staff knew they were going to be late they were expected to call the people directly. If they could not get in touch with people, they were required to inform the office as soon as possible and the office staff would get in touch with the person they were due to support.
- The manager told us there had been no missed calls. One person said, "Staff have never missed any calls."

Using medicines safely

- The service did not administer any medicines.



# Is the service effective?

## Our findings

Effective – this means 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. At this inspection this key question was rated Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People's needs were not assessed before they started to use the service. This included people's nail care needs, falls and other health conditions. For example, one person had been identified as having Parkinson's disease, however there was no risk management in place. This meant that staff may not know what adjustments to make when supporting the person to have their nails cut or what to do if the person became ill.

People's needs were not adequately assessed to meet their needs and care was not always delivered in line with legislation and national guidance. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience

- Staff were not supported through regular supervisions three-monthly in line with the provider's supervision policy. For example, one staff member had been employed since April 2018 and had not received any formal supervisions. Another staff member also employed since April 2018 had only received one supervision in April 2019.
- Training records were not up to date and there were not always records in place to show that staff had completed an induction, shadowing more experienced staff members and training considered mandatory by the provider. This included, safeguarding, dementia, first aid, moving and handling and health and safety. This meant the provider could not be assured that staff had the knowledge and skills to carry out their roles competently. The manager said that staff were provided with training but there was not an up to date record of the training that had taken place.
- People told us that staff did not always have the skills and knowledge to support them with their individual needs. One person said, "[Staff] don't always have the skills. Takes [staff] 3 or 4 visits to understand my needs" and "The training is not person-centred."

Failure to provide suitably qualified staff is a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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. In domiciliary services any applications to deprive someone of their liberty must be made through the Court of Protection.

- The manager told us that they did not support people if they did not sign a consent form regarding clipping their nails. However, we did not see signed consent forms for all people on the electronic care file system.
- People told us that they had not always been asked to sign a consent form and/or staff did not always ask for their consent or explain what they were going to do before supporting them. One person said, "[Staff] brings the stool and gets on with the job." Another person said, "No, they don't really explain, [staff] just come in and start." A third person, said, "No, never had a consent form to sign."

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager told us the people they currently supported had capacity to make decisions about their own care and treatment. However, if they had any concerns regarding a person's ability to decide they would work with the person and their relatives, if appropriate, and any relevant health care professionals to ensure appropriate capacity assessments were undertaken. They said if someone did not have the capacity to make decisions about their care, their family members and health care professionals would be involved in making decisions on their behalf and in their 'best interests' in line with the Mental Capacity Act 2005.
- The service had not carried out any capacity applications as none were needed at the time of this inspection.

Supporting people to live healthier lives, access healthcare services and support; Staff providing consistent, effective, timely care within and across organisations

- The service did not refer people to other healthcare services. However, the manager told us if people became unwell staff would call their GP or emergency services.

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

- The service did not support people to eat and drink.

# Is the service caring?

## Our findings

Caring – this means 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 requires improvement. 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

- During this inspection, we identified a large number of concerns and a failure to ensure the service was compliant with regulations. Therefore, we cannot be assured that the provider and registered manager acted in a wholly caring manner by ensuring people always received good quality, safe and effective support that met all their needs. The provider has assured us that all staff are fully committed to making the necessary improvements to the service.
- Although the manager told us that they did not have anyone with any diverse needs, they could not provide assurances of this or that staff had received equality and diversity training. This meant that staff may not always know how to respond to people's equality and diversity needs and ensure that that they could support people with these needs if required.
- People told us staff were kind and caring and treated them well. One person said, "Staff are very kind." Another person said, "Yes staff are kind, I think they are very good."

Respecting and promoting people's privacy, dignity and independence

- People told us that their privacy and dignity was respected. One person said, "My privacy and dignity are not compromised as I just have to take my shoes and socks off."
- People's information was kept confidential by being electronically stored on the provider's computer system. Only authorised staff had access to people's care files and electronic records.

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

- People were given information in the form of a 'service user guide' prior to joining the service. This guide detailed the standard of care people could expect and the services provided. The service user guide also included the complaints policy, this meant people had a clear understanding of how to complain if they wished to.

# 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. At this inspection this key question was rated Requires Improvement. This meant people's needs were not always met.

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

- People were not always having their nails cut safely.
- Care plans were not regularly reviewed.
- There was a lack of information about people's health conditions and how this may affect having their nails cut as well as there being no guidance for staff should people become unwell.
- People told us that they were not involved in planning their care and did not have a care plan in place.' . One person said, "No I don't have a care plan with the service." Another person said, "No I don't have a care plan."
- Care files did not always include individual care plans addressing a range of needs such as falls, moving and handling and communication.
- Care files did not include information about people's lives, preferences and all the medical conditions. One staff member said, "We also need to find out a little bit more about the clients. For example, do they have pets, if they have dementia or any physical illness."

This was a breach of Regulation 9 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People had a personal profile in place, which included important information about the person such as date of birth, gender, religion and next of kin details.

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's care plans did not contain information which showed the language they spoke, what their communication needs were and how staff should communicate with them.
- The manager told us that there was no-one who needed information in another format. However, they could not assure themselves that this was the case if the information about people's communication needs were not documented.

Improving care quality in response to complaints or concerns

- The provider had a system in place to handle complaints effectively. The manager told us they had not received any complaints, however if they did, they would log them and investigate in a timely manner. People said they knew how to make a complaint, but never had the need to do so. One person said, "I've got no complaints."

End of life care and support

- The service did not support people receiving end of life care.

# Is the service well-led?

## Our findings

Well-Led – this means 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. At this inspection this key question was rated Inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a manager in place who had applied to be the registered manager. However, they were not always knowledgeable about the requirements of being a registered manager and their responsibilities with regard to the Health and Social Care Act 2008. For example, that care and support cannot be provided without an assessment of people's needs before they joined the service and risk assessments and management plans were required to ensure the service could meet people's needs effectively.
- The governance of the service was not effective or robust and this was evidenced by the nature of the breaches of the regulations we identified at this inspection. The widespread and significant risk of impact these demonstrated a failure of leadership and governance at the service at manager and provider level.
- The provider was not aware of the majority of the concerns we raised during the inspection as they did not maintain oversight of the service.
- Records were not completed fully and accurately. For example, diabetes risk assessments had not been carried out to ensure people were receiving appropriate support when having their nails clipped in relation to their health condition. Assessments were not carried out to ensure the service could meet people's needs. This meant that we were unable to confirm if people were receiving safe care.
- There was no system in place to provide an overview of staff training and supervisions to ensure they were able to fulfil their roles adequately. The manager confirmed that they had not carried out supervisions in line with their internal policy.

Failure to assess, monitor and improve quality and safety of people is a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Continuous learning and improving care

- There was a lack of learning at the service, which meant that care was not being improved in response to learning. For example, when people suffered minor cuts from the nail clipping service these were not documented and there was no action plan on how the provider was going to rectify these issues, which included communicating issues to staff to drive improvements.
- Records showed effective audits were not carried out by management to identify any shortfalls in the

quality of care provided to people. These included care plans, risk assessments, spot checks.

Failure to assess, monitor and improve quality and safety of people is a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People were positive about the provider. One person said, "The registered manager seems pleasant."
- Staff told us that although they did not receive regular supervisions the registered manager was supportive and approachable and had an open-door policy should they have any concerns they wanted to discuss.

Engaging and involving people using the service, the public and staff

- People's feedback about the service had not been obtained, so that the provider could analyse the feedback and drive improvements where necessary.
- Staff attended regular team meetings. Minutes from the last meeting in June 2019 showed areas discussed included policies and procedures and communication. One staff member said, "I attend staff meetings, we can talk about issues, concerns."

Working in partnership with others

- The service received referrals from key organisations, such as the podiatrist or GPs.

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 9 HSCA RA Regulations 2014 Person-centred care  People did not receive person-centred care. People were not involved in planning their care needs. Care plans were not regularly reviewed. There was a lack of information about people's lives, preferences and health needs.  Regulation 9 - Person Centred Care
Regulated activity	Regulation
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent  Failure to work within the principles of the Mental Capacity Act  Regulation 11 - Consent
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  Staff training was not up to date. Staff were not supported through supervisions.  Regulation 18 - Staffing



This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Assessments of people's needs were not carried out before they joined the service. Risk assessments were not carried out and there were no risk management plans in place. Accidents and incidents were not recorded and investigated and learning was not disseminated.</p> <p>Regulation 12(1)(2)(b)</p>

### The enforcement action we took:

We issued a warning notice and require the provider to become compliant with the regulations.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not have effective systems in place to assess, monitor and improve the quality and safety of the service.</p> <p>Regulation 17(1)(2)(b)</p>

### The enforcement action we took:

We issued a warning notice and require the provider to become compliant with the regulations.