

Age Concern Darlington

Age UK Darlington - Bradbury House

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

Age UK Darlington provides personal care, in the form of a bathing service, to older people living in their own homes in the community. Staff also support people with food preparation, shopping and housework. Care and support is co-ordinated from the service's office, which is based at Bradbury House in Darlington. People can choose to use accessible bathing facilities at Bradbury House if they prefer this to bathing in their own home. Other services are delivered by the charity Age UK Darlington from this building which are separate to the regulated service. At the time of our inspection there were 23 people receiving care and support from the service.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection. At this inspection we found the service remained good.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Age UK Darlington on our website at www.cqc.org.uk

There is a registered manager in post who has managed the service since November 2017. This is a different registered manager from when we previously inspected the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the registered provider.

Recruitment processes were robust, which helped the employer make safer recruitment decisions when employing new staff.

There were systems in place to reduce the risk of abuse and staff were confident about reporting concerns.

Personal and environmental risks were assessed to ensure people could be supported in the restrictive way possible; the policies and systems in the service supported this practice. Incidents and accidents were monitored and action was taken to reduce risks.

Staff had undertaken a range of training that met people's needs. Staff were supported to develop their knowledge and skills.

People were supported to lead healthier lives and maintain appropriate diets. This included receiving information about other services which could promote their health and wellbeing.

People told us they found staff caring and that care was delivered in a way that maintained their privacy and dignity. Staff also told us they felt that they worked in a caring and supportive environment where people

were respected.

We found the service had a strong focus on supporting people to be as independent as possible and policies and practices supported this.

People's needs had been assessed before their care package started and, where possible, they or their relatives had been involved in formulating their care plans. Staff worked with other healthcare professionals to ensure people received a seamless service that met all their needs.

The people we spoke with told us they knew how to raise any concerns and said they felt comfortable doing so. Procedures were in place to record and investigate any concerns or complaints.

People were consulted about their satisfaction with the service and told us they were happy with the services being provided. We were told that people using the service and staff had good relationships with the management, who were accessible and approachable.

The management team regularly checked the quality of the service with a view to continuous learning and improvement.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Age UK Darlington - Bradbury House

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 registered provider was 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 by one adult social care inspector and included a visit to the Age UK Darlington's office on 13 and 18 June 2018. We gave the service 24 hours' notice of the inspection visit because we needed to make sure key staff were available to assist us with the visit.

To help us to plan the inspection we considered all the information we held about the service. Before the inspection, the registered provider had also completed a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well, and improvements they plan to make. We sent questionnaires to people who used the service and analysed the responses to these to inform this report.

We requested the views of other agencies that worked with the service, such as healthcare professionals and Healthwatch Darlington. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. This service does not contract with the local authority so we did not consult them, however we did speak with staff from a joint health and social care team who signpost people to Age UK Darlington.

We spoke with four people who used the service and one relative over the telephone or in person. The registered manager was not available on the days we visited the service but we spoke with the Integrated Services Manager who was covering the management of the service in the registered manager's absence. We also spoke with the Chief Executive Officer and four of the five care staff employed.

We looked at documentation relating to four people who used the service in detail and at four staff files including; recruitment, training and support documentation. We also looked at documentation and systems that were in place to manage the service. Due to the nature of the service we did not visit people in their homes but we observed staff speaking with people in the office and over the telephone.

Is the service safe?

Our findings

People told us that they felt the services was safe. One person told us, "Yes, I feel safe. I'm frightened I might slip again after I had a fall. [Staff member's name] helps me, I feel quite happy with them."

Risk assessments were carried out to assess the safety of the service, including the safety of equipment and of people's homes. We saw risk assessment and management plans were in place to minimise risks identified while allowing people as much freedom and independence as possible.

Recruitment and selection process continued to be safe. Checks were in place to ensure that new staff were suitable to work vulnerable people and had the right skills and knowledge to carry out their job. Staff had a robust induction that included shadowing experienced staff, meeting people and getting to know their care preferences.

Staff were very conscious of people's safety and how to maintain this. They always wore uniforms and carried identify badges so that people could easily recognised them. Staff checked people's homes for hazards and reported concerns. Staff also told us they ensured people's homes were kept as secure as possible, key safes were used at some houses and staff ensured other people locked their doors after staff left. We saw that equipment and water temperatures were routinely checked to ensure people bathed safely.

Staff told us that they knew how to recognise abuse and felt confident reporting any concerns. They had completed training in safeguarding and whistleblowing and discussed these topics regularly in meetings. There were policies and procedures in place to monitor and learn from safeguarding incidents, however there had been no recent concerns for the service to record.

People told us that they received support for regular carers, who would stay with them for the full time allocated for visits. Visits were monitored with an electronic call monitoring system linked to the staff member's mobile telephones, meaning staff safety and whereabouts could be checked. Travel times were stated on staff rotas meaning staff had sufficient time to get from one person to the next. Staff told us they felt they had enough time to complete required tasks and spend time speaking with people. This showed us that there were sufficient staff whose time was managed well.

The service had policies and procedures in place for the administration of medicines, however, no one currently using the service required these to be administered. People we spoke with confirmed they could manage their medicines without support from care staff.

Procedures were in place to monitor incidents and accidents and to minimise risks to people by looking for trends and patterns.

The service helped to protect people from the risk and spread of infection. Staff told us and records confirmed that staff had completed infection control and prevention training, and confirmed they used

personal protective equipment (PPE) they required. People we spoke with also told us staff used PPE and some told us staff supported them to keep their homes clean and tidy.

Is the service effective?

Our findings

People still received care and support which was delivered in line with current standards and guidance by capable staff. People told us they felt staff knew how to do their jobs and had no concerns about this. One person told us, "I'm happy with the service. They [staff] know their job and they get on with it." Staff told us they felt confident in carrying out their roles and that they had the skills, knowledge and experience they needed. Training records showed that staff had access to appropriate training which was renewed on a regular basis.

Staff received regular one to one support meetings and an annual appraisal of their work performance. They told us they found these sessions useful, but also said they could approach the management team for guidance and support at any time. Direct observations of care had also taken place to check that staff were completing tasks in people's homes correctly.

We saw that assessments detailed the outcomes people wanted to achieve and how staff would support people to achieve these. The service considered current guidance and standards, such as training staff in the Alzheimer's Society's Dementia Friends programme, and used these to improve how the service was delivered.

Staff told us how they supported people to make healthy meal choices and to eat varied and balanced diets. We saw that where staff had identified concerns about people's nutritional intake they had signposted the person to other Age UK Darlington services such as a 'lunch club' or requested the person's permission to make referrals to a dietitian. The 'lunch club' offers people a meal in a café setting, where the person can also be weighed and encouraged to gain weight. Staff had completed training about food hygiene to prepare food safely.

We saw that people were supported to access healthcare professionals when needed and were given advice and support about their general health and wellbeing. We saw examples of where staff had been concerned about people's health and had contacted their GP, with the person's permission.

Accessible bathing facilities were available at Bradbury House which people could choose to access if they did not wish to bathe at home. Bradbury House is an accessible building which had been adapted to meet the needs of people with dementia based on good practice guidance from Stirling University. People could also use the service's bathing equipment, with staff support, so they could continue to bathe safely at home.

The service continued to meet the requirements of the Mental Capacity Act 2005 [MCA]. People's mental capacity to make decisions had been assessed as part of the assessment process and recorded. People and staff told us that care took place with people's consent. We saw this was recorded in the care files.

Is the service caring?

Our findings

People and their relatives told us that staff were caring. One person told us, "Yes, they are caring. They wouldn't do the job if they weren't." Another person told us staff were, "Always very pleasant and have a chat." A relative told us staff were, "Very good" and "Very attentive."

People told us they were supported by a small number of staff so were able to build friendly relationships with them. We saw that each person had a keyworker but was also introduced to other staff in case their keyworker was not available. This meant that people were supported by someone they knew and who knew their needs.

Staff told us it was a caring service to work in and that staff and management were supportive of each other. One staff member told us, "Other staff are really helpful, they give you tips about how to do things because they know how people liked things to be done."

We saw that assessments took into consideration people's emotional as well as physical well-being and how best to support people with these areas of their care. Staff spoke about people in a caring, respectful way and told us they thought speaking with, and listening to, people was important. We observed that the Integrated Services Manager telephoned a person to check on their health following their discharge from hospital. This was an unhurried discussion in which practical and emotional support were offered. A staff member told us, "One of the good things is we don't do short visits. We've got an hour for a breakfast visit so we can sit and chat and get to know people, people tell you their histories and it's very interesting."

People told us that staff were respectful of their privacy and dignity. One staff member told us, "I treat people with respect. For example, if there is a room they don't want me to go in, then I don't go in. I check if they want me to use their surname or first name. I always knock at the door or ring the bell."

The service had a strong focus on promoting people to be as independent as possible. Their support planning policy stated, 'Age UK Darlington believes people should be enabled to take control of their own lives.' People and staff told us that this aim was delivered and that people were supported to do as much as possible for themselves with support for staff only when it was needed.

People were involved in decisions about their care and received support a way that suited them. People told us that care records were kept in their houses and that they could look at them if they wished. People had met with the registered manager and were asked questions about how they would like their care to be delivered. They told us that staff involved them in day to day decision making when staff were with them providing support.

Is the service responsive?

Our findings

People continued to receive personalised care that met their individual needs. People's needs were assessed to determine if the service could meet their needs and people were involved in subsequent care planning. Assessments took into account people's histories including any culture or spiritual needs. People had copies of their assessments and care plans and had signed these to show they agreed with the ways their needs would be met. One person told us, "[Registered manager's name] and [Integrated Services Manager's name] came, we had a chat before the service started. It's all done as I want it."

We saw that assessments were holistic and looked to signpost people to other services where their needs fell outside of the remit of the service. For example, if people were at risk of social isolation they were invited to attend Age UK Darlington day centre. Staff also told us about how they had signposted people to other external social groups if these were more relevant to meet their needs. Assessments also took into consideration if people needed further advice and guidance, such as benefits advice or advice about heating their homes.

People's likes, dislikes and preference were stated in their care plans as well as details of relatives and the people involved in their care. The Integrated Services Manager told us, "We try to involve families in the assessment as much as possible, with the person's consent." Plans of care were regularly reviewed to ensure they reflected current needs and preferences.

The provider enabled people to share their experiences, concerns and complaints and acted upon information shared. The service had a complaints procedure and complaints log to monitor concerns and complaints, although none had been received. People we spoke with were confident that they could make a complaint and that they would receive a relevant response. One person said, "I would contact Bradbury House with concerns, I've not had any." A relative said, "We know how to complain but we've had no complaints whatsoever." People told us they had been given information on how to make a complaint as this was part of the 'customer guide' given to people when they joined the service.

We saw that day to day comments on the service were logged on the service's computer system so these could be monitored for any themes. No one we spoke with had any concerns about the service.

The service had not supported anyone towards the end of their life. The Integrated Services Manager was aware that this may be a requirement of the service at some time in the future. They had talked with staff from a local hospice and arranged for them to come to a team meeting to discuss end of life care and how the service could best meet this need in the future.

Is the service well-led?

Our findings

People told us they still thought the service was Well-led. All the people and relatives we spoke with knew who the registered manager was and felt confident in speaking with them about the service. People also knew the Integrated Services Manager and told us they had met the management when they had visited them to complete reviews of the service.

A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found there was an open and positive culture that invited feedback on the service in a variety of formats to improve the service. Staff told us, "If I've got a question I can go to anyone. I would go to the manager or [Integrated Services Manager's name] with any concerns." We saw that people's views on the service were gathered at review meetings and in annual satisfaction questionnaires. We found that people were satisfied with the service and felt it was planned and delivered how they wanted and needed it. Staff met informally with the management on a weekly basis as well as at regular team meetings.

We found there were clear lines of accountability within the organisation. The registered manager and Integrated Services Manager worked closely together and were accountable to the Board of Trustees. The Chief Executive Officer was present on the day of the inspection and it was clear they were supportive, and had a good working relationship with, staff in the service.

There were regular checks and audits of the service from the direct management of the service and from other internal departments. For example, a member of staff from the human resource department monitored staffing processes such as recruitment, training and supervision to ensure these were completed as scheduled and that records were kept. Reminders were sent to the relevant staff when tasks were due to be completed, for example if refresher training or supervisions were due. This service also continued to achieve recognised accreditations for quality and health and safety from external organisations.

The service had a development plan showing how it would improve over the next year. This included actions such as involving people who used the service in recruiting new staff, producing a newsletter and developing 'customer forums' where people could visit the office and discuss the service and other service offered by Age UK Darlington. Staff told us they were keen to develop their skills, improve the service and that their ideas were valued. The Integrated Services Manager told us, "We have got a good team, willing to learn and they take everything in."

The service was part of a larger group of services provided by Age UK Darlington at Bradbury House. As part of this wider organisation the service benefited for ongoing projects with other organisations. For example, a pilot project with the NHS around nutrition, links with Cancer Research and relationships built with care navigators in GP surgeries.

