Age Concern (Eastbourne Number 2) Limited

William and Patrica Venton Centre

Inspection report

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Date of inspection visit:
06 October 2017

Date of publication:
28 November 2017

Ratings

Overall rating for this service	Requires Improvement

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?	**Requires Improvement**

Summary of findings

Overall summary

William and Patrica Venton Centre is a domiciliary care agency (DCA), based in Eastbourne. The office is in a central area of town with local parking available. It provides personal care and support to older people living in their own homes covering Eastbourne town and the surrounding areas. People receiving this care had varied care and support needs but did not include complex care needs. Care provided included help with personal hygiene and supporting people with medicine administration. Some people had memory loss and lived with dementia. Other people had mobility problems and needed assistance in moving, sometimes with the support of basic equipment but did not currently include any lifting equipment.

This inspection was unannounced. The inspection took place on 6 October 201. At the time of this inspection eighteen people were receiving personal care from the DCA. The agency also provided domestic help to people in the local area.

The DCA had an appointed manager who had applied for registration with the CQC. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Feedback that we received from people and their representatives about staff and the service was positive. Comments included, "They provide a very good service", "I am just very very lucky with this DCA" and "My mother is very happy with staff."

However, we found the provider had not ensured all aspects of the service were safe or that the quality of the service was monitored appropriately. Systems and records did not support the safe management of medicines. The recruitment practice did not include all checks needed to assure the provider that staff were suitable to undertake their allocated role. Management arrangements were not effective in all areas. Quality monitoring systems had not been established and followed to identify areas requiring improvement.

People were supported by staff who knew them well and understood their needs and preferences. People were visited at times they wanted and stayed the expected amount of time. People were supported by regular staff who knew them well and who they felt comfortable and safe with.

There were enough staff employed with the right skills to meet people's needs. Staff had a good understanding of the procedures to follow to safeguard people from the risk of abuse.

People's needs and choices were assessed and known to staff. Care delivered was personalised to reflect their wishes and what was important to them. Where people's needs changed staff were updated and health care professionals were involved as needed.

People were supported by staff who were caring and kind and took account of people's privacy and dignity. Where required, staff supported people to have enough to eat and drink and maintain a healthy diet.

There was an induction programme in place and staff received the training and support they required to meet people's needs. Staff were trained in the principles of the MCA and understood the importance of people giving their consent. The management team knew the correct procedures to follow when people lacked capacity to make decisions.

People were asked for their view on the service and support they received and were aware how to make a complaint. There was an open and positive culture at the service which had clear aims and objectives. Staff told us they felt supported, listened to and valued.

We found two breachs of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

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

Some aspects of the service were not safe.

Systems and records did not support staff in the safe management of medicines.

Staff recruitment practice did not ensure all required checks were completed before staff worked unsupervised.

People and their relatives told us that they felt safe with the staff that supported them.

Staff undertook training and procedures were in place to protect people from abuse. Staff had a clear understanding of what to do if safeguarding concerns were identified.

There were enough staff working to meet the needs of people who used the service.

Is the service effective?

Good

The service was effective.

New staff completed and induction programme and staff undertook essential training to support them to meet people's needs.

Staff were trained on the Mental Capacity Act 2005 (MCA) and understood its principles.

People's nutritional needs were reviewed and they were supported to receive enough to eat and drink.

Staff knew people well and recognised when they may need to be referred to an appropriate healthcare professional for example the GP or district nurse.

Is the service caring?

Good

The service was caring.

Staff treated people with kindness, and had a friendly caring

approach to people.

People were treated with dignity and respect by staff who took the time to listen and communicate with them.

Staff were able to explain the importance of confidentiality, so that people's privacy was protected.

Is the service responsive?

Good

The service was responsive.

People knew how to make a complaint and raised any concerns with the office staff if they needed to.

People received care and support that was responsive to their needs and reflected their individual wishes because staff knew them well.

Is the service well-led?

Requires Improvement

Some aspects of the service were not well-led.

The quality monitoring systems did not ensure best practice in all areas. Some records were not accurate or completed in a consistent way to support safe and effective care.

People felt the management of the service was effective and available.

Staff told us the management and leadership of the service was approachable and supportive. There was a clear vision and values for the service, which staff promoted.

William and Patrica Venton Centre

Detailed findings

Background to this inspection

This inspection checked 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.

We carried out this inspection on 6 October 2017 and it was announced. The inspection was undertaken by an 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.
The inspection included a visit to the office that was the registered location, and telephone contact with people who used the service their representatives and staff working for the agency following this visit.

This was the first inspection for this DCA since it was first registered as a new service in 2016. Before our inspection we reviewed the information we held about the agency, which included any safeguarding alerts, associated investigations undertaken by the local authority and notifications received. A notification is information about important events which the service is required to send us by law. The provider also completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Following the inspection visit we spoke with the Local Authority Contracting Team who are responsible for monitoring the quality and safety of the service provided to people.

On the day of the office visit we spoke with the appointed office manager, the nominated individual (the identified responsible person appointed by the organisation), a support worker, a senior support worker and the office co-ordinator. We looked at four staff files, complaint and safeguarding records and quality review checks. We reviewed staff scheduling records and systems for staff training and supervision. Five people's care files were reviewed along with a selection of policies and procedures that supported the provision of care. Following the office visit we spoke with one person receiving a service, five relatives and another senior

support worker.

Requires Improvement

Is the service safe?

Our findings

People and their relatives were positive about the service provided and the staff who worked for the DCA. They felt the care and support was delivered in a safe way by staff who were trusted. People and their relatives told us they normally had regular staff who they got to know which helped them feel safe. One relative said, "She gets to know the carers and has trust in those who provide her care." Another said, "We now have peace of mind, we like it."

Despite this positive feedback we found some practice that was not safe.

Systems did not ensure staff administered or supported people to take their medicines in a safe way. The medicine administration records (MAR) charts were not complete and did not record clearly what medicines were to be taken, at what time, or what medicines had been given.
For example, when 'as required' medicines were prescribed records had not recorded if these had been offered, at what time they were given and in what dosage, if an option was available. There was no record of when and how topical creams were being applied despite staff being involved with the application of these medicines. In addition there was no corresponding medicine care plan to support staff and to provide individual guidelines to staff on what care and support was required by people. The provider could not be assured people were receiving their medicines as prescribed. One relative told us when asked about medicine support provided, "Once or twice they hadn't given medication, the new carer didn't realise they had to give medication. They are on the ball at the moment.

The lack of safe and consistent practice for the management of medicines is a breach of 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Recruitment files demonstrated that practice followed did not ensure all required checks were completed before staff worked in an unsupervised role. For example, we found two support workers were working with only one reference. The nominated individual (NI) confirmed that it was company policy that at least two references would be gained before staff worked on their own. Records also confirmed that a full employment history was not gained and explored as part of the recruitment process. The provider could not be assured that staff employed were suitable to work in the care sector.

The lack of full and robust recruitment practice was a breach of 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service had a number of policies and procedures that supported staff to respect people's rights and keep them safe from harm. Staff had undertaken training on safeguarding people and were able to discuss different types of abuse, and how they could identify the risk of abuse and what to do if they had any concerns. For example, one staff member told us how they had identified a person was at risk as their changed needs could not be met following discharge from hospital. They had reported appropriately and ensured the local authority followed up on the issues identified. The appointed manager understood and was familiar with the procedures used when reporting any suspicion or allegation of abuse and had used

these in the past. The NI had ensured each member of staff had a disclosure and barring check. (DBS) These checks identify if prospective staff had a criminal record or were barred from working with vulnerable people. These checks took place before staff commenced working unsupervised and were updated each year

There were enough staff to meet people's needs. People and their relatives told us staff were reliable and visits were always covered. People usually knew who was coming and the time of the visit. If staff were running late people were advised. One relative told us, "If they can't come at the right time they usually give me or my brother a buzz saying they are running late." Another said, "On a day to day basis it's been the same person, carers will say so and so is coming. The time is pretty regular in the week and weekends are similar times or there about. They always enter everything in the file." There had been some recent changes in the staff working for the DCA and new staff had been recruited. The assessment process included a team discussion around staff availability to ensure all needs of people can be met. Systems in place including weekly scheduling that ensured staff were used effectively. The senior support workers who worked in the office and the appointed manager were available and covered some visits. This ensured they knew and understood people's needs and were able to cover staff holidays and staff sickness at short notice. Staff we spoke with told us there were enough staff and time allocated for visits allocated to them. Staff recorded the time of each visit within the records held at each home and a logging in system was used in each home to record the time of arrival and departure of staff. People and relatives told us staff stayed the time they were supposed to and completed the required care and tasks. Staff were allocated time between each visit to allow for travelling.

Environmental and individual risk assessments were used to identify any hazards to people or staff. For example, when people had mobility problems staff assessed the environment and equipment to be used to keep people safe. A senior support worker told us if people did not have fire safety equipment they referred them to the local fire and rescue service for advice with their consent. The security of people's homes was assessed and key locks were used when necessary to maintain the security of the home. Staff kept this information secure. Staff were issued with identity badges and these were updated and renewed on a regular basis so people were confident staff were sent from the DCA.

Good

Is the service effective?

Our findings

People and their relatives told us they liked the staff that supported them and the care was given to a good standard by staff who knew what they were doing. One person said, "I really cannot fault them," and a relative told us, "I am very impressed with the service." They thought staff responded and took account of their individual choices. One relative told us, "They ask how she is, did you sleep well, what you want for breakfast, they don't just slap it in front of her, it's nice for her." People and relatives preferred regular staff but understood some changes were inevitable. One person told us, "It's nice to have continuity with staff, you don't have to tell them what needs doing every time." The senior staff worked hard to provide regular staff to people so staff were familiar with people's individual requirements.

Staff received the training and support they required to meet the needs of people who used the service. There was a training programme that included classroom training and self-directed learning. Staff chose where they completed the training as a facility was available in the office base and time for training was paid for. The training schedule covered medicines, infection control, safeguarding, dementia, MCA, first aid and moving and handling. Practical training sessions on safe moving and handling were being reviewed and updated. When staff started work at the service they received an induction which included working through an induction hand book essential training and shadowing senior staff. New staff completed the Care Certificate. The Care Certificate ensures staff who are new to working in care have appropriate introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. Training was ongoing and a system to ensure all staff completed essential training each year was being implemented. Staff told us the training provided gave them the skills and knowledge to undertake their roles. One told us, "I have worked in care before, but the training here is very good and supports how the company wants the care delivered."

Staff skills and competencies were checked by senior staff. A supervision programme was in place which included one to one supervision and spot checks. Spot checks were undertaken by the senior staff who observed staff when visiting people. Theses checks were unannounced and included a check on when the staff member attended, how they conducted themselves and an observation of their competencies in relation to the care and support provided. This included how staff moved people, medicine management and the correct use of infection control procedures such as using gloves and aprons appropriately.

Staff told us one to one supervisions were used for discussing specific care needs of people, any staff training needs and staff wellbeing. One staff member told us, "I feel really well supported with the management team taking account of me too." There was a plan in place to complete annual staff appraisals to develop and support staff. Staff told us they were always able to contact a senior member of staff for advice and guidance. One staff member said, "You have no problem getting hold of the office staff on the telephone, they always answer and are very helpful."

Staff undertook training on the MCA and had an understanding of consent issues and how this related to people they supported. The organisation had associated policies and procedures that staff could refer to. The MCA aims to protect people who lack capacity, and maximise their ability to make decisions or

participate in decision-making. Staff told us people receiving personal care were able to consent to the care and support provided to them on a daily basis. Senior staff knew if they had concerns about people's capacity and ability to make decisions this would be referred to a social care professional for further advice and a capacity assessment may be completed.as necessary.

When needed staff supported people to maintain a healthy diet. Staff took account of people's dietary needs and ensured people were eating and drinking appropriately. Staff told us they checked with people they were eating and drinking and had food available in their home. For example, a number of people had prepared meals delivered. One person told us, "They make me a cup of tea." A relative noted staff washed their hands when dealing with food preparation.

Staff responded to people's daily health needs and responded to any changing health care needs appropriately. People and relatives we spoke with told us the staff took appropriate action when people were unwell or needed additional support. For example, staff noted when people's needs were changing or if people needed medical intervention. One relative told us, "My relative has a urinary catheter which sometimes comes out, the staff get in touch with the district nurse to put it back in." Another relative told us, "My relative has been depressed lately staff record their mood and let me know. I have had a meeting with a senior support worker and they took it upon themselves with our agreement to contact the GP and other agencies."

Good

Is the service caring?

Our findings

People and relatives were complimentary about the staff providing the service and the way that they delivered the care and support required. We were told staff were friendly and made an effort to connect with people spending additional time chatting with people. A person said, "They are very caring, they all have a great sense of humour, they're great they have been amazing. It makes me feel very humble. I can't fault them." One relative said," Sometimes they sit and have a chat with her", another said, "Mum really enjoys the contact." Another person said, "They are delightful. They make me laugh, it's the best tonic, they are delightful."

People and relatives complimented the approach of staff and told us they were kind and compassionate. One person said, "I'm very happy with the agency and staff, they all smile, you get to know them and their families. They all keep smiling and encouraging you." A relative said, "The staff are excellent, so helpful, so kind and so thoughtful, really kind and helpful."

Relatives described how staff often went the 'extra mile' to look after people and reduce people's anxieties whenever possible. For example, one relative said, "Mum has hearing aids and sometimes they come out a staff member spent a long time looking for them and found them in the end. They had to sort through all the rubbish." Another relative described how staff responded in a kind way to a relative who needed distraction to motivate. They said, "Staff are tolerant and understanding, my relative can be difficult at times. They are always happy to her, they talk about their lives to her, giving them something to talk about with her while they are there".

Staff maintained people's privacy and promoted their independence. People told us they felt comfortable with staff and they took account of their privacy. Relatives believed staff treated people with respect and maintained their privacy and dignity when providing care and support. One described how staff treated a person when intimate care was being provided and told us how 'careful' they were. One person told us staff took time and allowed them to be independent whenever possible supporting them to dress on their own. They said, "Yes they are always encouraging. They say, you look alright this morning." Relatives felt staff took a genuine interest in people's welfare and ensuring they had all their needs attended to. One told us, "Sometimes they will sit with her while she is having lunch and listen to her. They will ask if they want their hair done and then get in touch with me or my brother to organise a hairdresser."

Staff worked as a dedicated team with an emphasis on providing a good standard of care to each person. Staff communicated regularly with each other, face to face, via email, and telephone contact. Important information was recorded within the daily care records. Staff were well supported and told us they felt they were valued as a team member and as an individual. The organisation promoted caring principles throughout its service this included the support for staff. The recruitment process also took account of prospective staff values and assessed their caring approach within this.

Staff training supported by the organisation promoted a caring approach by staff and included privacy, dignity, equality and diversity and person centred care. The NI had completed additional training and was

the allocated dignity champion. A dignity champion is someone who believes that being treated with dignity is a basic human right, not an optional extra. This ensured a caring approach was embedded through the staff group.

Confidential information was handled appropriately by staff and this included the use of any electronic information. There was a policy and procedure on confidentiality and confidential records were held in the office and were locked in filing cabinets. The staff training programme included handling information, and staff had a good understanding of how they maintained confidentiality.

Good

Is the service responsive?

Our findings

People and their relatives were involved and consulted on what care people needed and in what way they wanted it provided. People felt they had been listened to with regard to the care and support they wanted. Relatives told us they were kept informed about changes that effected people as their relative would want. One relative said, "They let us know things straight away." People and relatives told us communication was good, this included written information that was recorded within the daily records and regular contact with the office staff. One relative told us, "There's a book they fill in every time, they write what they've done. It's easy to check what's happening."

An assessment of people's needs was completed before a service was offered or agreed upon. A service was not offered unless suitable staff were available to provide the care and support required and at a time of the person's choice. A core team of staff to provide consistent staff was important to people and the DCA worked hard to provide this. People and relatives told us they were involved in the development of the care and support ensuring it was tailored and changed as necessary to meet people's needs. For example, one relative explained that staff had extended their service to include a change of bedding, vital in maintaining personal hygiene. Another relative told us how times of a visit had been changed to ensure regular staff could attend. Relatives told us the care was reviewed and updated by the senior staff. One told us, "They do an assessment periodically, they come to the house. They have done three or four in the time we've had them."

Staff told us communication with the office staff was effective and regular. Staff came to the office on a regular basis for equipment, training, supervision and team meetings. They also popped in for general discussions and support. This regular communication at all levels allowed the sharing of important information and a rapid response to any changes in people's needs. The office staff worked closely with other professionals when people were being discharged from hospital to ensure information was shared and suitable support was available.

Staff were knowledgeable about the people they supported. They knew their preferences and interests and their family relationships as well as their health and support needs, which enabled them to provide a personalised service. Staff told us they had time to talk to people and understand them as individuals living within a community. Staff took a holistic approach to people and supported them in contacting and using other local services to promote their wellbeing and safety. For example, one staff member told us how they referred people internally to Age Concerns be-friending service if people thought this would be helpful to them. They were also able to facilitate access to local services including one that provided an emergency call bell system.

People were able to raise a concern or complaint easily if they wanted to. People were given information on how to make a complaint and the organisation encouraged feedback through this route. The provider had established an effective system to receive, handle and respond to complaints. Records confirmed a system was established and was used when a complaint was raised. People and relatives said they knew how to complain and would speak directly to the appointed manager or other staff working in the office. They told

us they had contact numbers and names of staff to talk to, with any concern. One relative explained how a complaint they raised was dealt with quickly and to their satisfaction. They said, "Staff were giving more medication that they should. They contacted all staff, it was sorted out within a couple of hours." Another relative told us, "We have no complaint, we cannot find anything to complain about, it's absolutely super."

Requires Improvement

Is the service well-led?

Our findings

People and relatives were confident that the DCA was well managed. They were aware there had been changes in the management team and said, "They've had a change of manager recently, it seems to be working well." One person said, "Pretty well managed, I'm impressed with that side." They said they were able to talk to the appointed manager and senior staff when they wanted to, even if they called back after a message was left. This was important to them, to know staff were always available and accessible. People told us they were well received whenever they spoke to any of the office staff who were helpful and were able to respond to any question. A relative told us, "They are very good, if you ring they always get back to you, and explain things to you."

The previous registered manager left the DCA at the beginning of September 2017 and a new manager had just taken up post and was progressing her required registration with the CQC.

Despite the positive feedback about the management arrangements we found the leadership of the DCA was not effective in all areas. We found management systems that included quality monitoring did not always ensure safe and best practice was followed in all areas. Checking and auditing systems had not been used to ensure appropriate records had been maintained.
For example, records of what medicines were prescribed and when they were to be given were not maintained accurately. The records recording what medicines had been taken were not clear. The records relating to topical creams did not confirm that these were given in a consistent way and staff were not given clear guidelines on how to apply them. Systems in place did not ensure people had taken their medicines as prescribed.

Other records were not complete. For example, the care documentation did not show that all risks had been fully assessed and responded to and did not clearly reflect a person centred approach to care in all cases. People did not have risk assessment completed on all areas of risk this included environmental risks, skin damage and moving and handling. Risk assessments need to be fully completed to ensure all areas of risk are reviewed and responded to as necessary. Accurate records and risk assessment are vital in ensuring care and support can be delivered in a consistent and safe way. The lack of accurate records and lack of evidence that risk assessments were completed and acted on was not picked up through the management's quality assurance systems. We did not find that this had impacted on people, however this meant important care instructions may not be passed on to all staff and could impact on the care provided.

Both these areas of quality assurance and governance were identified to the NI and appointed manager as areas for improvement.

There was a clear management structure with identified roles and responsibilities within the DCA. The appointed manager was supported by two senior support workers and an office co-ordinator. The NI was also based in the same location and provided a management oversight. She undertook the supervision of the registered manager and conducted management meetings and compiled reports for the board of trustees. The appointed manager and senior support workers had regular contact with people either

through providing direct care or when completing spot checks. All office staff knew and understood people's care needs well and had a good knowledge of staff's skills, abilities and availability. The office staff had daily discussions about people who used the service and their individual care needs. They displayed a genuine interest in people who used the service and tailoring the DCA visits to meet their needs. One relative said when asked what the service did well, "I suppose it does what it says on the tin and more, from what mum says the carers 'care' we know she is in good hands."

Communication between all staff was well established and staff told us there was a good team spirit. Staff were welcomed when they came the office and senior staff made themselves available and approachable. A 24 hour on-call service was available and covered by the office staff to ensure changes in the service provision could be responded to. For example, ensuring an early response to any staff sickness or poor weather. Contingency plans were being established and the appointed manager had re-instated an on call information file ensuring those staff covering had all relevant information even if the computer system were not available. Staff meetings were held regularly and staff were kept up to date on changes to the organisations and the running of the DCA. For example, changes in procedures and staffing.

There were systems to gain feedback on the quality of the service by regularly speaking with people to ensure they were happy with the service they received. People were contacted routinely with people to check on the standard of the service received. People were also able to comment on the care provided through the completion of quality assurance questionnaires. People and staff were encouraged to provide feedback via surveys that could be anonymous. These had yet to be fully audited to provide useful feedback to the management however contained positive comments.

There was a whistle blowing policy in place and staff told us they would use it to raise any concern to the appropriate person as required. Whistle blowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations. Staff said that they felt there was an open and inclusive management style in place and they felt very well supported by the senior staff working in the office. Staff felt valued and that they mattered as well as the people they cared for. The management reinforced a positive culture at the DCA. The vision and aims and objectives of the service were clearly recorded within the documentation shared with people and staff. Staff were clear that their aim was to provide a high quality service to improve the quality of people's lives effectively, meet their needs and to maintain people's individual rights. The vision was to deliver homecare services which are designed to be responsive, and offer flexibility, choice and control.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Systems and procedures followed did not ensure all medicines were handled safely and in a consistent way.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Practice followed did not ensure full checks were completed on new staff before they worked unsupervised.