Age UK Wakefield District

Age UK Wakefield District - 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

The inspection of Age UK Wakefield District Home Support Services took place on 30 January 2018 at the branch office, and was followed by two days of telephone calls to people using the service and members of staff. The inspection was announced and was the first inspection for this service.

This service is a domiciliary care agency. It provides personal care to older people living in their own houses and flats in the community. At the time of the inspection there were two people using the service.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and their relatives said they felt supported by knowledgeable and caring staff, and were safe. They felt confident in their abilities and were supported in the manner they chose. People's independence was promoted as much as possible.

Risk management processes were robust and staff had access to out of hours support if required. People's needs were met with consistent staff who often supported over and above what was initially agreed to ensure all needs were met.

We found some issues with medication practice and made a recommendation to the registered manager to ensure they followed current guidance.

The registered manager had a sound understanding of current guidance and ensured staff had received all necessary training and supervision.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Care planning involved all people using the service and their relatives. People's needs were regularly reviewed and adjustments made if needed. The service had not received any complaints but there was a clear procedure in place to manage any concerns.

The registered manager had a strong vision for the service and had developed a quality assurance system which focused on best practice with regular reflections. They were keen to use ideas from staff and people using the service in order to develop the quality of care delivery.

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.

There were some issues with medication practice.

People and relatives told us they felt safe and staff had a good awareness of how to report any concerns.

Risks were well managed, and staffing levels ensured safe service delivery.

Is the service effective?

Good

The service was effective.

Staff received all necessary training and were supported with regular supervision and observations of their practice.

The registered manager had good understanding of current guidance and how to implement it.

People told us how the service met their needs and how well staff worked together.

Is the service caring?

Good

The service was caring.

Staff were described as very caring, kind and understanding.

There was evidence people were involved in their care planning and reviews.

People's privacy and dignity was respected and promoted.

Is the service responsive?

Good

The service was responsive.

Care plans were very person-centred with good pen pictures of people.

The service was responsive to needs and accommodated changes wherever possible.

The service had not received any complaints but there was clear process in place.

Is the service well-led?

Good

The service was well led.

There was a shared vision embedded in practice delivery and the registered manager provided necessary guidance and support.

Quality assurance systems showed effective use of observation and competency checks.

Age UK Wakefield District - 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 is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 30 January 2018 and was announced. We gave the service 24 hours' notice of the inspection site visit to ensure there would be someone available for us to access records and discuss the service with. The site visit was followed by two days' of telephone calls on 31 January and 1 February 2018 to people using the service, their relatives and members of staff.

The inspection team consisted of one adult social care inspector.

Before the inspection we requested a Provider Information Return (PIR) which was returned to us. 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. We checked information held by the local authority safeguarding and commissioning teams in addition to other partner agencies and intelligence received by the Care Quality Commission.

We spoke with one person using the service and one relative of a person using the service. In addition, we spoke with four staff including two care workers, the registered manager and the chief executive.

We looked at two care records including risk assessments, two staff records including all training records, minutes of resident and staff meetings, complaints, safeguarding records, accident logs, medicine administration records and quality assurance documentation.

Requires Improvement

Is the service safe?

Our findings

One person told us, "I feel safe. Staff are very nice and co-operative. They always stay the full length of the call." One relative echoed this view, stating, "My relative is safe and staff always support their choices."

Staff were able to explain what may constitute a safeguarding concern including financial abuse from rogue telephone calls. They were fully aware of the reporting procedures and how to record any such concerns. We saw the service had a robust online reporting system which was reviewed within the head office and by the safeguarding lead and registered manager in the branch office.

Risks to people were assessed and managed. There was a comprehensive risk assessment in place for each person's home environment which completed an overview of any potential likelihood of harm due to poor lighting or other environmental hazards. The service also had generic risk assessments in regards to personal care delivery, medication, safeguarding, managing finances and domestic support among others. These included the benefits of taking specific risks such as supporting a person with skin and nail care and what measures were in place to mitigate the likelihood of harm. The service had not had any accidents since it started supporting people.

We looked at staff recruitment records and found appropriate checks had taken place. References were obtained and Disclosure and Barring Service (DBS) Checks completed. The DBS helps employers make safer recruitment decisions and reduces the risk of unsuitable people from working with vulnerable groups. Staff were subject to a three month probation and we saw regular meetings had been held to review their progress.

Staffing arrangements ensured people's needs were met. Staff said they were currently sharing the care delivery between themselves and were aware of attempts by the service to increase staffing numbers. Staff were aware of the plan to work in a more defined geographical area as the service grew which would cut down travelling time. One care worker told us, "It's great for people to have continuity of care." We saw care records and care delivery times matched which showed people were receiving the support when they needed it and for the required time, often for longer than initially planned. There had been one incident of a missed call which had been responded to promptly and appropriate investigation with the staff member undertaken. As a result of this improved call log systems were implemented in the service.

Medicines were not always managed safely. One care worker discussed the training they had received about supporting people with medication and how they shadowed and their competency checked three times before being able to administer medication on their own. They explained how one person was required to have a tablet at a specified time and how this was managed. One relative discussed a recent medication review following concerns raised by care staff as to how their relation was managing their medication and this resulted in safer administration procedures. Another care worker was able to outline the safe procedure for medication administration including checking the medication against the person's record and ensuring the amount was correct. They also told us about the time-specific medication.

Medication administration records were detailed with the name of the medication, the dosage and frequency, and supporting documentation included whether there were any side effects. One person was noted to prefer medication with chilled water and this was duly provided in the fridge for them. Each person had a medication risk assessment in place which noted whether the person was able to understand what they were taking, whether medication was stored properly and their ability to self-medicate. We did highlight to the registered manager that their medication policy did not follow the latest guidelines from the National Institute for Clinical Excellence (NICE) as they were making distinctions between the level of support offered whereas this was no longer advised. They agreed to look into this further.

'As required' medication was administered for one person with capacity but the service did not have any clear directions for staff as to when they should administer. This person was deemed to be uncommunicative while in pain and staff would be required to prompt medication at such time. To do this safely, they needed clear direction as to when and how to support with such medication.

We saw there had been one concern around medication which had been dealt with promptly by care staff and appropriately reported to the registered manager. However, despite the incident form prompting staff to seek medical advice this had not been obtained on this occasion. Although the family were contacted, medical advice should have been sought and recorded as the potential risk to the person had not been appropriately assessed. The medication records from this period did not match the recording in the daily notes either which identified a possible need for further training for care staff. The registered manager had been aware of the incident and checked the action taken but had not identified the potential risk of harm nor offered staff further guidance around necessary action and more accurate recording. We made a recommendation the registered manager review their current medication audit practices to ensure their own processes were followed.

No issues were raised in regards to infection control practice and staff told us they had a plentiful supply of protective personal equipment such as gloves and aprons.

Good

Is the service effective?

Our findings

People told us staff were knowledgeable. One person told us, "I feel staff are competent." One care worker told us, "I attended a full two weeks induction programme which included topics such as safeguarding, moving and handling, medication and first aid." We saw comprehensive induction records duly completed. Care staff told us this was followed by a period of shadowing more experienced colleagues and a series of observations undertaken with people using the service and the registered manager. Staff told us they spent some time visiting people before actually supporting them to enable them to build a rapport and ensure they understood what support they needed. One relative confirmed this had happened in their situation.

Staff told us they had received supervision after their initial training and we found records which showed they had discussed policies and procedures, reviewed their learning from recent training and considered their future developmental needs. Care staff had also completed the care certificate which is a tool used to support care staff in understanding the minimum requirements of their role. They told us they had been supported to complete this in an acceptable timeframe. The work submitted was reviewed by the registered manager and any areas of concern addressed. As part of their supervision time, care staff were asked their views of what was working and not working which helped to shape the developing service. Specific tasks were also set for care staff promoting reflecting on their own practice.

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.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA. One relative said, "Staff stand back and let my relative make their own choices, and help if needed."

We asked care staff how they ensured people's choices were respected. One care worker told us, "We always assume people have mental capacity unless we are advised otherwise. I always ask people what they want and if they struggle, I prompt or advise based on the best options." The registered manager was able to explain the significant factors in determining a person's capacity and the relevance of best interest decision making.

Both people using the service had minimal assistance with nutrition and hydration but advised us staff helped if needed. Staff had received appropriate training for food hygiene practice. This was also reflected in access to other health and social care services where people received support if they requested it.

The registered manager displayed their knowledge of key guidance and discussed how this shaped policy and procedure development in the service. They told us how the Skills for Care guidance had shaped the

development of the training and supervision programme for staff. They had instigated a topic to review each month with staff to observe and ensure practice was relevant and appropriate. The registered manager advised us an appraisal would be implemented once the service was fully up and running.

Good

Is the service caring?

Our findings

People spoke highly of the supportive and willing care staff. One person said, "Staff do everything I ask them to do, and will stay until they have finished. They are always ready to help with anything." They continued, "They help me to remain as independent as possible."

It was evident from the conversations we had with staff they knew and understood the needs of the people they were supporting very well. Staff told us how important it was to encourage people to be as independent as possible and to offer support as necessary. One care worker explained how they needed to encourage one person to use their walking aid to prevent falls which they did through gentle prompts and explanations around why it was needed.

People's care records contained a personal profile which reflected how they showed their feelings with both positive and negative mood indicators, what was important to them such as following a healthy diet and ensuring medication was taken, and any communication needs. Other significant factors were included such as the importance of maintaining family contact and their interests. Information also included what was 'normal' for that person ensuring all care staff could determine if they were any immediate concerns. In one record we read, "[Name] has defined the details of the support and continues to do most things for themselves." This was evident in the daily notes.

Staff discussed how they respected people's privacy and dignity, always ensuring they obtained people's consent before providing any personal care support. One care worker said, "I would always treat someone as I would expect to be treated. I consider how I would feel if receiving support with personal care. I try and talk to people while assisting to take their mind off it."

The registered manager explained how people's personal and cultural needs were considered at their initial assessment and during the care plan development which involved the person using the service directly. They discussed the area's local history and how this impacted on people's experiences. Neither person using the service had an advocate but the registered manager was fully aware of the importance of ensuring people had access to these if required.

Good

Is the service responsive?

Our findings

One relative we spoke with told us, "It's a very nice service and such a relief to know someone is going in morning and night. They are looking after my relative really well." They had developed an effective communication system with staff via a shared record book showing what support had been offered and they found this assisted them to have a good understanding of what had been provided and if anything was needed.

Care records provided a detailed account of a person and their needs including their preferred name. Key details such as next of kin and GP were recorded, along with an overview of the support the person was receiving including the specific tasks and duration of the calls. Each record we looked at showed care staff were advised to prompt the person first before undertaking the task for them, thus promoting their independence. Other key people and activities were recorded in people's records to provide a comprehensive assessment of their lifestyle and preferences. Records were signed and dated by the person receiving the service, the care staff providing support and the registered manager demonstrating all had been involved in their compilation.

We did note one person's needs had changed in relation to medication support and although this was implemented in practice, the records had not been updated across all aspects to reflect this change. The registered manager agreed to remedy this with immediate effect.

People had access to a detailed handbook complete with all relevant information regarding the nature of the service, how it was to be delivered and key contacts. There was also a profile of each care worker involved in that person's care delivery to assist the person in developing a relationship with their care worker.

One person told us, "I am aware how to complain and wouldn't hesitate to do so if I needed to." The relative we spoke with also stated they were aware of how to raise any issues but had had no need to do so. Both care staff said it depended on what the issue was. If they were able to resolve promptly, they would do this but always report it regardless. Neither had reported any complaints.

Good

Is the service well-led?

Our findings

We asked staff if they felt supported in their role. One care worker told us, "Yes, there are always people in the office, and I have also received a lot of support from my colleague. The organisation is really supportive." They explained they were many support systems in place including a logging in and out of each call visit, a robust lone working policy and they had access to all emergency numbers for senior staff. Another care worker said, "I am enjoying the role. It's great to have time to spend with people and build relationships." They also advised us how supported they felt with access to out of hours support in addition to daytime hours.

One care worker was keen to tell us, "I feel my ideas are taken on board, and the manager is always willing to listen. Things have changed as result of what I've suggested." Both care staff were keen to see the service expand but could appreciate why it was a gradual process. One care worker stressed the uniqueness of the service was the amount of time they were able to spend with people, chatting, which they felt was a positive aspect of the care delivery as this helped build up trust and allowed people to be themselves.

We saw care staff received regular observational checks, both formal and informal in addition to their medication competency checks. These included a consideration of the quality of care delivery, knowledge of the person's needs and how they built a rapport, and any learning points. In one record we saw it had been identified how a worker had approached a person from behind and suggested this was not best practice. This had been followed up on a subsequent observation visit where improved practice was noted. One observation recorded, "lovely manner and informed of reason for the visit. Confirmed with [name] they were getting themselves up and ready. Showed empathy and engagement." All observations were signed and dated by the registered manager and care worker showing they were discussed and agreed. Where care staff had improved from previous observational visits this was also recorded, showing staff were commended for good practice.

Care records were returned to the office every month for review by the registered manager which included assessing the daily notes and medication records. However, we found the level of scrutiny over the medication had been insufficient and the registered manager agreed to address this.

The registered manager was keen to continue good practice and explained the systems in place to encourage this. These included the regular observations of care delivery and feedback from people and relatives using the service and monthly reviews of incidents and safeguarding concerns. They were continually looking for ways to improve and develop, and used all information to do this. They had tapped into a local forum for older people to discuss the use of different technology for example and the registered manager was also part of an integrated care forum which enabled them to consider care pathways for people in more depth.

We asked the registered manager what their vision for the service was and they told us, "to break the mould for a home support model" as they wanted to be the best service in the area. They told us they received plentiful support in their role including from the chief executive and the board of trustees. They also felt

there was a strong management team with a good support network and a wide range of skills and experience.

They discussed the risks to the service which were mainly around how to grow without losing their uniqueness and the need to balance staffing levels against demand for the service. They also spoke of the reputation of Age UK as a national organisation. The registered manager told us the achievements had been about how they approached care delivery both in relation to the person receiving the service and the staff providing it. They felt a caring ethos had been embedded really quickly as staff paid attention to the smallest of details and provided support over and above if necessary to ensure people were happy and well cared for.