

Age UK Doncaster

Age UK Doncaster

Inspection report

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19 March 2020

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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 Doncaster provides personal care and support to people living in their own homes. At the time of the inspection, Age UK Doncaster was providing regulated activity to 86 people.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

People told us the service was safe. They said staffing levels met their needs. Medicines were managed safely. Staff had an awareness of people's needs. Systems and processes continued to be followed to ensure people were protected from risk of abuse. Risk was sometimes managed and addressed. We made a recommendation about the management of risk and the provider took immediate action.

People told us the care they received was effective. People's needs, and choices were assessed in line with standards, guidance and the law. The provider had developed relationships with other professionals which promoted effective care. People were supported to live healthier lives and have control within their lives. Staff told us they had access to training and felt supported in their roles. People's nutritional needs were met. Consent was routinely sought but did not always consistently follow the process of the Mental Capacity Act. We made a recommendation and the provider took immediate action to address this. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People, relatives and professionals all agreed the service was well-led. The management team was aware of their responsibilities and was committed to providing high-quality, person-centred care. The provider understood the importance of continuous learning and driving up standards. When areas for improvement were identified during the inspection process, the provider worked swiftly to ensure improvements were made. The registered provider understood the importance of partnership working. They engaged with people, staff and the wider public. Staff said the service was a good place to work. The provider had a system for monitoring quality and safety.

People and relatives all agreed staff were kind and caring. They told us privacy and dignity were always promoted. There was a focus on promoting independence and building community networks.

People told us they received person-centred care. They confirmed they were consulted with and able to contribute to how they lived and were supported. No one had any complaints at the time of the visit and everyone we spoke with was confident any complaints would be dealt with effectively by management. Processes were in place to effectively and compassionately support people at the end of life.

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

Rating at last inspection

The last rating for this service was good (published 09 October 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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 Doncaster

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 team was made up of one inspector, an assistant 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.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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

This inspection was announced. We gave the provider 48 hours' notice as we needed to be sure the registered manager or a member of the management team was available to help us with the inspection.

Inspection activity started on 09 March 2020 and ended on 19 March 2020. The inspector visited the office location on 09 and 10 March 2020. The assistant inspector and Expert by Experience made telephone calls on 09 and 10 March 2020.

What we did before the inspection

Before the inspection we reviewed information we had received about the service since the last inspection. This included looking at information held on our database about the service for example, statutory notifications completed by the registered provider.

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 also sought feedback from the local authority contracts and commissioning teams and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with eleven people and eight relatives. In addition, we spoke with 18 staff including the nominated individual, the registered manager, a trustee, the care manager, training and well-being manager and one volunteer.

To gather information, we looked at a variety of records. This included care records related to five people, and multiple medicines administration records. We also looked at information related to the management of the service. These included audits, quality assurance documents and safety certification. We did this to check the management team had oversight of the service and to make sure the service was appropriately managed.

After the inspection

Following the inspection, we spoke with the registered manager to corroborate our findings.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- The provider had systems for assessing, monitoring and managing risk. Everyone we spoke with, agreed people were safe whilst being supported by Age UK Doncaster.
- Although systems and processes were established, during the inspection we noted good practice guidance wasn't always consistently addressed. For example, when staff were responsible for managing bed rails, good practice guidance was not always followed. We discussed these concerns with the registered manager who took immediate action.

We recommend the registered manager reviews good practice guidelines so that risk is consistently managed in line with good practice.

Staffing and recruitment

- The provider continued to follow safe recruitment processes. Staff confirmed checks were carried out before they started work to ensure they were suitable for working with people who could at times be vulnerable.
- Staffing levels continued to meet people's needs. People told us they were satisfied with the staffing levels. They told us staff did not rush and would often stay on longer to ensure all tasks were completed. They said visit times were flexible and could be arranged around specific needs and events. One person said, "They work around me if I'm going out somewhere and change their calls accordingly, they're excellent."
- Staff said visits to people were carefully planned, taking into consideration people's needs and travel time between visits. However, they said that sometimes visits could be affected by unplanned staff leave.

Using medicines safely.

- Systems and processes were in place to ensure medicines were managed safely. Staff were trained to administer medicines and checks on their practice had been carried out.
- People told us they were happy with how medicines were managed.
- Action had been taken when shortfalls within medicines processes had been identified.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes continued to be implemented to keep people safe from harassment and abuse.
- Staff confirmed they received regular safeguarding training and were aware of processes to follow, should they need to raise any concerns. The service had several identified safeguarding leads who could be approached for advice and guidance.

Preventing and controlling infection

- Systems and processes were established to prevent the spread of infection. Staff told us they had access to personal protective equipment and they had received training on infection control.

Learning lessons when things go wrong

- The provider had systems to ensure lessons were learned when things went wrong. Staff documented accidents and incidents when they happened. Information was analysed by the Trends Analysis Group and shared with senior leadership team and board of trustees so they could review and learn from incidents.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- Processes were in place to ensure consent was achieved. People told us staff routinely sought consent before providing care.
- We spoke to staff about their understanding of the MCA and were assured by their knowledge. However, we found the provider was not always working within the principles of the MCA. Consent to care had not always been adequately recorded in line with the MCA. We discussed this with the registered manager who took immediate action to ensure best interest discussions were recorded.

We recommend the registered provider consults with good practice guidance to ensure they consistently work within the principles of the MCA.

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

- The provider understood the importance of partnership working to provide consistent and effective care. One relative said, "They make sure my loved ones health is the best it can be."
- The provider had developed relationships with other health professionals and had completed additional training that allowed them to access equipment in a timely manner to promote healthier lives for people.

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

- People needs were continuously addressed and reviewed. The management team completed initial assessments and created care plans. Staff told us they had time to read these and used them to guide them on how best to support people. People confirmed they were included in developing their care plan. One person said, "I was fully involved in my care plan. The staff were very good at explaining everything to me

and telling me what it meant."

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

- When people had an assessed need, staff supported people to maintain a balanced diet. One person said, "They make sure I eat and drink and have enough food in."
- People had been consulted with about their likes and dislikes and these were clearly documented within the care plan.

Staff support: induction, training, skills and experience

- Systems and processes continued to be implemented to ensure staff received appropriate training and supervision. People considered the staff team to be well trained.
- Training was developed around the identified needs of people who used the service. For example, one person had a specific medical condition. The registered manager had sourced training from a qualified health professional to share good practice and inform staff of safe ways of working to manage the health condition.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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; Respecting and promoting people's privacy, dignity and independence

- People were well treated and supported. Staff were repeatedly described as kind and caring. Feedback included, "They are just wonderful", "They always take time out to listen and check I am okay" and "[Family member] just loves them [staff.]"
- People spoke fondly of relationships formed with staff. We reviewed written feedback and comments included, 'I enjoy the conversations I have with my carer. We treat each other as friends rather than client and carer,' and, 'I didn't appreciate I was lonely, but I do look forward to my carer coming.'
- Relatives told us the caring relationship extended to them also. One relative spoke fondly about the support and encouragement they received from the staff team. They told us, "I'm the main carer. They make sure I'm ok by giving me a bit of time to get out which I am very grateful for. They are superb, lovely people."
- The provider and the staff team understood the importance of protecting people's human rights and ensuring equality and diversity was promoted and maintained. Everyone we spoke with said staff were respectful.
- People and relatives told us independence was promoted and maintained. One relative said, "They encourage you to do things for yourself without annoying you. They have your best interests at heart."

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

- People were involved in making decisions about their care where appropriate.
- People told us they were able to express their views regarding the service and support provided.
- The provider understood the importance of working with advocates when people required support to express their views and had no family members to help them.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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 provider understood the importance of supporting people to build and maintain relationships to combat isolation. People were encouraged to develop and maintain relationships.
- The provider had successfully gained some funding to develop a community group to support people develop and maintain relationships by offering a befriending service. We spoke with one person who told us the befriending support provided through Age UK Doncaster had had a positive effect upon their life. They told us their life had changed "a lot."

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 provider was aware of the need to provide information in an accessible manner. We reviewed one person's records and noted communication had been considered and adapted to support the person to be able to communicate their needs as much as possible.

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

- Personalised care was promoted. People's choices, preferences and routines were recorded. People had been encouraged to think about what a good day and a bad day looked like for them, so this could be taken into consideration when supporting them.
- Although personalised care was promoted, we found when people had specific medical conditions, records did not always document person-centred information to meet this specific medical need. We highlighted this to the registered manager who took immediate action to ensure all needs were consistently included within the care record.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure for managing complaints. People and relatives told us they had no complaints and were happy in how minor concerns were dealt with by management. One relative said, "I have not made a complaint, more of a concern a while ago but I spoke to the organisation and it was sorted no problem."

End of life care and support

- The registered manager told us they did not provide specialist end of life care but would work with other professionals to provide support if people requested to stay at home 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care;

- Since the last inspection, the provider had made changes to their senior management team and had restructured at senior level. Senior managers we spoke with talked enthusiastically about the changes and how they were going to be of benefit to people who used the service and the wider community.
- There was an emphasis upon continuous learning and improving care within the service. The provider had started a piece of work looking at staff well-being and had identified ways to improve the well-being of staff. In addition, they had invested in technology to increase efficiency and communication within the service.
- The provider was clear about their responsibilities and had a good understanding of quality performance. Training had been provided to the Trustees of the Charity surrounding good governance and changes were made to improve oversight of the service.
- Regular quality audits took place within the service. This enabled the provider to see where improvements were required and so they could be assured they were compliant with the regulations. These included external audits from independent health and safety professionals which assessed how well the service was performing.

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

- Everyone we spoke with confirmed there was a positive, person-centred culture. People, relatives and staff told us they considered the service to be well-managed. One relative described the service as "excellent." Another relative had provided feedback saying, 'Your staff always manage to apply the perfect combination of care, compassion and practicality to their work and maintain professional standards.'
- Staff confirmed teamwork within the service was good. They said however morale was sometimes affected by the lack of staffing. However, we saw evidence the provider was working proactively to address this. This included reviewing ways of recruiting, deployment of staff, developing the organisations values and vision as well as looking at staff well-being.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People, relatives and staff confirmed they were consulted about the service and were confident any suggestions made would be acted upon. People being asked for feedback on the service and saw this was consistently positive. The registered manager said this information was also used to influence a local authority 'ageing well strategy.'

- The provider understood the importance of partnership working with other health and social care professionals. We were provided with many examples of partnership working, aimed at influencing the wider community and higher-level policies.
- The provider understood the importance of promoting equality and diversity. The service was signed up to be a 'Disability Confident' employer. Disability Confident is a government scheme designed to encourage employers to recruit and retain disabled people and those with health conditions.

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 provider understood the importance of being open and honest when things had gone wrong.