Age Concern Manchester

Age Concern Home Care - South Manchester

Inspection report

Age Concern Manchester Crossacres
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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 Concern Home Care, South Manchester branch, is based in Wythenshawe. It provides a domiciliary care service, including personal care, to clients mainly in Wythenshawe and Northenden. The agency receives referrals from local social work teams and district nurses, and also has privately funded people who used the service. At the date of our visit 73 clients were receiving support from the agency.

At the last inspection of June 2016 the service required improvement for three breaches of the regulations. Regulation 11. The service had not gained the consent of people with regard to their care and treatment and mental capacity assessments had not been undertaken. Regulation 12. Risk assessments did not fully inform staff on how to mitigate any risks and medicines administration was not always safe. Regulation 17. Care plans were not always reviewed regularly and audits which should highlight these failures were not effective. The service sent us an action plan to show how they planned to improve the service. We found the service had made the improvements at this inspection.

The service had a registered manager. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service used the local authority safeguarding procedures to report any safeguarding concerns. Staff had been trained in safeguarding topics and were aware of their responsibilities to report any possible abuse.

Recruitment procedures were robust and ensured new staff should be safe to work with vulnerable adults.

The administration of medicines was safe. Staff had been trained in the administration of medicines and had up to date policies and procedures to follow.

There was a system to track that staff attended on time and stayed for the agreed duration of visits. People told us staff would let them know if they were running late.

Most staff had been trained in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The people we spoke with had capacity to make their own decisions and had signed to say they agreed to their care and treatment.

New staff received induction training to provide them with the skills to care for people. Staff files and the training system showed staff had undertaken sufficient training to meet the needs of people.

Staff received formal supervision regularly to check their competence. Supervision sessions also gave staff the opportunity to discuss their work and ask for any training they felt necessary.

We observed there were good interactions between staff and people who used the service. People told us staff were kind and caring.

Records were held securely to protect people's confidential information.

We saw that the quality of care plans gave staff sufficient information to look after people and they were regularly reviewed. Plans of care contained people's personal preferences so they could be treated as individuals.

People were given information on how to complain with the details of other organisations if they wished to go outside of the service.

People were asked for their views about how the service was run.

Staff and people who used the service all told us managers were approachable and supportive.

Meetings with staff gave them the opportunity to be involved in the running of the agency and discuss their training needs.

The manager conducted sufficient audits to ensure the quality of the service provided was maintained or improved.

People were supported to attend suitable activities if it was part of their care package.

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.

The service used the local authority safeguarding procedures to report any safeguarding to. Staff had been trained in safeguarding topics and were aware of their responsibilities to report any possible abuse.

Arrangements were in place to ensure medicines were safely administered. Staff had been trained in medicines administration and managers audited the system and staff competence.

Staff were recruited robustly to ensure they were safe to work with vulnerable adults.

Is the service effective?

Good

The service was effective.

Staff understood their responsibilities under the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Staff told us they would report any deprivation of liberties to the office and raise a safeguarding concern.

People were supported to eat a nutritious diet.

Induction, training and supervision gave staff the knowledge and support they needed to satisfactorily care for the people who used the service.

Is the service caring?

Good

The service was caring.

People who used the service told us staff were supportive and kind.

We observed there were good interactions between staff and people who used the service.

Records were stored securely to help protect people's

confidential information.

Is the service responsive?

Good

The service was responsive.

There was a suitable complaints procedure for people to voice their concerns. People told us they felt able to approach staff or managers if they had any concerns.

Where it was part of a person's care package people were supported to attend suitable activities.

Plans of care were regularly reviewed and contained sufficient details for staff to deliver their care.

Is the service well-led?

Good

The service was well-led.

There were systems in place to monitor the quality of care and service provision at this care service.

Policies, procedures and other relevant documents were reviewed regularly to help ensure staff had up to date information.

All the people and staff we spoke with told us they felt supported and could approach managers when they wished.

Age Concern Home Care - South Manchester

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.

This was an unannounced inspection and was conducted by two adult social care inspectors on the 13 September 2017. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in the office.

We did not receive a Provider Information Return (PIR) because the service would not have had time to complete it prior to the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make.

Before our inspection visit we reviewed the information we held about the service. This included notifications the provider had made to us. Notifications tell us about any incidents or events that affect people who use the service.

We spoke with four people who used the service in their homes with permission. In line with our guidelines a member of staff was present. We also spoke with a family member, the registered manager, two care staff and the person responsible for training.

We looked at the care records for three people who used the service and medication administration records for five people. We also looked at the recruitment, training and supervision records for four members of staff, minutes of meetings and a variety of other records related to the management of the service.

Good

Is the service safe?

Our findings

People who used the service said they felt safe with the staff who came into their homes. From looking at staff files and the training matrix we saw that staff had been trained in safeguarding topics. The safeguarding policy informed staff of details such as what constituted abuse and reporting guidelines. The service had a copy of the local social services safeguarding policies and procedures to follow a local initiative. This meant staff had access to the local safeguarding team for advice and to report any incidents to. There was a whistle blowing policy available for staff to follow good practice. A whistle blowing policy allows staff to report genuine concerns with no recriminations. We spoke with two staff members who were able to tell us what they would do if they thought someone was being abused. They told us they would report any concerns to the office or to the local authority safeguarding team. There had not been any safeguarding issues raised against this service.

The registered manager told us, "We ensure there are enough staff to take on new services and refuse to take anyone else on if we do not have enough staff. We don't get any complaints that staff are late or miss visits." People we visited did not complain of missed visits and said they were told if staff were going to be late. This meant there were sufficient staff to meet people's needs.

We looked at four staff files. Two of the files were for care staff that had starting working for the provider within the last three months and two for staff who had been employed for some time. We saw that there had been a robust recruitment procedure. Each file contained at least two written references, an application form with any gaps in employment explored, proof of the staff members address and identity and a Disclosure and Barring Service check (DBS). This informs the service if a prospective staff member has a criminal record or has been judged as unfit to work with vulnerable adults. Prospective staff were interviewed and when all documentation had been reviewed a decision was taken to employ the person or not. This meant staff were suitably checked and safe to work with vulnerable adults.

We saw that the fire alarm and fire break points were regularly tested, extinguishers and electrical equipment was maintained. There was a system for repairing any faults or damages.

From looking at three plans of care we saw that risk assessments were undertaken for individuals such as moving and handling, infection prevention and control and safe moving and handling. We saw that where necessary people had access to a professional such as a dietician. There was also a risk assessment on each person's home environment to ensure it was safe for staff to work in.

There was business continuity plan to ensure staff had details of how to keep the service functioning in an emergency such as electrical failure or an office fire. The service had public liability insurance.

Although people lived in their own homes staff had been trained in infection prevention and control topics and were supplied with protective clothing such as gloves and aprons. A risk assessment was conducted at each home to highlight any potential infection control problems. We were told staff would advise people about any possible infection control issues.

At the last inspection there was a breach in the regulations for the failure of staff to safely administer medicines or to show evidence of what they had done if they found any errors. At this inspection we saw that staff were using the correct recording system, the medicines administration record (MAR) which had not always been used previously. Managers were auditing the records to highlight any potential errors. A staff member told us, "If we found a member of staff had made a medicines error we would contact the person's GP or paramedics to get advice. The staff member would be called in for a 1 -1 and more training offered." The systems for recording medicines administration had improved.

We looked at the medicines administration records (MAR) in one of the houses we were invited to visit and found they had been completed correctly. We also saw managers audited the records to look for errors. The audits showed staff were completing the forms correctly. The three plans of care we looked at showed family members were responsible for the administration of medicines. We saw the plans told us who was responsible for medicines administration and if staff were responsible for administration or prompting people only. We saw staff had been trained in all aspects of medicines management including ordering, storing, administration and disposal. There were also policies and procedures for the administration of medicines for staff to follow good practice.

There was a record of any pain a person had, how it may present and any medicines to help ease the pain.

A member of staff said, "Staff are checked on medicines being given safely during spot checks and feedback is given from the staff member supporting them to ensure they are competent." This helped managers ensure staff were competent to administer medicines and we saw records for spot checks within staff files.

Good

Is the service effective?

Our findings

People who used the service told us, "Carers always come on time and I generally know them. They try to keep the same people but they're always friendly even if it's somebody new"; "The girls come in and help me with a shower and to put creams on, I like to get to know them so they try to send the same people" and "Sometimes they send different people but I don't mind, they are all pleasant and helpful." People tended to get the same staff who knew them well.

We checked to see if people were provided with a choice of suitable and nutritious food and drink to ensure their health care needs were met. People who used this service lived in their own homes and were responsible for what they ate. Staff were trained in the principles of basic food hygiene to be able to safely assist people with any cooking tasks if this was a part of their care package.

We saw from looking at the plans that two people's family members prepared their food and staff assisted one person. Two staff members we spoke with were aware of the need to encourage people to eat a suitable diet and the need to share information if not.

We saw that where it was a part of a person's care package people were assisted to do their shopping.

At the last inspection the service were given a requirement action for people not giving consent to their care and treatment. We saw people now signed a document to agree to their care being delivered by this service.

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

People living in their own homes are not usually subject to the MCA and Deprivation of Liberty Safeguards (DOLS). However, we saw staff had been trained in the MCA and each person had a mental capacity and health assessment. We questioned two staff what they would do if they thought a person was being detained against their wishes in their homes and both said they would report the issue as a safeguarding concern. This helped keep people safe and protected their rights.

A member of staff we spoke with said, "I arrange the shadowing of new staff. Once they have completed the induction period they are handed over to me. We match them to service users and send them with an experienced member of staff. The staff give us feedback, for example if they need more training. A new member of staff at the moment has been given an extra weeks support." Staff new to the care industry were enrolled onto the care certificate which is considered to be best practice. The Care Certificate, developed by Skills for Care and Skills for Health is a set of minimum standards that social care and health workers should apply to their daily working life and must be covered as part of the induction training of new care workers. This helps to prepare staff, particularly those new to care work, in carrying out their role and responsibilities

effectively.

We also saw staff completed training as soon as possible with records retained within their personal files. This included duty of care, person centred care, equality and diversity, privacy and dignity, nutrition, mental health awareness, dementia awareness, safeguarding adults and children, basic life support, health and safety, infection control and handling information. New staff were supported by a more experienced member of staff until they felt confident and management thought they were competent to work with people who used the service.

Staff we spoke with told us, "I have done all the mandatory training and I am now completing the level three diploma in health and social care. I have also completed the dementia care training. I think I have done enough training to do the job and like to keep hands on"; "The training we receive is more than adequate, we always seem to be learning something"; "If we ask, they will find us specific training courses. If someone has a particular condition that we need to know more about, like dementia or end of life care" and "Staff get enough training to do the job. The training is all linked in to what we do. We are supported with any learning."

We saw there was a system for determining what stage staff were at with their training. The 'traffic light' system the service used showed staff who had completed all their training (green), staff who were due a refresher course or training not yet completed (amber) and staff who had more training to do (red) such as new starters. This ensured that all staff received their training in a timely manner.

The service also used the National Minimum Data Set for Social Care. This is an online tracking system which records the training staff have done or when refresher training is required.

We saw from looking at the training matrix, staff files and talking to staff that training was ongoing. Training included the MCA, first aid, fire safety, nutrition, medicines administration, moving and handling, infection control, health and safety, safeguarding, the care of people who have a dementia and mental health awareness. Staff were encouraged to complete further health and social care training such as a diploma or National Vocational qualification. We saw from the records that many staff had completed one of the courses. Staff received suitable training to support their abilities to meet people's needs.

A member of staff told us, "The supervision and appraisal is a two way process and we discuss my needs. We are listened to. It is the same at staff meetings. You can bring up any concerns. You can also bring up your own ideas to improve the service." We saw from the staff files that supervision was ongoing and gave staff a chance to discuss their careers and performance. Staff also received a yearly appraisal.

The service worked from a set of offices which contained sufficient equipment to provide an effective service. This included computers with internet access, telephones, rooms for meetings, refreshment and training. There was access for people who may have a disability.

Good

Is the service caring?

Our findings

People who used the service told us, "They let me do what I can for myself without taking over, like some light cleaning. If I am having a bad day though they will help me more, they always ask how I am. Some of the carers sit and have a chat with me and a cuppa which I enjoy"; "They treat me well and we have a laugh and joke, sometimes they are the only people I see that day so I look forward to their visits" and "These days the staff seem more dedicated than before. I have had the odd problem with them but speak to the office and they always sort things out so I get people that I like coming. I feel like I am given the time I need when they come, I would tell them otherwise".

A family member said, "We are more than happy with the service, it gives me great piece of mind to know that [my relative] is well looked after when I can't get over here myself. All the staff that I have met here have been lovely. They never seem to use agency staff. My relative gets to know people and has a chat every day."

Staff we spoke with said, "I think people are really happy with what we do, we get great feedback and go that extra mile to make sure people are happy with the service they get"; "I really enjoy it [my job], it's lovely getting to know people and getting good feedback from them and their families is really rewarding" and "I like working here. Every day is different. It is a challenge – sometimes it is a pressure job. People's lives are in our hands. I think we provide a brilliant service and the care staff are amazing. They call into the office and have a chat. It is nice the way the way it is run."

Staff were trained in confidentiality and data protection issues and had access to policies and procedures to help inform them of confidentiality issues. We saw that care records were stored safely and only available to staff who needed to access them. This ensured that people's personal information was stored confidentially.

We saw from looking at the plans of care that sufficient information was gathered to treat people as individuals. People who used the service told us that where possible they were encouraged to do things for themselves. The plans of care also showed us people's likes and dislikes were recorded such as food or any religious or ethnic needs a person had. There was also a record of what people liked to do, for example one person liked to play dominoes. This helped ensure people received the care they wanted.

Management regularly reviewed care with people who used the service. This was recorded. We saw that people were satisfied with their care and treatment. Besides discussing their care needs people were asked if there could be any improvements made and about the caring attitude of staff. The documents we looked at showed people were happy with their service. Whilst the documents were readily available it would be good practice to record the review in the plan of care.

We visited people in their own homes with their permission and observed staff had a good rapport with people who used the service.

Good

Is the service responsive?

Our findings

People who used the service said, "The carers always ask if they can do anything else for me, they don't rush me which is really important" and "The girls (staff) never rush me, in fact sometime they stay later than they should." Staff had time to respond to people's needs and stayed the allotted time. We also saw the service responded to people's needs and were flexible in their visiting arrangements. One staff member changes the visit times to accommodate a person's wishes and we saw the service had contacted a district nurse to arrange for some equipment to be delivered.

There was a manual system for tracking when care staff had been to a service and the time they had stayed.

A person who used the service said, "I know the number is on the file in case I want to complain about anything, but I have never had to." A family member said, "We have been made aware of the complaints procedures but we have not had to use them." There was a suitable complaints procedure which was accessible to people who used the service and their relatives. The complaints procedure told people how to complain, who to complain to and the timescales the service would respond to any concerns. This procedure included the contact details of the Care Quality Commission. There had not been any complaints made to the service or any other organisation since the last inspection.

There had been many compliments and comments included, "Thanks for the good and kind care staff"; "I find [name of carer] out of all the staff you have sent is the best of all and I have her on a permanent basis. Nothing is too much trouble and {staff name] is very understanding and smiles even if it raining when entering my home. If I could award stars it would be 5 gold ones. I count the time to the next visit"; "I am writing to say how pleased I am with the two care staff, professional caring and helpful" and "The staff [named] are the most caring people I have ever had the privilege of meeting. What you have done for my relative is far and away beyond words. It could not have been any better for your kindness, consideration and the caring was exemplary. My relative appreciated it all."

People who used the service told us, "They telephone me if they are held up and might be late. Sometimes this happens if they are helping someone else. The care staff help me out with any problems that I have and make sure I am wearing my falls alarm when they are going because I can sometimes forget" and "They call ahead if they are going to be late for my call. Occasionally they have left before the right time but they always ask me if I need anything else." Staff contacted people who used the service if they were going to be late to ease any worries they may have about staff not arriving.

We looked at three plans of care during the inspection. Arrangements were in place for the registered manager or a senior member of staff to visit and assess people's personal and health care needs before it was agreed that the agency could meet their needs. The person and/or their representatives were involved in the pre-admission assessment and provided information about the person's abilities and preferences. Information was also obtained from other health and social care professionals such as the person's social worker. Social services or the health authority also provided their own assessments to ensure the person was suitably placed. We saw that the assessments had been fully completed for each person. This process

helped to ensure that people's individual needs could be met at the agency.

The plans of care showed what level of support people needed and how staff should support them. Each heading, for example personal care, tissue viability, mental health, diet and nutrition, mobility or communication showed what need a person had and how staff needed to support them to reach the desired outcome. The plans were reviewed regularly to keep staff up to date with people's needs. The quality of care plans was regularly audited by management.

There was a detailed breakdown of what care and support people needed at each visit, for example at different times of the day. This gave staff the details they required to ensure people received the care they wanted. The information also provided staff with the capabilities of each person so they could remain as independent as possible.

Each person who used the service was issued with a document that outlined the terms and conditions for using the service. The document also explained care assessment and planning, what the service provided, office and out of hours contact details, confidentiality, the complaints procedure, the safe retention of keys to people's property and a copy of the insurance certificate. This gave people sufficient information to know what to expect when using a care agency.

Although activities are not usually a part of a person's care package we were told one person was taken shopping. Staff also assisted to take to hospital appointments or go for a walk. One person's care package included taking to places of interest of their choice. We also were told staff sat and talked to people who used the service.

Good

Is the service well-led?

Our findings

The service had a registered manager. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We asked people who used the service and staff if they knew the managers and thought they were approachable. People who used the service told us, "I know the managers well; sometimes they have to come out if one of the girls are sick. This is better for me than having a stranger"; "I have met the managers when they have come to do my care if there are no other staff" and "The office (managers) are always helpful. The registered manager has called here on her way to work to help me when there has been nobody else that can come. It's reassuring to know someone will always turn up. Overall I am happy with the service, I wish that it was always the same people but the office said that they could not guarantee it all the time, I understand this."

Staff we spoke with said, "This is a good organisation to work for. I left to work elsewhere for a few years but came back because I missed the people"; "I have a good relationship with the management and feel like I am well supported"; "Managers are very approachable, we can be very open with any concerns or worries. I was made aware of where to access all the policies in case we need them. Managers are happy for us to use the office and ask questions about things if we're not sure. Managers are happy to muck in if we are short staffed. The manager is fantastic, incredibly supportive and professional" and "The manager is great, very supportive. It is like a little family. You can get any support you need and is approachable."

There were regular staff meetings for different grades of staff. Most had last been held in June 2017. Topics on the agenda's included how to use the 'This is me document' (this is a document the service had started using which captured a full background history of people who used the service, which we saw used in one of the plans we inspected) , dementia training, sickness, spot checks of care staff, training, communication of any changes to people who used the service, the updated medicines policy for care staff in the handbook July 2017, keeping safe, assessments of service users, good practice on call and any concerns staff had. Staff were given the opportunity to bring up topics they wanted to and gave them a voice in how the service was run. Occasionally external professionals were invited to attend meetings to discuss their roles and showed the service liaised well with other organisations.

Staff were issued with a handbook which gave them information about the codes of practice, key policies and procedures and the terms and conditions of employment. There was also a statement of purpose which gave professionals information about the services principles of care, their aims and objectives, the details of key staff and their qualifications and experience. The document also included the fees and the complaints procedure.

The registered manager and senior staff conducted regular audits. Most audits were done on a computer system that enabled managers to look at the domains and key lines of enquiry of the CQC. The service

audited the domains to see if they were safe, effective, caring, responsive and well led. We saw that where there was a shortfall there was a plan developed to rectify it and the staff member responsible. Manual audits included medicines records, plans of care reviews and checking the times and duration of visits. Management also regularly undertook spot checks for staff competence including medicines administration and other areas of practice. There were sufficient audits to monitor and improve service provision at this care agency.

We saw that staff had access to policies and procedures to help guide their practice. The policies included medicines administration, infection control, health and safety, safeguarding, data protection and confidentiality. The policies were updated to reflect current guidance.

The service had recently sent out quality assurance survey forms to people who used the service/family members. The first few had been returned and we saw they were very positive. When the exercise is completed the results will be produced as a summary.

In the office there were several documents available to guide staff on topics such as the Mental Capacity Act, Manchester City adults safeguarding procedures, a guide to the care act and the National Institute for Clinical Excellence guidelines for domiciliary care agencies.