

Age Concern Malling

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Inspection report

Rotary House
Norman Road
West Malling
Kent
ME19 6RL

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01 August 2018

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Tel: 01732848008

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

We inspected the service on 1 August 2018. The inspection was announced. Age Concern Malling is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a service to younger adults, older people, people who live with dementia and people who need support to maintain their mental health.

The service covers Malling, Hadlow, Borough Green, Watringbury and Larkfield. There were 180 people using the service at the time of our inspection visit. Some of the people using the service received help with housework and meal preparation by care staff calling to their homes. Other people received assistance with bathing. This service was delivered either in people's own homes or by calling to Rotary House that has a bathroom which is suitable for use by people who have physical adaptive needs. Rotary House is a resource centre located in West Malling where the service also has its office location. Other people received a foot care service that was delivered in their homes, in clinics hosted in doctors' surgeries and also in Rotary House.

The service was run by a charitable body who was the registered provider. There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run. In this report when we speak about both the charitable body and the registered manager we refer to them as being, 'the registered persons'.

At the last comprehensive inspection on 12 February 2016 the overall rating of the service was, 'Good'.

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

At this inspection we found that the service remained, 'Good'.

People were safeguarded from situations in which they may experience abuse including financial mistreatment. Risks to people's safety had been assessed, monitored and managed so they were supported to stay safe while their freedom was respected. Medicines were managed safely. There were enough staff on duty and background checks had been completed before new care staff had been appointed. Suitable arrangements were in place to prevent and control infection and lessons had been learned when things had gone wrong.

Care was delivered in a way that promoted positive outcomes for people and care staff had the knowledge and skills they needed to provide support in line with legislation and guidance. This included respecting

people's citizenship rights under the Equality Act 2010. People received the individual assistance they needed to prepare their meals and they were helped to have a balanced diet to promote their good health. Suitable steps had been taken to ensure that people received coordinated and person-centred care when they used or moved between different services. People had been supported to live healthier lives by having suitable access to healthcare services so that they received on-going healthcare support. People were supported to maintain and decorate their accommodation so that it met their needs and expectations.

People were supported to have maximum choice and control of their lives. The registered persons had also taken the necessary steps to ensure that people only received lawful care that was the least restrictive possible. Policies and systems in the service supported this practice.

People were treated with kindness, respect and compassion and they had been given emotional support when needed. They had also been supported to express their views and be actively involved in making decisions about their care as far as possible. This included them having access to lay advocates if necessary. Confidential information was kept private.

People received personalised care that was responsive to their needs and which promoted their independence. This included them having access to information that was presented to them in an accessible way. People were supported to lead the everyday lives they had chosen for themselves including pursuing their hobbies and interests. The registered manager and care staff recognised the importance of promoting equality and diversity. This included appropriately supporting people if they chose gay, lesbian, bisexual, transgender and intersex life-course identities. There were arrangements to ensure that people's complaints were listened and responded to in order to improve the quality of care. Suitable provision had been made to support people at the end of their life to have a comfortable, dignified and pain-free death.

The registered persons had promoted a person-centred culture in the service and had made the arrangements necessary to ensure that regulatory requirements were met. People who used the service, their relatives and care staff were actively engaged in developing the service. There were systems and procedures to enable the service to learn, improve and assure its sustainability. The registered persons were actively working in partnership with other agencies to support the development of joined-up care.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Age Concern Malling

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered persons continued to meet 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 used information the registered persons sent us in the Provider Information Return. This is information we require registered persons to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also examined other information we held about the service. This included notifications of incidents that the registered persons had sent us since our last inspection. These are events that happened in the service that the registered persons are required to tell us about. We also invited feedback from the commissioning bodies who contributed to purchasing some of the care provided by the service. We did this so that they could tell us their views about how well the service was meeting people's needs and wishes.

Shortly before our inspection visit to the service's office location, we spoke by telephone with 11 people who used the service and with four of their relatives. We wanted to find out what it was like to receive care calls from the service. We also spoke by telephone with five care staff so that they could tell us about their experience of working in the service.

We visited the service's office location on 1 August 2018 and the inspection was announced. We gave the service 48 hour's notice because it is small and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be available to contribute to the inspection. We spoke with the administrator, two senior care workers and the registered manager. We looked at the care records for six people who used the service. We also examined records relating to how the service was run including the times and the duration of care calls, staffing, the management of medicines, the obtaining of consent and the delivery of training. In addition to this, we examined the systems and processes used to assess, monitor and evaluate the service.

Is the service safe?

Our findings

People told that they felt safe using the service. One of them said, "The staff I see are lovely and caring people who I look forward to seeing."

People were safeguarded from situations in which they may experience abuse. Records showed that care staff had received training and knew how to recognise and report abuse so that they could take action if they were concerned that a person was at risk. They told us they were confident that people were treated with kindness and they had not seen anyone being placed at risk of harm. There were robust systems and processes in place to ensure that people were correctly billed for the service they had received and this helped to protect them from financial mistreatment.

Risks to people's safety had been assessed, monitored and managed so they were supported to stay safe while their freedom was respected. This included measures that had been taken to help people avoid preventable accidents. People told us that before they had started to receive care calls, a senior member of care staff had visited them at home to resolve any potential hazards so that they could safely be provided with the assistance they needed.

People who needed help with managing medicines had been given the right support in line with national guidelines. There was written guidance about the medicines the people concerned were using and how they should be supported to use them. Care staff had received training and had been assessed by the registered manager to be competent to safely support people to use medicines. People told us that they were given all of the support they needed so that they used their medicines in the right way.

Enough care staff had been deployed to enable care calls to be completed in line with each persons' expectations. Safe recruitment practices were in place to ensure that only suitable people were employed to work in the service.

Suitable measures were in place to prevent and control infection. This included care staff supporting people to maintain good standards of hygiene in their homes. Also, care staff ensured that equipment used in Rotary House and in the clinics was clean and hygienic.

There were systems and processes to enable lessons to be learned and improvements made if things went wrong. The registered persons had robust arrangements to analyse accidents and near misses so that they could establish why they had occurred and what needed to be done to help prevent the same things from happening again.

Is the service effective?

Our findings

People told us that they were confident that the care staff knew what they were doing and had their best interests at heart. One of them remarked, "I get on very well indeed with the carer who helps me in the bathroom and they know exactly how I like things done."

Robust arrangements were in place to assess people's needs and choices so that care was provided to achieve effective outcomes in line with national guidance. As part of this, the registered manager had suitably considered any provision that might need to be made to ensure that people's citizenship rights under the Equality Act 2010 were fully respected. An example of this was the registered persons carefully establishing if people had cultural or ethnic beliefs that affected how they wanted their care to be provided.

New care staff had received introductory training before they provided people with care. Care staff had also received on-going refresher training to keep their knowledge and skills up to date. The subjects included how to safely assist people who experienced reduced mobility and how to support people who lived with particular health care conditions. We found that care staff knew how to care for people in the right way. This included helping people to promote their continence and supporting people to keep their skin healthy.

People who needed help to eat and drink enough were assisted in the right way. They told us that care staff helped them to make the meals and drinks they wanted to have. We also noted that care staff had liaised with people's relatives if a person was running low on provisions and needed shopping to be done for them. The registered persons also had systems and processes in place to enable care staff to identify if a person needed to be referred to healthcare professionals because they were at risk of choking. This was so that care staff could receive advice about how best to support them including specially preparing their food and drinks so that they were easier to swallow.

Suitable arrangements were in place so that people received coordinated care and had suitable access to healthcare resources. This included the registered manager liaising with a person's relatives if transport arrangements needed to be made for the person to attend a hospital appointment or if a doctor's appointment needed to be made on their behalf.

Most people who used the service had mental capacity and suitable arrangements had been made to obtain their consent to the service they received. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005. The procedures for this are called the Deprivation of Liberty Safeguards (DoLS) with applications being made to the Court of Protection in order to legally deprive people of their liberty. The registered persons had established robust systems and processes to ensure that people only received lawful care.

People had been supported to maintain and decorate their accommodation so that it met their needs and expectations. There were examples of care staff working with relatives to enable repairs and improvements to be completed.

Is the service caring?

Our findings

People were consistently positive about the care they received. One of them said, "The staff are excellent and they're like friends to me." Relatives were also confident about their family members receiving a caring service. One of them remarked, "I am indeed very happy with the service because the staff genuinely care and it's much more than just being a job for them."

The registered persons had provided care staff with the resources they needed to ensure that people were treated with kindness and given emotional support when necessary. People told us about a lot of positive conversations that had promoted their wellbeing. In one of these examples a person recounted how the member of care staff always stayed for extra time so that they could have a cup of tea together and chat about events of the day. Reflecting on this the person said, "We have a jolly good natter about all sorts and it absolutely makes my day. Yes I need to have my feet done but almost as much I need to have a gossip."

People's privacy, dignity and independence were respected and promoted. Care staff recognised the importance of not intruding into people's private space. During our inspection visit to Rotary House a person was being assisted to have a bath. We noted that while this support was being delivered the door to the bathroom was kept closed. In addition to this, people who received care calls to their homes described how care staff knocked and waited for permission before going into bedrooms, toilets and bathrooms. They were also said to cover people up as much as possible when providing personal care.

Care staff were considerate and we saw that a special effort had been made to welcome people when they first started using the service. This had been done so that the experience was positive and not too daunting. People described how care staff had asked them how they wished to be addressed and had reassured them that the dates and times of care calls could be adjusted as far as possible to fit around their changing needs and wishes.

People had been supported to express their views and be actively involved in making decisions about their care and treatment as far as possible. Most of them had family, friends or solicitors who could support them to express their preferences. For other people the registered persons had developed links with local lay advocacy resources. Lay advocates are people who are independent of the service and who can support people to weigh up information, make decisions and communicate their wishes.

Suitable arrangements had been made to ensure that private information was kept confidential. Written records which contained private information were stored securely when not in use. Computer records were password protected so that they could only be accessed by authorised members of staff.

Is the service responsive?

Our findings

People told us that the care staff provided them with all of the assistance they needed. One of them said, "Care staff are very reliable. I go to my local doctor's surgery where I have an appointment with a member of the care staff to do my feet. It all runs like clockwork and all in all it's a very good service." Relatives were also complimentary about this aspect of the service. One of them remarked, "The service seems to be very organised and very friendly at the same time. I think it's because it's a charity that focuses upon helping older people and so they're happy to go the extra mile and the staff do more than they have to."

People received personalised care that was responsive to their needs including their right to have information presented to them in an accessible manner. Records showed that care staff had carefully consulted with each person about the care they wanted to receive and had recorded the results in an individual care plan. The care plans were being regularly reviewed to make sure that they accurately reflected people's changing needs and wishes. Other records confirmed that people were receiving the care they needed as described in their individual care plan.

People were supported to lead the everyday lives they had chosen for themselves including pursuing their hobbies and interests. Care staff had been given training and guidance about how to support people to be themselves. This included recognising that some people wished to be supported to meet their spiritual needs through religious observance. The registered persons and care staff also recognised the importance of appropriately supporting people if they adopted gay, lesbian, bisexual, transgender or intersex life-course identities. This included being aware of how to help people to access social media sites that reflected and promoted their choices.

There were robust arrangements to ensure that people's complaints were listened and responded to in order to improve the quality of care. People had been informed in an accessible way about their right to make a complaint and how to go about it. There was also a procedure for the registered persons to follow to ensure that complainants were kept informed about how their concerns were being addressed. Since our last inspection the registered persons had not received any formal complaints.

The registered persons had made suitable provision to support people at the end of their life to have a comfortable, dignified and pain-free death. This included consulting with people and their relatives to establish how best to support a person when they approached the end of their life. A part of this involved clarifying each person's wishes about the medical care they wanted to receive and about how they wished their life to be celebrated.

Is the service well-led?

Our findings

People considered the service to be well run. One of them told us, "I think that the service is better run than many other companies I have to deal with and is how it should be."

There was a registered manager in post who together with the chief executive officer of the charitable body had promoted a person-centred culture in the service. They had also enabled the service to comply with regulatory requirements. Records showed that the registered persons had established suitable procedures to ensure that we are promptly told about any significant events that might occur in the service. This is important so that we can promptly check that people are being kept safe. In addition to this, the registered persons had displayed both in Rotary House and on their website the quality ratings we gave at our last inspection. This is important so that members of public know how well the service is meeting people's needs for care.

There were systems and processes to help care staff to be clear about their responsibilities. This included there being a senior member of staff on call during out of office hours to give advice and assistance to care staff should it be needed. Care staff had been invited to attend regular staff meetings that were intended to develop their ability to work together as a team. This provision helped to ensure that care staff were suitably supported to care for people in the right way. Furthermore, care staff had been provided with up to date written policies and procedures that were designed to give them up to date guidance about their respective roles.

Care staff told us there was an explicit 'no tolerance approach' to any member of staff who did not treat people in the right way. As part of this they were confident that they could speak to the registered persons if they had any concerns about people not receiving safe care. They told us they were confident that any concerns they raised would be taken seriously so that action could quickly be taken to keep people safe.

The registered persons had made suitable arrangements to enable the service to learn, innovate and ensure its sustainability. They described to us how they regularly completed quality checks to make sure that the service was running smoothly. These checks included making sure that care was being consistently provided in the right way and care staff had the knowledge and skills they needed.

People who used the service and their relatives had been invited to make suggestions about how the service could be improved. There were arrangements in place to ensure that action was taken to implement any suggested improvements.

The service worked in partnership with other agencies to enable people to receive 'joined-up' care. This included working together with other local charitable groups so that the local authority had a single point of contact when establishing what resources needed to be provided for supporting older people who live at home.