

Age UK North West Kent

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Inspection report

The Fleming Resource Centre
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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

We carried out an inspection of Age UK North West Kent on 16 August 2016. This was an announced inspection where we gave the service 48 hours' notice because we needed to ensure someone would be available to speak with us.

Age UK North West Kent is a domiciliary care service for people that receive extra care in their own home. At the time of our inspection there were 63 people who received personal care from the agency.

The service had 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.

People were protected from abuse and avoidable harm. People and relatives told us they were happy with the support people received from the service. Staff member knew how to report alleged abuse and were able to describe the different types of abuse. Staff knew how to 'whistle blow'. Whistleblowing is when someone who works for an employer raises a concern about a potential risk of harm to people who use the service.

People and relatives told us they had no concerns with staffing levels and there had been no missed visits. Systems were in place to monitor staff punctuality and attendance.

Risk assessments were recorded and plans were in place to minimise risks. Risk of falls had been identified but assessments had not been carried out to mitigate the risk of falls when staff provided personal care to people. Staff were aware on how to support people that may be at risk of falls. We have made a recommendation that assessments are carried out to minimise the risk of falls when staff provide personal care to people.

People were supported by suitably qualified and experienced staff. Recruitment and selection procedures were in place and being followed. Checks had been undertaken to ensure staff were suitable for the role. Staff members were suitably trained to carry out their duties and knew their responsibilities to keep people safe and meet people's needs.

Staff received appraisals. One to one supervisions with staff had not been carried out regularly. Regular spot checks had not been carried out to identify areas of best practise and improvement. Staff told us they were supported by management.

People were supported to plan their support and they received a service that was based on their personal needs and wishes. People were involved in the planning of their care and the care plan was then signed by people to ensure they were happy with the care listed on the care plan. Care plans were regularly reviewed.

Quality questionnaires were completed by people about the service, which we saw were positive.

MCA training had not been provided to all staff. Not all staff we spoke with were able to tell us the principles of the MCA. However, staff told us they always sought consent when providing support and people confirmed this.

There was a formal complaints procedure. People were aware of how to make complaints and staff knew how to respond to complaints in accordance with the service's complaint policy.

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.

Falls risk assessment had not been carried out in full to minimise the risk of falls when staff provided personal care to people. Staff were aware on what to do to minimise the risk of falls.

People and relatives told us they were happy with the support people received from the service.

People were protected by staff who understood how to identify abuse and who to report to.

Recruitment procedures were in place to ensure staff were fit to undertake their roles and there were sufficient numbers of staff available to meet people's needs.

Is the service effective?

Requires Improvement ●

Some parts of the service were not always effective.

Staff members were trained and had the skills and knowledge to meet people's needs.

Staff did not receive regular one to one supervision. Staff had received appraisals and told us they were supported.

Staff understood people's right to consent. Two staff were not aware of the principles of the Mental Capacity Act 2005. MCA training had not been provided to all staff.

Staff knew how to identify if people were not well and the action to take to protect people.

Is the service caring?

Good ●

The service was caring.

People and relatives told us staff were caring and respected people's privacy and dignity.

Staff had a good knowledge and understanding of people's

backgrounds and preferences.

Is the service responsive?

Good ●

The service was responsive.

Care plans included people's care and support needs and staff followed these plans.

There was a complaint system in place. People knew how to make a complaint and staff were able to tell us how they would respond to complaints.

Is the service well-led?

Good ●

The service was well-led.

The service sought feedback from people through surveys.

Staff meetings were being held.

Staff and people were positive about the registered manager.

Age UK North West Kent

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.

The inspection was carried out on 16 August 2016 and was announced. The inspection was undertaken by a single inspector and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed relevant information that we had about the provider including the Provider Information Return pack, which the service sent us to tell us how they manage the service under the five key lines of enquiries. We also made contact with social and health professionals for any information they had that was relevant to the inspection.

During the inspection we spoke with the registered manager and two staff. We also looked at six care plans, which consisted of people receiving personal care in their own home. We reviewed five staff files and looked at documents linked to the day to day running of the agency including a range of policies and procedures.

We also looked at other documents held at the service such as quality assurance documents, risk assessments and staff meeting minutes.

After the inspection we spoke with 18 people, six relatives and two staff members.

Is the service safe?

Our findings

People and their relatives told us they were happy with the support they received from Age UK North West Kent. A person told us, "I do feel safe" and another person commented, "I do feel safe, they [staff] are exceptionally lovely. I am grateful to them."

Staff and the registered manager were aware of their responsibilities in relation to safeguarding people. Staff had undertaken training in understanding and preventing abuse. Staff members were able to explain what abuse was and who to report abuse to. Staff also understood how to whistle blow and knew they could report to outside organisations such as the Care Quality Commission (CQC) and the local authority.

We looked at the provider's safeguarding procedure, which provided clear and detailed information on types and signs of abuse and how to report allegations of abuse.

People told us that staff were reliable and turned up on time and the support they received was what they expected. They told us that staff always stayed for the expected time and made sure that they were happy before leaving. One relative commented "No concerns at all they (agency) are fine. They never miss a visit, if there is a problem they will ring me." The staff we spoke with were able to tell us about people's needs and told us that the care plans reflected the care they provided. There were systems in place for staff to alert the service if they were going to be late or not able to come into work. This enabled alternative arrangements to be quickly made to ensure that the required support could be provided. The registered manager told us that if emergency cover was needed, then staff were available to provide cover. A person told us, "There are no missed visits, odd times there is sick leave, and they've told me and sent someone else. They are very good like that and timekeeping is very good." Another person commented, "They always come; I don't know what time but they are very good and they never let you down" and another person told us, "They turn up on time, no missed visits, they have been faultless." One staff told us, "There is enough staff." Staff had to complete a log sheet detailing the time of arrival and departure listing the activities that were carried out, which they had to submit to the registered manager.

The provider should note that out of the 18 people we spoke to three people raised concerns with the service not providing personal care over the bank holidays. One person told us, "The bank holiday does disrupt /affect the service and I do miss a bath. It's a good service but it's a shame about the bank holidays." The registered manager told us after the inspection that the local authority do not commission Age UK North West Kent to provide a service on weekends or bank holidays. However, people were advised of this at the start of the service and prior to the bank holidays and are offered an alternative day for the visit.

Risk assessments were undertaken with people to identify any risks and provided clear information and guidance for staff to keep people safe such as bath and premises risk assessments. The risk assessments detailed if the bath was safe to use, accessible and if there were items such as non-slip mats. The service had identified if people were at risk of falls. We found four people were at risk of falls and clear guidance had not been provided to mitigate the risk of people falling when staff provided personal care. Records showed that some people were assessed to be unsteady on their feet and unable to bend forward when mobile. A

detailed risk assessment had not been completed to minimise the risk of falls to these people when receiving personal care. The registered manager informed us that a falls risk assessment would be completed for people at risk of falls. When we spoke to staff they informed us that the people that received personal care had not had falls. People and relatives confirmed this. Staff were aware on how to minimise the risk of falls such as using non-slip mats and ensuring that two members of staff were always providing personal care and ensuring that people at risk of falls were supervised and supported to minimise the risk of falls. People and relatives told us that they felt safe around staff, a person commented, "They use a range of equipment to help keep safe when having a bath" and a relative commented, "They handle [the person] very well, [the person] has balance problems and they are well trained and know exactly what to do. [The person] is safe with them and I trust them completely."

We recommend that falls risk assessment is carried out for people at risk of falls to minimise the risk of falls when staff provide personal care.

Records showed the service collected references from previous employers, proof of identity, criminal record checks and information about the experience and skills of the staff. The registered manager told us staff members do not commence employment until pre-employment checks had been completed. This corresponded with the start date recorded on the staff files.

The service did not support people with medicines. People, relatives and staff we spoke to confirmed this.

Is the service effective?

Our findings

People and relatives felt that staff had the skills and knowledge to meet people's needs effectively. One relative said, "Staff are well trained." One person told us, "The carers are well trained" and another person commented, "The carers were so enjoyable to work with, I can't fault them at all. So pleasant they are excellent."

Staff told us that they received induction training when they started working at the service and records confirmed this. Staff confirmed that the induction training was useful and covered important aspects in health and safety, infection control, communication and moving and handling.

Records showed that staff had undertaken mandatory training, which included first aid, people handling, health and safety and infection control. The service had systems in place to keep track of which training staff had completed and future training needs. Staff told us that they had easy access to training and had received regular training. One staff told us that they were currently completing their NVQ level two and will be progressing on to NVQ level three in adult social care.

Appraisals had been carried out with staff, which was scheduled annually. Staff told us that they received support from management. A staff member told us, "We are always supported" and another staff commented, "[Registered manager] is very supportive, a good listener." Records showed that individual one-to-one supervisions had not been carried out regularly. Out of the seven staff employed by the service to provide personal care, only two staff had received recent supervision. We did not see records that showed spot checks were being carried out to identify best practises and area's that may require improvements. We fed this back to the registered manager who told us that regular supervisions and spot checks will be carried out this year and the findings of the spot checks will be tied in with the supervisions.

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.

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

Three staff had received MCA training on 2013 and one staff had received training on 2014. The remaining three staff had not received MCA training. Two staff we spoke with were not able to tell us the principles of the MCA. The registered manager told us that MCA training will be arranged for staff.

The staff told us that they always asked for consent before providing personal care and if people refused then this was respected. People and relatives confirmed that staff asked for consent before proceeding with care or treatment.

The service did not support people in preparing meals at their home.

People's care plans listed details of health professionals such as GP and included their current health condition. Staff we spoke with were able to tell us how they would identify if someone was not feeling well such as a change in their behaviour, communication and body language. Staff told us depending on the situation they would report to family members or to management and in serious situations would call a doctor or ambulance. People and relatives told us they had confidence that staff were able to identify if people were not well. A relative told us, "They [staff] say if they think my relative has deteriorated; if they are not so good or whatever." Another relative told us that their family member was unwell and commented, "We had a bit of a problem last week, and the carers were brilliant with [the person]. They talked things through with [the person] and explained what they were going to do."

Is the service caring?

Our findings

The people and relatives that we spoke with were happy with the staff and spoke positively about their relationship with them. They told us that staff were caring and treated people as individuals, taking time to have meaningful conversations. One person told us, "I am lively and they talk to me. We have a good rapport" and another person commented, "I can't fault the carers they come in the morning. I like their attitude and conversation and what they are prepared to do. It couldn't be better even if they were my own children. I greatly appreciate their care." A relative told us "Staff are well trained and very sociable and friendly. They always seem to be happy" The staff we talked with spoke fondly of the people that they provided support to and told us they built good relationship with people through empathy, re-assurance and trust.

Staff demonstrated a detailed knowledge of people as individuals and knew what their personal likes and dislikes were. Staff members were able to tell us the background of people and the support they required. They told us they always encouraged people to do as much as they could to promote independence. One staff member told us, "I make them able to support their way of life such as get them [people] to do their own buttons."

Care plans included information on what people would need support with. People's needs were reviewed regularly and care was planned and delivered in line with their individual care plan. People and relatives told us that people were able to make their own choices about what to do.

Staff told us that they respected people's privacy and dignity. A relative told us when asked if people's privacy and dignity was respected, "[The person] seems to have taken to them so well there are no problems at all." Staff told us that, when providing particular support or treatment, it was done in private. One staff member commented, "I make sure that when people bath that it is done in private and the blind is shut. People and relatives told us that staff treated people with respect and with dignity when providing personal care.

Staff gave us examples of how they maintained people's dignity and privacy not just in relation to personal care but also in relation to sharing personal information. Staff understood that personal information about people should not be shared with others and that maintaining people's privacy when giving personal care was vital in protecting people's dignity.

The service had an equality and diversity policy. Religious beliefs were discussed with people. Their preferences were recorded in care plans. Staff understood that racism, homophobia, transphobia or ageism were forms of abuse. They told us people should not be discriminated against their race, gender, age and sexual orientation and all people were treated equally. People and relatives we spoke with had no concerns about staff approach towards them.

People and relative told us that staff communicated well and took the time to make sure that they were involved in people's care. They felt that staff explained clearly before going ahead and carrying out any care

tasks. People were supported to use their preferred style of communication and these were recorded on care plans for staff to understand how people communicated with their hearing ability. A relative told us, "Communication is very good; they [staff] leave notes in the book. If I have any concerns they pick up on them straight away. The system is good."

Is the service responsive?

Our findings

People received personalised care which was responsive to their needs. A relative told us, "My relative was so against having help and now is quite happy and has accepted the care. This is down to them (staff) and it really helps me." A person told us, "I am by myself and they are cheerful and have a chat and a laugh, I look forward to them coming" and another person told us, "Staff are excellent." Care plans recorded people's preference such as having a bath or a shower and the way people liked to be washed.

All care plans had a personal profile outlining the person's living conditions, religion, support needs, care visits and tasks. There was a 'Pen profile' section for each person providing information on people's background and also included people's interests. These plans provided staff with information so they could respond to people positively and in accordance with their needs.

People's care plans were personalised and person centred to people's needs and preferences. Staff told us they were given enough time to provide person centred care. One staff commented, "We are not rushed." A relative told us, "The carers don't seem to be rushed" and a person commented, "I don't feel rushed and my carer sees things that needs doing and does them for me, she is very nice." Care plans were signed by people to ensure they agreed with the information in their care plan.

Reviews were undertaken regularly with people, which included important details such as people's current circumstance and if there were any issues that needed addressing. Records showed that the service included the people in their reviews.

There was a daily log sheet, which recorded key information about people's daily routines such as the support, provided by staff. Staff told us that the information was used to communicate between shifts on the care people received during each shift.

Complaints had not been received. People and relatives told us that they did not have any complaints about the service and felt they could raise concerns if they needed to. A relative told us, "If I needed to complain I would certainly know what to do. I wouldn't feel anxious" and another relative commented, "I have no concerns whatsoever; they talk to my relative and make [the person] laugh, and talk to [the person] as a person. [The person] looks forward to them coming." The service had a complaints policy and leaflet for people. When we spoke to staff on how they would manage complaints, they told us that they would record the complaint and inform the management team.

We saw the service had received compliments from relatives and people. Comments included, "Mum was really happy with the bathing girls" and "Thank you is not enough for how you all help me."

Is the service well-led?

Our findings

People and relatives told us they were happy with the support provided by the service. A relative commented, "[The person] is quite happy with the service [the person] has been getting." A person told us, "They [Age UK North West Kent] are very very good; I can't fault them" and another person commented, "They are very very good I am pleased." Staff told us they were happy working with the organisation. A staff member told us, "It's a nice job, it's rewarding" and another staff member commented, "I enjoy working for them [Age UK North West UK]."

The provider's aims and objective were to provide good quality care and to improve the quality of life for people to enable people to live as independently as possible. Staff were aware of the aims and objectives of the service and told us that this was communicated in staff meetings and appraisals.

The service had a quality assurance system which included questionnaires for people who received personal care from the service. A relative told us, "We have completed a survey and everything was positive. I am so pleased I went to them (this agency), they have been very good." A person told us, "I definitely think the service is well led. Surveys take place and I am very grateful and pleased with the service. They are excellent." We saw the results of the recent questionnaires, which included questions around staffing, infection control and service. The overall feedback was positive. However, the results of the survey were not being analysed to identify area of improvements to ensure high quality care was always being delivered. The registered manager told us that the results would be analysed and an action plan created to make improvements.

Staff members were positive about the registered manager. One staff member told us, "If you have problems, [registered manager] sorts it" and another staff member commented, "She [registered manager] is good." Staff told us that they were supported in their role, the service was well-led and there was an open culture where they could raise concerns and felt this would be addressed promptly. Staff told us they could speak with the registered manager when they needed to and felt that their comments were listened to.

People and relatives were positive about the registered manager. One person told us, "Yes, the service is well managed. The manager cares for her staff, and she is excellent. Staff are kindness personified." A relative told us, "It is a well-managed service. Anything we have pointed out has been quickly responded to and they have put it right."

Staff meetings took place. At these meetings staff discussed about people that received a service, concerns and policies. Minutes of the staff meeting were available for staff to view, if needed.