

Age UK West Sussex, Brighton & Hove

Age UK Brighton & Hove

Inspection report

29-31 Prestonville Road
Brighton
East Sussex
BN1 3TJ

Tel: 01273328555

Website:

www.ageuk.org.uk/westsussexbrightonhove/our-services/brighton-and-hove-services/crisis-level-1/

Date of inspection visit:

10 June 2022

14 June 2022

Date of publication:

06 July 2022

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

About the service

Age UK Brighton and Hove is a domiciliary care agency providing personal care to people in their own home. The service predominantly supports people with short term reablement to either live independently, or until a long term care provider can be sourced. At the time of our inspection there were 11 people using the service.

Not everyone who used the service received personal care. The Care Quality Commission (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 told us they felt safe having carers support them in their own homes. One person told us, "They have been excellent, I can't praise them enough." Another person said, "They are very caring people, very friendly."

People were supported by staff who had been safely recruited and were skilled and knowledgeable about how to meet people's needs in the way that suited them best. New staff completed an induction before getting to know people. Regular staff competency checks were completed to ensure staff actions and behaviours were of a high standard.

People were protected from the risks of discrimination, abuse and avoidable harm. Risks to people's health, safety and welfare were monitored and reviewed. Measures were in place to reduce risks.

People told us staff always wore the appropriate personal protective equipment (PPE). Staff had access to PPE stock and completed training about how to use it appropriately.

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 supported this practice.

People's physical, mental health and emotional needs were assessed before they began using the service. Care plans were written with people and focused on their individual specific needs and preferences.

People told us they knew how to complain, but had no complaints about the service they received. They felt confident they would be listened to, should they need to complain. The management team completed checks and audits on the quality and safety of the service to make sure they had good oversight.

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 14 April 2021 and this is the first inspection.

Why we inspected

This was a planned inspection based on when the service registered with us.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Age UK Brighton & Hove

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by one inspector and an 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.

Service and service type

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

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was announced. We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since it registered with CQC. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with four people and one relative about their experience of the care provided. We spoke with four members of staff, including the registered manager, a care co-ordinator and two care staff. We reviewed a range of records. This included four people's care plans and associated risk assessments and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including audits, policies and procedures were also reviewed.

After the inspection

We spoke with the registered manager and looked at some further documentation we requested.

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 of 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; Assessing risk, safety monitoring and management

- People were protected from the risks of abuse, discrimination and avoidable harm by staff who were trained to recognise the potential signs of abuse. A member of staff told us, "I've done training around abuse, I'd raise any concerns I had."
- People told us they felt safe using the service. One person told us, "I feel very safe with them."
- Risks to people's health, safety and welfare were assessed and managed. For example, people's home environments were risk assessed, along with any other concerns, such as their mobility.

Staffing and recruitment

- People were supported by regular staff who knew them well. One person told us, "We have four people and they are all regular." The registered manager said, "We are a small service, so people get good continuity."
- People told us care staff were usually on time and stayed for the right amount of time. When staff were running late due to unforeseen circumstances, people were contacted to inform them. One person told us, "If ever there is a problem, they do call me, which is good."
- People were supported by staff who had been safely recruited. Recruitment processes were robust. Reasons for gaps in employment were explored and recorded to make sure a full employment history was obtained. The registered manager made sure Disclosure and Barring Service (DBS) criminal record checks were completed to ensure new staff were safe to work with people and at least two references had been obtained before staff began their induction. (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People were supported to take their medicines as prescribed. Staff completed training about the safe administration of medicines. Staff competency was checked to ensure they followed best practice.
- Records showed there was guidance for staff about what medicines people needed, what they were for, and any potential side effects.

Preventing and controlling infection

- People were supported by staff who understood the importance of infection prevention and control measures. Staff completed regular training and had competency checks to make sure personal protective equipment (PPE) was put on, taken off and disposed of safely.

- People and their relatives told us staff wore PPE when they were supported. Staff told us they had plenty of PPE and could collect more stock whenever they needed it. One person said, "They come in all dressed up in their plastic, they are very careful with that."
- The provider had a robust infection prevention and control policy which was shared with staff. Covid-19 risk assessments, for people and staff, were in place and regularly reviewed.

Learning lessons when things go wrong

- The management team recorded and monitored any accidents and incidents. When required, information was shared with the local authority safeguarding team and the Care Quality Commission.

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 Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The registered manager undertook assessments of people's care and support needs before they began using the service.
- Pre-admission assessments were used to develop a more detailed care plan for each person. This included clear guidance for staff to help them understand how people liked and needed their care and support to be provided.
- Documentation confirmed people and their family were involved, where possible, in the formation of an initial care plan.

Staff skills, knowledge and experience

- Staff received training and were knowledgeable in what was required when looking after people. People told us they thought that staff were well trained. A relative told us, "I would say they are well trained, they help [my relative] with anything they need."
- Staff completed an induction when they started working at the service and 'shadowed' experienced members of staff until they were assessed as competent to work unsupervised.
- Systems of staff development including one to one supervision meetings and annual appraisals were in place.
- Staff had a good understanding of equality and diversity, which was reinforced through training.

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

- Care plans included detailed information on people's healthcare needs and how best to provide support. Care records also demonstrated when there had been a need identified, referrals had been made to appropriate health professionals.
- People told us they received effective care and their individual needs were met. A relative told us, "They'll do anything for us. They always ask if there's anything else they can do."

Supporting people to eat and drink enough with choice in a balanced diet

- Staff supported people's nutrition and hydration needs by helping them with shopping and preparing food. Staff were knowledgeable about people's preferences and dietary requirements and gave examples of how they needed to remind and encourage some people to eat and drink sufficiently.

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 MCA 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.

- People told us staff gained their consent before supporting them with their care and support.
- Staff had a good understanding of their responsibilities which made sure people were supported in line with the MCA. When people were not able to make a decision about their care and support, meetings were held with the relevant people, such as relatives and health care professionals, to make sure decisions were made in the person's best interest.

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.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people and encouraged them, where they were able, to be as independent as possible. The service specialised in reablement and we were shown examples of how staff had supported people to regain their independence. Care staff informed us that they always prompted people to carry out personal care tasks for themselves where possible, such as brushing their teeth and hair. A member of staff told us, "It's about encouraging people to help themselves."
- People's privacy and dignity was protected. Staff were aware of the need to preserve people's dignity when providing care to them in their own home. They told us how they always ensured that people knew they were entering their home by announcing themselves or knocking first.
- Staff we spoke with also told us they took care to cover people when providing personal care. They said they closed doors and drew curtains to ensure people's privacy was respected.
- People's confidentiality was respected. Staff understood not to talk about people outside of their own home or to discuss other people whilst providing care to others. Information on confidentiality was covered during staff induction, and the provider had a confidentiality policy in place for staff. One person told us, "They don't speak of others. They don't seem stressed either, they do laugh a lot."

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

- Staff provided people with choice and control in the way their care was delivered.
- People were empowered to make their own decisions. A member of staff told us, "We always ask what they want, it's their choice."
- Staff were committed to ensuring people remained in control and received support that centred on them as an individual.

Ensuring people are well treated and supported; equality and diversity

- Equality and diversity was respected. Staff adapted their approach to meet people's individualised needs and preferences.
- People were attended to in a timely manner and were supported with kindness and compassion. Everyone we spoke with thought they were well cared for and treated with respect and dignity, and had their independence promoted. One person told us, "I look forward to their visits. My engine's still running, and I look forward to talking with them. They're really helpful."

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 meet people's needs, preferences, interests and give them choice and control

- People told us that the service responded well to their care needs and were flexible to meet their preferences. The registered manager told us, "We are very flexible, we do what is needed."
- Staff told us that there was always enough time to carry out the care and support allocated for each person. The registered manager told us that the hours needed for care would be changed on review if needed to ensure the service was flexible to people's needs.
- We spoke with the registered manager about how they ensured that people got their care visits when it suited them. They told us how the office staff communicated effectively to ensure that staff received their allocated rotas and could access the information needed to deliver the care required for people. Care calls were planned so that people had a consistent and regular staff team.
- Detailed individual person-centred care plans had been developed, enabling staff to support people in a personalised way that was specific to their needs and preferences, including any individual religious beliefs. These included people's choices around what they did during the day and their preferences around clothes and personal care.
- Care plans contained personal information, which recorded details about people and their lives. This information had been drawn together, where possible by the person, their family and staff.
- Staff told us they knew people well and had a good understanding of their family history, individual personality, interests and preferences, which enabled them to engage effectively and provide meaningful, person-centred care.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People using the service were not funded for social time. However, we saw examples where staff had supported people to attend day centres, and had signposted people to clubs and groups they could join in line with their interests.

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 communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others.
- We saw evidence that the identified information and communication needs were met for individuals. Documentation was available in different formats for people, such as large print.

End of life care and support; Improving care quality in response to complaints or concerns

- We were told that peoples' end of life care would be discussed and planned, and their wishes were respected should this be required.
- People knew how to make a complaint and told us that they would be comfortable to do so if necessary. They were also confident that any issues raised would be addressed. The procedure for raising and investigating complaints was available for people in their homes, and staff told us they would be happy to support people to make a complaint if required.

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

- We received positive feedback in relation to how the service was run. One person told us, "I would say it is very well managed. I would definitely recommend them."
- People and staff spoke highly of the service and felt it was well-led. Staff commented they felt supported and had a good understanding of their roles and responsibilities. A member of staff told us, "We can approach the manager and the office at any time, there is always somebody to support us."
- The registered manager and staff told us that the care of people using the service was the most important aspect of their work and they strived to ensure that people received high quality care.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- The registered manager undertook quality assurance audits to ensure a good level of quality was maintained. We saw audit activity which included health and safety and medication. The results of which were analysed in order to determine trends and introduce preventative measures.
- Senior staff also carried out home visits, reviews and spot checks to ensure that standards of care remained high.
- Policy and procedure documentation was up to date and relevant in order to guide staff on how to carry out their roles.

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

- People and staff were actively involved in developing the service. There were systems and processes followed to consult with people, relatives, staff and healthcare professionals. A relative told us, "The office phones us to get our feedback and find out if everything is ok."
- Staff meetings and satisfaction surveys were carried out for people, providing management with a mechanism for monitoring satisfaction with the service provided.

Working in partnership with others

- The service liaised with organisations within the local community. For example, the local authority, Clinical Commissioning Group and other care providers to share information and learning around local issues and best practice in care delivery.

Continuous learning and improving care

- The service had a strong emphasis on teamwork and communication sharing. Staff commented that they all worked together and approached concerns as a team. One member of staff told us, "We all work well together, I enjoy working here." The registered manager added, "We have excellent staff and we're a good team. We get to know people well and make sure they get what they need."
- Staff had a good understanding of equality, diversity and human rights and explained how they would make sure that nobody at the service suffered from any kind of discrimination. Feedback from staff indicated that the protection of people's rights was embedded into practice, for both people and staff, using and working at the service.

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

- Staff knew about whistleblowing and said they would have no hesitation in reporting any concerns they had.
- The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines' providers must follow if things go wrong with care and treatment.