

Age UK Calderdale and Kirklees

Age Uk Calderdale and Kirklees

Inspection report

Sundale House
44 Keldregate
Huddersfield
HD2 1SY

Tel: 01484559935

Date of inspection visit:
11 November 2019
12 November 2019

Date of publication:
28 November 2019

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Age UK Calderdale & Kirklees registered in 2018 to provide a domiciliary care service for older people living in Kirklees and Calderdale. This part of the service has not commenced, and the provider had not yet determined when this service would start to operate. However, people were provided with a domiciliary toe nail cutting/foot care service and at the time of inspection this was provided to 29 people. People were visited at intervals of between six and twelve weeks.

People's experience of using this service

People highly rated the scheme and told us they felt safe with the staff who provided the service, who they described as having the skills for the role.

People were protected from harm as staff and the registered manager were aware of their responsibility to ensure people using the service were safe. Risk was assessed and measures put in place to reduce the likelihood of harm. Information was recorded in care plans and shared with staff.

People were supported by staff with the knowledge and skills to undertake the necessary tasks. Staff were supported by a programme of training set by the provider, and a system for supervision and appraisal was in place.

People reported staff were kind and caring, asked for their consent before providing care and respected their privacy and dignity.

People referred themselves into the service and were fully involved in developing their plan of care which reflected their preferences.

The service was supported by the provider's head of quality who ensured they met the providers standards in terms of quality. Support was also provided by the national organisation and there was a shared value and vision to improve the lives of older people.

There was very little to audit at the time of this inspection. The registered manager was aware of their responsibility to monitor the quality of the service provided and had an audit in place to measure the service against the CQC key lines of enquiry. There was no date set to commence the regulated part of their domiciliary care service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection: The service was inspected (published 15 May 2019) but not rated as it was not fully operational.

Why we inspected

This was a planned inspection based on the previous inspection outcome.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Age Uk Calderdale and Kirklees

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Age UK Calderdale & Kirklees is registered as a domiciliary care agency. It is registered to provide personal care to older people living in their own homes. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. The inspection activity started on 11 November 2019 and ended on 12 November 2019. We visited the office location on 11 November 2019.

What we did before the inspection

We contacted the local authority safeguarding, commissioning and monitoring team and reviewed all the information we had received since the last inspection. We contacted Healthwatch to see if they had received any information about the provider. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The provider was not

asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with the registered manager, the Chief Executive Officer, the nominated individual and the member of staff currently providing the foot care service. We reviewed a range of records. This included three people's care records. We looked at the staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed. We spoke with five people using the service over the telephone for their views about the care provided.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first rated inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with staff providing the service.
- The provider had systems and processes in place to reduce the risk of harm to people and they were aware of the local safeguarding reporting protocols.
- Staff were trained to understand and apply safeguarding policies and procedures.

Assessing risk, safety monitoring and management

- The registered manager was aware of their responsibility to ensure all risks to people and staff were assessed and reviewed regularly to ensure people were protected from avoidable harm.
- Risk assessment documentation was in place to be used when risks had been highlighted.

Staffing and recruitment

- Systems were in place to ensure staff were recruited safely. The service was part of a larger organisation with established processes in place.
- Since our last inspection there had been changes in staffing of the foot care service. The service was not currently using podiatry students but had recruited a permanent foot care worker to provide the service.

Using medicines safely

- No one using the service was supported with the administration of medicines. The registered manager was aware of the responsibilities in relation to using medicines safely.

Preventing and controlling infection

- Staff had access to personal protective equipment such as aprons, and gloves and were able to collect these from the office when required. Staff had been trained in infection control procedures.

Learning lessons when things go wrong

- Systems were in place to report and investigate accidents and incidents. There had been no accidents or incidents, so the registered manager could not evidence lessons learnt. However, they were fully aware of their responsibility to do so and how this could prevent future accidents.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first rated inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Staff used evidence-based guidance to ensure they were providing an effective service.
- People using the service were able to consent and choose when and where they wanted the service to be provided.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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.

- No one using the service lacked capacity to consent to their treatment. The registered manager was aware of the need to assess mental capacity and seek lawful consent where a person might lack the capacity to consent.

Staff support: induction, training, skills and experience

- The one member of staff providing the service was going through a thorough induction into the service. The provider used the Care Certificate to ensure all new staff met a nationally recognised standard of induction.
- The provider used a range of online and face to face training. Ongoing support was provided to staff with supervision every three months and an annual appraisal of their performance.
- The registered manager had undertaken spot checks with the new member of staff but had not recorded these. They said these would all be recorded going forwards to ensure they could demonstrate they met best evidence-based practice.

Supporting people to eat and drink enough to maintain a balanced diet

- The service did not include supporting people to eat and drink.

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

- Every person who was supported with the service was provided with information about other services which would might help them to remain as independent as possible in their own home and improve their wellbeing.

- People referring themselves into the service had come from other services such as podiatry clinics. There was evidence of staff working with other agencies and staff providing the service were able to make referrals into other services using an electronic tablet whilst in the person's own home.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

This is the first rated inspection for this registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff were caring. One person described how they had been unwell when the staff member visited and "couldn't believe how caring they had been."
- The provider had an equality and diversity policy in place. The registered manager was fully aware of the need to ensure the rights of people using and employed to provide the service had their protected characteristic respected

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

- People using the service commissioned and paid for the toe nail cutting service. They all told us how much they appreciated being provided with a service in their own home and they felt fully involved in all the decisions made about their care.

Respecting and promoting people's privacy, dignity and independence

- People told us staff promoted their privacy and dignity. Several people told us their independence had improved following the toe nail cutting service particularly their ability to walk.
- Confidentiality was maintained electronically by the use of secure systems and passwords.
- The registered manager showed us how information was protected electronically with restricted access and information available on a need to know basis.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

This is the first rated inspection for this registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People referred themselves to the foot care service and after the initial discussions, the member of staff visited people to carry out an assessment. The assessment was recorded electronically and showed people were fully involved in the process and their preferences recorded.
- People were able to choose how often they wanted the service provided and the service was self-funded which gave people control over the timeliness.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered provider had considered the AIS and ensured all information was available in accessible formats.

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

- The regulated service did not support people to follow interests. However, the provider as part of their unregulated activities supported people with a variety of services to prevent social isolation. Information was provided to people using the foot care service advising what was available. People told us this was discussed with them during their foot care sessions.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place which detailed how people were able to complain and the resolution process. This was available in large print, easy read and any accessible format required.
- No one we spoke with had needed to complain and the registered manager confirmed there had been no complaints.

End of life care and support

- The service did not support people at the end of their life.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first rated inspection for this registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The vision of the organisation was to "be at the centre of excellence providing access to services that meet the needs of older people." The foot care service was one part of the range of services provided by Age UK Calderdale and Kirklees to promote the wellbeing of older people in the area. It had been identified as an important service to achieve good outcomes for people.
- The provider had put a hold on developing the regulated domiciliary care service. At our last inspection we checked to see they had the necessary policies and procedures in place to develop the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and staff were clear about their roles and their responsibility to ensure they met regulatory requirements.
- The registered manager understood their responsibilities to advise CQC and other agencies of important events that may occur. They were aware they needed to support people in an honest and open way in the event of any mistakes occurring, although they had not needed to up to now.

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

- The registered manager explained to us the service started because people using their other services highlighted the need. They said, "I feel I have done a lot of work listening to people, which is why we agreed to do the home visit in the first place. Growing it from two clinics to five clinics. Growing the home visit to every fortnight shows it is working."
- The provider had a weekly newsletter for staff and volunteers. The nominated individual said, "We attach fliers for other organisations. We also have a quarterly newsletter for people. They can sign up on the website, or by post or we can take it out."
- Staff providing the foot care service said they could influence improvements at the service and felt listened to when they had made suggestions for improvements.
- The registered manager told us they were developing formal ways to gather feedback from people using the foot care service. They said, "We are developing a feedback form for the foot care to hand it out to people and those that come to the clinic. This is going to happen after Christmas as there should be enough occurrence by then."

Continuous learning and improving care

- The foot care service was still relatively new but very popular at the time of the inspection.
- There were plans in place to secure additional contracted staff to build robustness into the service as only one staff was providing this at the time of the inspection.
- The service was supported by the Age UK national staff and the provider's head of quality to ensure the service met the required standards. The registered manager advised they had an audit devised by Age UK national for foot care services but had not commenced using this at the time of this inspection.
- Staff had access to Age UK policies and procedures to guide them in their day to day practice.
- The registered manager attended local authority best practice events and a registered manager network meeting to ensure they had up to date knowledge to support the service to continuously improve.

Working in partnership with others

- The service worked in partnership with people, relatives and health and social care professionals to provide good outcomes for people.
- The management team worked in partnership with the university offering sessional opportunities for student podiatrists. There were no students providing this service at the time of the inspection.