

Age UK Redbridge, Barking And Havering Ltd

Age UK Redbridge, Barking & Havering Home Support Services

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement



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

This inspection took place on 23 February 2016 and was announced. We gave the provider one day's notice of our inspection.

Age Concern - Redbridge Daisy Fresh Service provides a domiciliary care service to people in their own homes. It is part of a wider organisation that provides a service to people who needed low level support to maintain their independence and continue living in their own homes.

At the time of our inspection approximately 85 people were using the service. The registered manager told us that 40 people received weekly support with bathing or showering from staff, employed by the service.

The service has 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 legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

The service had systems in place to reduce the risk of abuse and staff had undertaken training about safeguarding adults.

Systems were in place to minimise risk and to ensure that people were supported as safely as possible. However, the service did not always keep a record of when they had supported people with the application of prescribed creams. We recommend that the provider reviews their use of medicine administration records to ensure consistency with the Royal Pharmaceutical Society's guidance "The Handling of Medicines in Social Care." This is to ensure that people receive their prescribed medicine safely and appropriately.

The service employed enough staff to meet people's needs. Appropriate staff recruitment procedures were in place.

Staff received the support and training they needed to give them the necessary skills and knowledge to meet people's assessed needs.

People were able to consent to the care provided and make choices about their care.

People told us that staff treated them with dignity and respect and behaved in a caring manner.

People were actively involved in developing their care plans and in agreeing how they should be supported. Staff had a good understanding of people's individual support needs.

People knew how to make a complaint and the service had a complaints procedure in place.

People and staff told us they found the registered manager to be approachable and accessible.

The registered manager monitored the quality of the service provided to ensure that people's needs were met and that they received a safe and effective service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not always safe.

Systems were in place to ensure that people were supported safely by staff. There were enough staff available to do this.

Risks were clearly identified and strategies to minimise risk enabled staff to support people as safely as possible in their homes.

The provider's recruitment process ensured that staff were suitable to work with people who needed support.

Staff occasionally supported people with the application of certain medicines (prescribed creams) but did not keep a record of this.

Is the service effective?

Good 

The service provided was effective.

People were supported by staff who had the necessary skills and knowledge to meet their needs. The staff team received the training they needed to ensure that they supported people safely and competently.

Management and staff understood the principles of the Mental Capacity Act 2005 (MCA) and supported people in line with these principles.

People were supported to receive the healthcare that they needed to enable them to maintain their health and wellbeing.

Is the service caring?

Good 

The service was caring.

People received care and support from staff who were kind, friendly, caring and respectful.

People were involved in the care planning process to ensure that

they received the care that they needed.

Is the service responsive?

Good ●

The service was responsive.

People were involved in their care assessments and reviews.

People's care records provided staff with sufficient guidance to provide consistent care to each person.

Is the service well-led?

Good ●

The service was well-led.

The registered manager monitored the quality of the service provided to ensure that people's needs were met and that they received a safe and effective service.

The registered manager provided clear guidance to staff to ensure that they were aware of what was expected of them.

Procedures were in place to monitor and improve the quality of the service.

Age UK Redbridge, Barking & Havering Home Support Services

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 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.

This inspection took place on 23 February 2016 and was conducted by two inspectors. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available to assist with the inspection.

Before our inspection, we looked at all the information we held about the service. We reviewed the previous inspection report and notifications that we had received from the service. A notification is information about events that the registered persons are required, by law, to tell us about.

During the inspection, we spoke with the registered manager and the care coordinator of the service. We spoke with four staff and looked at the care records for four people who used the service and four staff files. We also looked at a range of records relating to how the service was managed. These included training records and other relevant documents relating to the provision of the service. After the inspection, we spoke with four people who used the service and two relatives of people who used the service.

Is the service safe?

Our findings

People and their relatives told us that they and/or their family member felt safe with staff from Age Concern - Redbridge Daisy Fresh Service. A person who used the service told us, "Oh yes I feel safe with them. I trust them." A friend of a person who used the service said "Yes [the person] is safe with them, absolutely."

The provider had processes in place to reduce the risk of abuse. Staff told us they had attended training about how to protect adults. Staff records we looked at confirmed this. They were aware of how to identify and report any suspicions of harm or poor practice. They gave examples of the different types of abuse and what action they would take to protect people. They explained how they could raise any concerns with the registered manager. Staff were aware that they could also report any concerns to external agencies such as the local authority and the Care Quality Commission. The registered manager ensured that all the staff knew and understood their responsibilities to keep people safe. Staff were also aware of the whistle-blowing procedure. They knew the lines of management to follow if they had any concerns to raise and were confident to do so.

Procedures were in place to help protect people from the risk of financial abuse. Care staff, on occasions, undertook shopping for people. Records were made of all financial transactions which were signed by the person and the staff member. The registered manager told us and we checked that all financial transaction records were audited. The care staff were aware of the recording standards expected and they complied with the need for shop receipts to be given to the person and the change checked.

The provider had a satisfactory recruitment and selection process in place. The care coordinator told us that the registered manager vetted staff very carefully to ensure that they were suitable to work with people. The staff recruitment process included prospective staff completing an application form and attending an interview. We looked at the recruitment files for four members of staff. We found that for two staff all the necessary checks had been carried out before they began to work with people. This included proof of identity, two references and evidence of checks to find out if they had any criminal convictions or were on any list that barred them from working with people who use services. We saw and the registered manager confirmed that they carried out robust interviews with potential staff, to assess their suitability and commitment to work with individuals in their own homes. For two other staff, we found that although the above checks had been carried out, there was only one reference on file. Shortly after our inspection visit the registered manager had confirmed that they had obtained the outstanding references. The registered manager acknowledged the need for them to follow the requirements as set in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and we were assured these documents would be properly retained. This is in order to ensure that people are protected by the recruitment process and only suitable people employed.

We found that risks to people's safety were assessed and clear guidance was provided to staff about any identified risks. It included guidance about how to promote people's safety. Some of the risk assessments we saw covered individual aspects of a person's circumstances, such as the home environment, mobility, their pets, smoking, personal medical or health issues and general wellbeing. We saw that people's care

plans covered areas where a potential risk might occur and how to manage these. For example, the risk assessment for one person stated, "Ensure [the person] holds on to the rail and handle when stepping over the side of the bath and holds the rail for the duration of the shower."

Sufficient staff were employed to provide the required care and support needed by people. People told us that staff were mostly punctual, arrived at the time they were expected and stayed for the allocated time. They told us that a core of regular staff visited and they had a positive relationship with staff members who supported them. Comments included, "It's absolutely wonderful. I just couldn't do without them" and "I am more than happy. They are caring and chat and joke with us. It's a real tonic."

We were informed by the registered manager that the staff did not administer medicines. However, we saw that the service's medicine policy stated, "Staff may assist with creams and lotions where requested by the service user and recorded in the care plan." Upon checking people's care plans we found that all four stated, "Apply any over the counter or prescription cream as required." One person told us that they had leg ulcers and staff applied a cream which was prescribed by the doctor and the nurse (community) "Comes to dress my legs after my bath." The registered manager confirmed that the staff did apply prescribed creams for people during the weekly visits, when requested. However, the staff did not record when they had carried out this activity on a medicine administration record chart. We recommend that the provider reviews their use of medicine administration records to ensure consistency with the Royal Pharmaceutical Society's guidance "The Handling of Medicines in Social Care." This is to ensure that people receive their prescribed medicines safely and appropriately.

Is the service effective?

Our findings

A person who used the service told us, "I can't fault them. It's absolutely wonderful." Another told us, "Everyone is very good. I have every faith in them. They are perfectly trained."

People were supported by a consistent staff team who had the necessary skills and knowledge to meet their assessed needs. Staff told us they had an induction when they started working at the service and had worked alongside more experienced staff before they began to work independently. They said that the induction and further training had provided them with the knowledge they needed to meet people's needs safely and effectively. We saw that staff had received a variety of training including safeguarding adults, privacy and dignity, first aid, food hygiene and moving and handling people.

Staff told us that they received good support from the registered manager and the care coordinator. This was in terms of both day-to-day guidance and individual supervision (one-to-one meetings with their line manager to discuss work practice and any issues affecting people who used the service). Systems were in place to share up to date information with staff including staff meetings, visits to the office or via the telephone. Therefore people were supported by staff who received effective support and guidance from the managerial team.

We looked at how the service was meeting the requirements of the Mental Capacity Act 2005 (MCA). The Mental Capacity Act 2005 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.

Staff had received MCA training and were aware of people's rights to make decisions about their lives. People who used the service had the capacity to make decisions about the level of support they received and were encouraged by the staff and supported to do this. We saw that people had signed their care plans and other documents indicating their knowledge of and agreement with these. The registered manager was aware of how to obtain a best interest decision when needed. Therefore systems were in place to ensure that people's legal rights were protected.

Staff had attended food hygiene training but were not involved in meeting people's nutritional needs because they only supported people once a week for personal care.

People's healthcare needs were monitored to a limited extent due to the nature of the service provided. People were supported to remain as healthy as possible and encouraged by staff to access healthcare services if there were any concerns about their health. The staff also informed people's relatives/representatives of any concerns. They were aware of their duty to contact emergency services in the event of an emergency.

Is the service caring?

Our findings

People told us that they were happy with the staff that supported them. One person told us, "I am more than happy. They are very caring." Another said, "They are always there for me, they are friends, gentle and kind. I can ring up anytime if I have a problem and they help." A relative told us the staff were, "Brilliant. Very professional."

People's privacy and dignity were respected. They told us that staff always knocked and waited before entering their rooms. They also asked people if they wanted to have a bath or a shower before carrying out the task. One member of staff said, "We always check with the person first and respect their wishes." Care records were written in a respectful manner. The provider's survey results reported that 100% of people said that staff respected their privacy and dignity.

Staff had a good understanding of people's preferences and needs. They talked about the importance of reassuring a person when providing care and felt it was important to involve people in their care and with decisions. The people we spoke with agreed that this happened. For example, people told us they were aware of their care plans. They said that staff discussed the times of their calls and always phoned if they were running late. People told us that staff treated them and their homes with respect. One person said, "I look forward to them coming. She is very careful with me."

Is the service responsive?

Our findings

People told us that staff provided the support they needed. People's care needs were assessed by the care coordinator prior to them receiving care. This helped to ensure that staff could meet people's needs. These assessments were then used to develop care plans and guidance for staff to follow.

Assessments and care plans included information about people's health, physical and emotional needs. They also included information about how the person preferred their personal care needs to be met. Staff told us, "We always know the care plan and know what we are supposed to do. There is always a risk assessment."

People who used the service and, if appropriate, their relatives were involved in developing and reviewing their care plans. People had signed these in acknowledgment and agreement with the contents. The care plans provided sufficient information for staff to follow so they could provide care safely and in the way that people preferred. Examples included guidance about assisting people to move and personal hygiene, for example bathing and dressing. Care plans were reviewed and updated with the person when needed. A relative confirmed, "She [the care coordinator] always comes every so often to check if everything is ok."

Staff completed records of each visit. ... These provided a brief overview of the care provided and any changes in the person's condition from the previous visit. Staff described good communication across the team. They said they read people's care plans and the records of the last few visits. They also said that senior staff were very good at briefing them about changes in people's needs and drawing their attention to revised care plans. This ensured that staff were up to date with any changes in people's care.

People and their relatives said that they knew who to speak to if they had any concerns or complaints. The complaints procedure was available in the folders in people's homes. Staff had a good understanding of how to refer complaints to senior managers for them to address. People and staff were confident that the registered manager would listen to them and address any issues identified. There were no complaints logged in the complaints folder. People told us, "No complaints. They are more than kind to me." A relative said, "No complaints. They are brilliant."

Is the service well-led?

Our findings

The registered manager sought people's views about the service. For example, the care coordinator carried out regular care reviews with people and asked for feedback about the service as part of this process. Action had been taken where appropriate following these reviews. For example, referring people for additional domiciliary care support or to a health care professional when necessary.

The provider had sent surveys to people receiving a service in January 2016. All of the responses we checked were positive. For example, everyone said that they felt 'Satisfied or 'Very satisfied' with the care they received. The following comments were noted about the staff, "Always friendly", "We chat a lot", "Always glad to assist", "Polite" and "Rarely late."

The registered manager used various tools to audit the service. For example, reviewing care records and staff supervision. The care coordinator and senior staff also telephoned people to check if the staff provided care to the provider's standard.

Staff had a good understanding of their lines of accountability and the reporting structure within the service. This included use of the whistle blowing procedure to raise concerns within the organisation. All the people and relatives we spoke with made positive comments about the service they received and the way it was run. Several people referred to the staff as "very good" and said that staff met their needs satisfactorily.

Staff said they felt well supported by their line manager and the care coordinator both informally and more formally through staff meetings and supervisions. They told us they were always able to contact the registered manager or a senior member of staff and felt confident about raising issues of concern with the registered manager and the care coordinator. One staff member said, "There is a lot of support for staff." Another told us, "We are well supported. We are always able to talk to the manager or care coordinator if we have any concerns."

The registered manager was committed to driving improvement of the service. For example, the development of new services such as increasing the cleaning service, accompanying people who wished to go shopping and offering an escorted discharge service from hospital. All these were being developed with a view to enabling people to remain independent and stay within their own homes.