Age Concern Kensington & Chelsea

Age UK Kensington & Chelsea At Home Service

Inspection report

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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

The inspection was conducted on 29 April and 6 May 2016 and was announced. We gave 72 hours' notice of the inspection to ensure that the staff we needed to speak with were available.

Age UK Kensington & Chelsea At Home Service is a domiciliary care agency which provides personal care services to people living in their own homes. At the time of our inspection there were 12 people using the personal care service. The agency also provides basic foot care services to approximately 300 people at several public locations within the Royal Borough of Kensington and Chelsea and neighbouring districts, and at people's own homes. At our previous inspection on 9 October 2013 we found the provider was meeting the regulations we inspected.

There was a registered manager at the service. 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 told us they felt safe and happy with their care workers. We noted that there were systems in place to make sure that people were protected from the risk of harm. Staff had received safeguarding training and were familiar with the provider's policies in relation to safeguarding vulnerable adults and raising any concerns about the conduct of the agency. Assessments were carried out in order to identify any risks to people's safety and wellbeing, which were addressed through the implementation of individual risk management plans that took into account people's wishes wherever possible.

Care planning records demonstrated that people's capacity was assessed and documented in their care files. Staff understood the principles of the Mental Capacity Act 2005 (MCA) and promoted people's rights to make choices and decisions.

Staff were described as being punctual and reliable by people and their relatives. People developed positive relationships with their care workers as the provider ensured they received a consistent and stable service from the same regular care workers. We received complimentary comments from people and their relatives about the competent manner and friendly approach of the basic foot care workers. Robust recruitment practices were in place to make sure that people received care and support from staff with suitable qualifications and experience for their roles.

Staff undertook relevant training to understand and meet people's needs. They received formal and informal support and guidance from the registered manager and care co-ordinator. Staff told us they were offered opportunities to develop their knowledge and skills and felt valued by the provider.

Assessments were conducted to identify people's support needs and this information was used to develop their care plans. Staff had received training to prompt people to take their prescribed medicines and

understood their responsibilities. The provider's training programme, and policies and procedures, ensured that staff knew how to respond to any medical emergencies or significant changes in a person's health and wellbeing.

The care plans contained meaningful details about people's routines, social interests and daily lives at home, which enabled staff to provide personalised care. People's privacy and dignity were promoted and staff recognised the importance of encouraging people to maintain as much independence as they could.

People and their relatives told us they had been provided with information about how to make a complaint and were confident that the provider would thoroughly investigate any complaints and concerns.

People and their relatives told us they thought the service was well managed. There were clear protocols in place to monitor the quality of the service, which included systems to seek and act on the views of people and their relatives.

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 was safe.

Policies and practices had been implemented to make sure people were protected from the risk of abuse.

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

Appropriate arrangements were in place for the safe management of medicines.

Is the service effective?

Good

The service was effective.

The registered manager and staff had undertaken training in regards to the Mental Capacity Act 2005 (MCA) and were aware of their responsibilities in line with Act.

Staff had the appropriate skills and knowledge to meet people's identified needs. Staff received regular training and supervision in order carry out their roles.

People were provided with the support they required at mealtimes to meet their nutritional needs.

Staff liaised with people's healthcare professionals if they had any concerns about people's health.

Is the service caring?

Good

The service was caring.

People were supported by kind and compassionate staff.

People and relatives spoke positively about the staff and had built good relationships with them.

Staff respected people and promoted their entitlement to privacy and dignity.

People and their relatives were provided with useful information about the service and asked for their views.

Is the service responsive?

Good

The service was responsive.

Assessments were carried out in order to identify people's needs and develop personalised care and support plans.

People had person centred care and support plans which reflected their interests and wishes, as well as their personal care and health care needs.

People knew who to contact if they needed to raise any concerns or make a complaint.

Is the service well-led?

Good

The service was well-led.

Staff felt supported and valued by the management team.

People and their relatives commented favourably about the quality of the service and how it was managed.

The management team conducted regular audits and checks to monitor and improve upon the quality of the service.

Age UK Kensington & Chelsea At Home Service

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.

The inspection of Age UK Kensington and Chelsea At Home Service took place on 29 April and 6 May 2016 and was announced. We told the provider three days before our visit that we would be coming. We did this because the registered manager is sometimes out of the office visiting people who use the service and supporting staff; we needed to be sure that someone would be in. The first day of the inspection was spent at the provider's office and the second day was spent at one of the venues used by the provider to deliver the basic foot care service. One adult social care inspector conducted the inspection.

Before the inspection the provider completed a Provider Information Return (PIR) sent by the Care Quality Commission. This is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR during and after the inspection. We also reviewed other information we held about the service prior to the inspection, which included statutory notifications sent to us by the provider about significant incidents and events that had taken place at the service, which the provider is required to send to us by law.

During this inspection we spoke with seven people who used the personal care and/or basic foot care service, three relatives and three care staff. We gathered information from speaking with the registered manager, his line manager known as the 'Head of Independent Services' and a care co-ordinator. A range of records related to people's care and support, and the management of the service, were checked. This included policies and procedures, four people's care and support files, four staff files, the complaints log and quality monitoring visits reports, known as 'spot checks'.

Following the inspection we contacted three health and social care professionals with experience of using the service and received comments from one professional.

Good

Is the service safe?

Our findings

People and their relatives told us they felt that their family members were safe using the service and comfortable with their care workers. Comments from people included, "They are all very nice care workers. Yes, I'm pleased, they all treat me good. I would recommend" and "I am absolutely happy with the quality of my care workers, they are very polite to me, I have no complaints."

We spoke with staff about their understanding of how to protect people from abuse. Staff demonstrated a clear understanding of safeguarding adults' issues and the different types of abuse that people were at risk of. Staff told us they would immediately report any safeguarding concerns to either the care co-ordinator or the registered manager, depending upon who was available to speak with. Staff told us they had received safeguarding training, which was confirmed by records. One staff member explained that the provider had highlighted how crucial the safeguarding training was and the need for staff to fully recognise the importance of their role in safeguarding vulnerable adults. Staff were familiar with the provider's whistleblowing policy and how to whistleblow, if necessary. (Whistleblowing is the term used when a worker passes on information concerning wrongdoings). We noted that the whistleblowing policy and procedure was comprehensively written and provided staff with information about how to raise their concerns within the company and externally, if required. Details were given about how staff could access confidential advice from an independent organisation, which showed that the provider was committed to supporting staff to bring forward any concerns about practices that negatively impacted on the welfare of people who used the service.

The provider had systems in place to promote people's safety through risk assessment and management. People's care and support files contained individual risk assessments and guidance that addressed their specific needs, for example if a person was at risk of pressure ulcers due to immobility and other factors. Environmental risk factors were also assessed to ensure that people who used the personal care service and care staff were protected from risks at people's homes. Discussions with the registered manager demonstrated that risk assessments were implemented for people with moving and positioning needs and the service liaised with occupational therapists where necessary for additional guidance and training to meet people's mobility needs. Records showed that staff had attended moving and positioning training, which had previously been delivered via electronic learning but was now taught in a classroom setting.

The provider was in a position to easily refer people to other useful projects within the local Age UK organisation, such as the falls prevention service. This service aimed to reduce the risk of falls in people's homes and reduce the risk of harm from other hazards in the home in order to improve people's health and wellbeing. The falls prevention service arranged for small repairs to be carried out or aids fitted within the home, and volunteers provided a decluttering service to reduce the risks associated with people tripping over obsolete items or wires that needed to be rerouted.

People told us that staff were reliable and punctual, and they received a consistent service. All of the people we spoke with stated that staff did not appear rushed and had enough time to spend to carry out their duties properly. The registered manager told us there were sufficient staff employed to meet people's needs.

One member of staff told us, "I make sure that when I am assisting people with their personal care, I also have a chat with them. Then I sit with people for a little while to talk, we know that some people can be lonely and look forward to seeing us."

Staff told us they attended induction training and shadowed experienced care workers before they worked independently with people. This was confirmed by the staff recruitment and training records. One staff member told us they had worked in the care sector before they joined the agency and thought the induction and shadowing experience provided a detailed introduction to the service.

The provider had satisfactory recruitment practices, which meant people were not placed at unnecessary risk of receiving their personal care and support from inappropriately recruited and unsuitable staff. Suitable checks were carried out before new employees commenced work, which included Disclosure and Barring Service (DBS) checks. (The DBS checks assist employers in making safer recruitment decisions by checking prospective staff members are not barred from working with vulnerable people). We noted that the provider obtained a minimum of two written references, proof of identity and proof of eligibility to work in the UK. However, we observed that the recruitment which took place before the appointment of the registered manager had not consistently shown that references were verified for their authenticity. There had not been any recent recruitment to check and the registered manager confirmed that employment and character references would now be subject to more detailed scrutiny.

People and relatives told us that they were usually responsible for managing medicines, although some people needed prompting to take their medicines by their care workers. Care and support files showed there were straightforward systems for documenting how care workers supported people with their medicines. The care co-ordinator told us they checked written record sheets completed by staff during spot check visits, to ensure people were receiving the correct medicines support in line with their care and support plans.

The provider had an infection control policy in place to protect people who used the personal care service and care workers. Staff had received infection control training as part of their induction and were supplied with personal protective equipment such as disposable gloves and aprons, to use as necessary. Staff compliance with the provider's infection control policy was monitored during spot check visits and discussed with staff during their one to one formal supervision meetings.

There was a separate infection control policy for the delivery of the basic foot care service. The provider's policy had been submitted to the commissioning authority prior to being awarded a contract to provide this service. Each person who used the service was provided with their own personal basic foot care kit, which was then used at each appointment. The people we met at the basic foot care session told us they were happy with this arrangement and regarded it as being safe and hygienic. We noted that this practice had generated two complaints from people who used the service, which the provider had responded to. The provider informed us that they liaised with health care specialists and took advice from reputable sources in order to ensure that their infection control practices for basic foot care adhered to any current good practice guidance. The registered manager explained that there had been initial problems with the cleanliness of locations used for the basic foot care sessions, which was in the process of being addressed. During the inspection we observed a basic foot care session held at a community hospital, within a clean and comfortable clinical area. However, the provider also used general rooms at day centres so that the service could be accessible to people in different parts of the borough. Records showed that the registered manager was working closely with the estate managers at the various locations to ensure that all venues met the provider's stipulated standards for hygiene.

Good

Is the service effective?

Our findings

People and relatives told us they thought staff had the appropriate skills and knowledge to provide the care and support they needed. One person told us, "I use the foot service and so does [my family member]. This service is critical for the community and I recommend these lovely staff without a second's hesitation." A relative said about the personal care service, "[My family member's care worker] is very good with [him/her]. [Care worker] is eager to provide a good service and understands the needs of people with advanced dementia."

We found that people were supported by staff who had received suitable training required to meet their needs. Records showed that staff had completed a wide range of training that included dementia care, equality and diversity, food hygiene, and health and safety. The provider confirmed that funding had recently been made available for staff to attend first aid training. The registered manager had enrolled on a 'train the trainer' course which would enable him to conduct training courses for safeguarding vulnerable adults and understanding mental capacity. Records showed that members of staff employed as basic foot care workers had received a three day training course delivered by a podiatrist. A basic foot care worker told us that they had enjoyed the training and felt it was a good preparation for their role. The registered manager confirmed that the basic foot care workers were due to receive ongoing training from a podiatrist in order to continue to develop their knowledge and skills in this field.

Staff told us they felt supported to carry out their roles, due to the provider's training programme and other support offered. We saw that staff had regular one to one supervision sessions and observations by the care co-ordinator during spot checks were discussed with them. This enabled staff to receive positive feedback about their performance and allow for reflection on any areas for improvement. Staff performance was subject to annual appraisals, which also provided a forum for staff to discuss their future learning and development needs. The registered manager's line manager told us that staff benefitted from the service's strong links with other projects within Age UK Kensington and Chelsea. For example, staff could access training and support from the specialist staff working within the provider's specific project for people living with dementia.

Staff were aware and had been provided with training in the Mental Capacity Act (MCA). The MCA provides a legal framework for acting and making decisions on behalf of people who lack the mental capacity to make specific decisions for themselves. This is to ensure that any decisions are made in people's best interests. Staff confirmed that they supported people to make their own decisions and respected their rights to refuse care and support. One member of staff told us they would try to explain to people the risks that could arise from refusing care and support and would try to offer alternative choices. The registered manager informed us that most people who used the service at the time of the inspection had the capacity to make their own decisions. The provider was aware of the need to liaise with professionals at the local authority if they had concerns about a person's capacity to make decisions, so that the person's mental capacity could be assessed. The provider's care and support planning tool clearly documented the provider's obligation to work in partnership with people, family members, social services, health professionals and any other relevant persons if a situation arose in which people were unable to make an informed decision for

themselves.

We did not speak with people who had meals prepared by their care workers during the inspection. One relative told us they were pleased with how the care workers sensitively encouraged and supported their family member to eat and drink. The care and support files showed that the provider sought information from people about their food preferences, as well as relevant cultural and medical needs that impacted on their daily diet. The registered manager told us that staff reported any concerns relating to people's ability to meet their nutritional needs, so that appropriate support could be sought from GPs and other professionals such as dietitians, occupational therapists, and speech and language therapists.

People and/or relatives who used the personal care service told us that they predominantly managed their own healthcare appointments and liaison with healthcare professionals. However, people's care and support files showed that the provider supported people to maintain their health and responded appropriately to any relevant changes observed by care workers. We noted that the provider identified issues of concern to pass on to GPs and district nurses, and people's individual care planning documents incorporated relevant guidance and instructions from healthcare professionals. The registered manager told us that staff spoke with people about whether they would be interested in being referred to one of the local Age UK schemes to support people with their health care needs and they signposted people to other voluntary organisations that could offer support.

Good

Is the service caring?

Our findings

People and relatives told us that the care workers were caring and thoughtful. One person told us, "They let me know if they are running late. I know what the traffic is like here and understand they get caught up but they never leave me just waiting." Another person said, "I like everyone that comes to me. I usually have a girl but they send a man sometimes as I think he is good. They are all my regular carers." A third person commented about the basic foot care service, "I travel here as I like [basic foot care worker] and the others. I wouldn't want to use a commercial service as they are so welcoming and care about giving a good service."

Staff understood the importance of ensuring people's privacy and maintaining their dignity. One care worker told us that they knocked on doors before entering and made sure curtains or blinds were pulled before delivering personal care. The care worker added that they always asked people for their verbal consent before they began to deliver personal care, so that people felt consulted and respected at all times. We observed that the basic foot care worker ensured that people were treated with dignity at all times. The door of the treatment room was kept closed and people were sensitively offered assistance with removing their shoes and socks, if required.

People's care and support plans demonstrated that they had been involved in planning their care and support. The plans showed that people were consulted about their specific care and support requirements. We noted that people were asked about their preference for a male or female care worker for personal care, for example we were informed that one person chose a care worker of their own gender for personal care but did not mind the gender of the care worker who supported them with domestic tasks. The provider had matched a person with a care worker as the person enjoyed speaking in their first language and the care worker was bilingual in English and a second language. This showed that the provider listened to people's wishes and endeavoured to provide a flexibly delivered service.

The provider offered a wide range of free or very low cost services to enable people to remain within their homes and participate in community activities. At the time of this inspection approximately 4000 local people aged from 50 upwards had chosen to become members of Age UK Kensington and Chelsea, which enabled them to access services, volunteer their time and skills, and contribute their views about the running of the organisation if they wished to. People who used the personal care service and/or the free basic foot care service could also access impartial information and advice about benefits and other issues, a befriending project, an intergenerational social project, weekly shopping trips to local supermarkets with transport provided and a scheme for volunteers to assist people to maintain their gardens. These projects enabled people to positively connect with the local community, enhance their sense of wellbeing and combat social isolation. We were informed that another benefit of the gardening project was that people's homes did not generate unwanted interest from possible intruders due to the appearance of a neglected garden.

People and their relatives were given written information about the service. This included information about independent advocacy services to support people who wished to make a complaint about the service.

Good

Is the service responsive?

Our findings

People and relatives told us they were provided with a personalised service. The relative of a person who used the personal care service said, "I knew about other services but chose this one as I liked the approach of the agency when I first contacted them. They were interested in [my family member's] needs, which can be complex." A person who used the basic foot care service commented, "This might sound funny but I really like coming here. I get good care and I can just sort out an appointment that's convenient for me."

The assessments and care plans we looked at evidenced that people's needs were assessed before they began using the service. The registered manager informed us that most people who used the personal care services had referred themselves and were self-funding. The provider also provided domestic support packages and some people had chosen to increase these packages to include personal care as their needs changed. The care and support plans were reviewed at least once a year or more frequently if required.

The purpose of the basic foot care service was to provide a non-clinical nail cutting service within a variety of local community settings, which included visits to supported living units, residential homes and care homes with nursing. We found that the provider had been given clearly defined guidelines by the commissioning authority, which the registered manager and the basic foot care worker comprehensively explained to us. People could refer themselves for their initial appointment or be referred by their GP, district nurse or other healthcare professional. People accessed basic foot care from the service, which was described as safe nail cutting, application of moisturising cream for dry skin, basic foot care advice and education, application of anti-fungal ointment or powder if necessary, and assessment to determine their eligibility for ongoing nail care.

The service specification stated that people would not be placed on a prescribed treatment plan as it was a non-clinical service. Discussions with the registered manager, his line manager and a basic foot care worker demonstrated that the provider understood when to refer people to a podiatrist or their GP.

People and relatives told us they had been provided with information about how to make a complaint and were confident that the registered manager would investigate any complaints in an open and constructive way. The people we spoke with did not have any concerns about the service and had not previously had cause to make a complaint. We looked at the complaints log and noted that the provider responded within the agreed timescales and let people know if there was likely to be a delay to the investigation, for example if the provider needed to gather information from another organisation or interview a staff member on leave. We were shown compliments and positive comments from people and their relatives.

Good

Is the service well-led?

Our findings

People and relatives spoke positively about how the service was managed. People told us that they hadn't yet had much contact with the registered manager as he was relatively new but they were familiar with the care co-ordinator, who visited their homes to carry out spot checks and review their care and support plans. Comments from people and relatives included, "They are very helpful if you ring the office, in fact I called them earlier today and they sorted out an appointment" and "They keep me informed if one of my regular girls has a problem which rarely happens or is taking her holiday time and can't come. I have always been happy with the person they send as a replacement." All of the people we spoke with told us they would recommend the provider to other people looking for a personal care and/or basic foot care service and would continue to use the personal care service if they needed more assistance to remain at home in the future.

Staff said they felt well supported by the registered manager and the care co-ordinator, and felt their employer valued their contributions. The management team were described as being approachable and knowledgeable about the issues that could affect the smooth running of the service. A basic foot care worker told us about some of the early difficulties that the team experienced when they turned up at different venues to conduct the basic foot care sessions and discovered that rooms had not been prepared as anticipated. We were told that the registered manager supported staff, promptly addressed their concerns and liaised effectively with the relevant persons to achieve the necessary changes.

People who used the service and their relatives told us they were asked for opinions and they felt listened to. The provider sent out satisfaction surveys to people and their supporters and we noted that people made positive comments about the quality of their care and support. The registered manager conducted audits and other checks to monitor the quality of the service, for example the registered manager read the daily notes written by care workers to monitor if people were provided appropriate care and support in line with their care plans and monitored records for incidents and accidents in order to identify any trends that could be addressed.

We looked at the monitoring reports for the basic foot care service. The commissioning authority undertook quarterly monitoring and held regular meetings with the provider to discuss how the service was being provided. The minutes for these meetings showed that any identified issues that the commissioning authority thought the provider should improve on were spoken about. The commissioning authority told us the provider met the required standards and provided a good service.