

Age Concern Darlington Age UK Darlington -Bradbury House

Inspection report

Bradbury House Beaumont Street West Darlington County Durham DL1 5SX

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Ratings

Overall rating for this service

Date of inspection visit: 30 March 2016

Date of publication: 27 April 2016

Good

Is the service safe?	Good 🔴
Is the service effective?	Good 🔴
Is the service caring?	Good 🔴
Is the service responsive?	Good 🔴
Is the service well-led?	Good 🔴

Summary of findings

Overall summary

We inspected this service on 30 March 2016. The inspection was announced. This meant we gave the provider 24 hours' notice of our intended visit to ensure someone would be available in the office to meet us.

Age UK Darlington Bradbury House was last inspected on 15 October 2013 and was found to be compliant with the required regulations.

The service is registered to provide personal care to people in their own homes. The service currently delivered a bathing service to 17 people to enable them to have a shower or bath in their own home.

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. At the time of our inspection there was a registered manager in post.

There was a robust recruitment procedure in place to protect people from cared being delivered by unsuitable staff.

The provider had in place clear guidance to staff regarding gifts and gratuities to prevent people from being placed at risk of financial abuse.

People's consent was obtained by the provider to provide personal care.

The service had health and safety related procedures, including systems for reporting and recording accidents and incidents. The care records we looked at included risk assessments, which had been completed to identify any risks associated with delivering the person's care.

People told us when they raised any issues they were dealt with promptly and professionally and everyone we spoke with knew how to speak to the management team at the office if they had any concerns.

People, their relatives and other professionals told us the service was caring. People told us they were treated with dignity and their privacy was respected.

People we spoke with who received personal care felt the staff were knowledgeable, skilled and their care and support package met their needs. People who used the service and their relatives told us that they had a small team of staff, who were reliable and arrived when expected. Staff confirmed that they were not rushed and had time to provide the care people expected.

The provider had in place a statement of confidentiality and staff we spoke to understood the statement.

The provider had in place arrangements to gather information about people before they visited people to assess their needs before delivering the service.

Care plans were reviewed on a regular basis with people who were in receipt of the service.

The service had comprehensive systems to ensure staff were appropriately trained and supported. The service was introducing the Care Certificate for all new staff and staff also had training in dementia care and all were Dementia Friends (this is a scheme run by the Alzheimer's Society to help people understand about living with dementia).

The service had health and safety related procedures, including systems for reporting and recording accidents and incidents. The care records we looked at included risk assessments, which had been completed to identify any risks associated with delivering the person's care.

There was a good quality assurance system in place to ensure the service and staff were checked regularly for quality and safety. There were regular staff meetings and incidents and accidents were monitored and reviewed promptly by the registered manager. Age UK Darlington also ensured that people who used the service were contacted on a regular basis to check if the care they received met their needs and they were happy with the service.

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.

We found that there were effective processes in place to make sure people were protected from bullying, harassment, avoidable harm and abuse. Staff took appropriate action to raise and investigate incidents and concerns.

Staffing was provided as consistently as possible by a small and well established team. Effective recruitment procedures were in place.

Risk assessments were undertaken of the environment and personal risks and these were regularly reviewed by the registered manager.

Appropriate systems were in place for the management and administration of medicines.

Is the service effective?

The service was effective.

Staff were trained and supported to deliver the care and support people required.

Records showed and staff understood the importance of obtaining people's consent prior to any tasks being undertaken.

Staff were aware of how to raise any concerns about people's healthcare needs.

Is the service caring?

The service was caring.

We heard the staff had developed positive relationships with people and were extremely caring and kind.

People told us their privacy and dignity were very well respected.

Each care package was specifically designed to meet the exact

Good

Good

Good

requirements of the person and their environment.	
Is the service responsive?	Good ●
The service was responsive.	
People's care plans contained individual, person centred information about their needs and preferences.	
Care was provided on an individual basis, based on people's individual needs, with changes being made to reflect changing circumstances.	
People had been provided with information on how to make formal complaints.	
Is the service well-led?	Good 🔵
Is the service well-led? The service was well-led.	Good ●
	Good ●
The service was well-led. People received a reliable and caring service, and expressed	Good •
The service was well-led. People received a reliable and caring service, and expressed good levels of satisfaction with their care.	Good •



Age UK Darlington -Bradbury House

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 checked whether the Nominated individual 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.

We inspected Age UK Darlington - Bradbury House on 30 March 2016. This was an announced inspection as we wanted to ensure the registered manager was available. At the time of our inspection visit the service provided care and support to 17 people and there were 5 care staff members employed.

The inspection team consisted of an adult social care inspector.

Before the inspection we reviewed all the information we held about the service including notifications and complaints (of which there were zero). The service does not contract directly with the local authority so we did not consult them.

The provider had completed a provider information return (PIR). 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. This information was from 2015 so we got an update on current developments and changes at the service from the registered manager. We obtained information to contact people who used the service during the course of the inspection and sought people's permission to consult with them.

During the inspection we contacted five people who used the service. We also spoke with the registered manager and two staff members. We looked at four people's care records, two recruitment records for staff providing personal care, the training chart and training records, as well as records relating to the management of the service.

Is the service safe?

Our findings

We spoke with five of the people the registered manager had given us contact details for and said they used the service provided by Age UK Darlington. The people who used the personal care services told us that they felt Age UK Darlington staff delivered safe care.

People said; "I always feel safe with the girl who visits me," and "The staff are very professional and are very careful."

During the inspection we spoke with two of the care staff who provided personal care. All the staff we spoke with were aware of the different types of abuse and what would constitute poor practice. Staff we spoke with told us they had confidence in the registered manager responding appropriately to any concerns. We saw from records that abuse and safeguarding was discussed with staff during supervision and staff meetings. One staff member told us; "I'm really proud of Age UK. I feel safe with this company and I feel people are safe with us."

Staff members told us; "I would report it to the manager immediately," and "It can be any type of abuse such as verbal or financial, you need to know customers are in a safe environment and I would report it and record it straight away."

Staff told us that they had received safeguarding training on a regular basis. Two staff members said they understood the whistle blowing procedure and would not hesitate to follow this if it was required. The service had a safeguarding policy that had been regularly reviewed. Staff told us that they felt confident in whistleblowing (telling someone) if they had any worries. One person told us; "I have reported things in my previous employment and wouldn't hesitate to again if I thought something was wrong."

We looked at the arrangements that were in place for risk assessment and safety. The service provided a copy of their health and safety policy. This set out the health and safety duties related to the service and its staff, and referenced other relevant policies and procedures. The care records we looked at included risk assessments, which had been completed to identify any risks associated with delivering the person's care. These risk assessments had been personalised to each individual and covered areas such as moving and handling and their environment. The risk assessments provided staff with the guidance they needed to help people to remain safe.

The registered manager showed us records of checks carried out on equipment used by staff which included mobile hoists they were assigned. There were daily checks on these and also regular servicing carried out by appointed contractors. The manager also checked equipment such as bath thermometers, mobile phones and alarms that were given to staff to promote safety. The registered manager also told us they were exploring a new system called Guardian 24 which would enable staff to be monitored for their own safety as they currently had a system of informing the registered manager by text when they had arrived safely at an appointment. This showed the service supported staff to maintain their personal safety.

We met with the Human Resources Supervisor for Age UK Darlington who showed us the provider operated a safe and effective recruitment system. The staff recruitment process included completion of an application form, a formal interview, previous employer reference and a Disclosure and Barring Service check (DBS) which was carried out before staff started work. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups, including children.

Through discussions with people and staff members and the review of records, we found there were enough staff with the right experience and training to meet the needs of the people who used the personal care service. People told us they felt very safe with the carers; "They are excellent and I have no criticism about them at all."

The service provided us with a copy of their policy on managing medicines, which provided information on how the service assisted people with their medicines. The training record the registered manager shared with us showed all staff had completed training on the safe handling of medicines. Staff told us that medicines administration was primarily to support people with the application of creams following the bathing service being provided. The service was not responsible for ensuring people administered their own medication.

The staff we spoke with told us in the event of a medical emergency an ambulance would be called and that staff would follow the emergency operator instructions until an ambulance arrived. Staff we spoke with told us they had undertaken training in first aid. We saw records to confirm this was this training was up to date. This meant that staff had the knowledge and skills to deal with foreseeable emergencies.

We also looked at the arrangements that were in place for managing accidents and incidents and preventing unnecessary risk of reoccurrence. Staff we spoke with told us that any incidents or accidents were reported to the office, so that they could be recorded and monitored. We discussed accident monitoring with the registered manager and the Human Resources Supervisor. They showed us how individual accidents were recorded and reviewed promptly by both the registered manager and the Nominated Individual and any actions taken to reduce risks. For example, there had been a Zumba Gold exercise class that took place at the registered office location and there had been a person who had slipped. The service reviewed the flooring as part of the accident analysis and put in measures to ensure the floor was cleaned prior to the exercise class to reduce the risk of slipping.

Is the service effective?

Our findings

We contacted five people who directly used the personal care service and one family carer, all of whom told us they had confidence in the staff's abilities to provide good care. They told us the staff from Age UK Darlington were able to deliver the care and could readily carry out the tasks they had been requested from their assessment. People told us they were very happy with the arrangements. People said; "I am very pleased with the service," and "Everything is positive, I have no criticism at all of the service."

We looked at the arrangements that were in place to ensure that staff had the training and skills they needed to do their jobs and care for people effectively. All of the people who used the service and the relatives we spoke with told us that their regular care staff understood what people needed and appeared to have the appropriate skills.

From our discussions with staff and review of staff files we found people had obtained suitable qualifications and experience to meet the requirements of their posts. All of the staff we spoke with provided personal care and told us they had received a range of training that was relevant to their role and this training was up to date. We found staff had completed Age UK mandatory training such as first aid, safe handling of medicines, moving and handling training as well as role specific training such as working with people who had dementia.

One staff member said; "The dementia one as amazing. I like all the training when it's to do with people like first aid and abuse." Another staff member told us; "On the dementia course we learnt about colours and how it's helpful to differentiate things such as doors. I wouldn't have thought about that before. We were also blindfolded and had to put gloves on and then try and get a purse out of a handbag, it was really good and made you think."

We saw induction processes were in place to support newly recruited staff. This included completing all of the mandatory training, reviewing the service's policies and procedures and shadowing more experienced staff. There had not been any new staff for two years but the service was currently advertising for a staff member and we were told they would receive a full induction including working towards the Care Certificate. The Care Certificate is a set of standards that social care and health workers stick to in their daily working life. It is the new minimum standards that should be covered as part of induction training of new care workers.

Staff we spoke with during the inspection told us that they received supervision. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. One staff member told us; "I have just had one last week. They are helpful, they [the service] can tell us how they feel and vice versa." The registered manager also confirmed they carried out regular observation checks on staff every three months. They told us; "I make sure they have personal protective equipment, they use equipment correctly, how staff talk to people and ensure they and I maintain privacy and dignity."

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.

We observed that the service had sought consent from people to the care and support they were provided with and also that prior to administering topical medicines [such as creams after bathing], people's consent was sought. Staff we spoke with told us they had attended training in the Mental Capacity Act (MCA) 2005. MCA is legislation to protect and empower people who may not be able to make their own decisions, particularly about their health care, welfare or finances.

The written records of the people using the service reflected that the staff had an excellent knowledge and understanding of people's care needs. The care plans showed evidence of risk assessments, assessed needs and plans of care were written from the person's own perspective. One staff member told us; "We read their care plan so we know their needs."

The service was not responsible for monitoring whether people's weights were within normal ranges but would raise concerns with visiting healthcare professionals such as district nurses when needed. Some of the staff assisted with shopping as part of an additional support service provided by Age UK Darlington but this was to obtain items the person had listed not to design the shopping list. In other situations it was the person's relative or carer who ensured they had an adequate diet.

We saw records to confirm staff liaised with visiting healthcare professionals such as peoples G.P or district nurses and took instruction from these staff. We found the staff reviewed care records regularly and included any new healthcare professional advice or instructions in the care records. This meant that people who used the service were supported to obtain the health care that they needed.

Our findings

People we spoke with who received personal care said they were very happy with the care and support provided. We were told by people about how the registered manager had visited to check that they were receiving exactly the type of support they needed. All bathing visits were of a minimum of 50 minutes so care and support was not rushed.

People said; "They are all very good people," and one relative told us; "They have an excellent rapport with my relative".

One staff member told us they try to let people maintain their independence. "I always ask people how they want things to be done with them. The care plan is a guide but asking people and knowing exactly what they want it vital."

We reviewed four sets of care records and saw people had signed to say they agreed with their assessment and plan of care. we spoke with the assessor who told us; "I go out and meet with the person and sometimes their family. I ask lots of questions and get as much detail as possible. I have a system I work through so I don't forget things. I also offer advice and have referred people to Occupational Therapists for equipment such as handrails." The people we spoke with were readily able to discuss what type of support they received and how they had gone through with staff exactly what their needs were and how these were best supported as part of their assessment. One staff member told us; "The care plans are detailed, but each person had a different personality so you adjust to that."

We found that each person had a very detailed assessment, which highlighted their needs and wishes and their environment. The assessment led to a very clear and straightforward support plan. People told us they had been involved in making decisions about their support and developing their care plans. One person said; "The manager visits me regularly and asks if things are ok and I am happy."

We looked at the arrangements in place to ensure that people were involved in decisions about their day to day lives and provided with appropriate information. The care records we viewed included information about Age UK Darlington and the services they provided. Everyone we spoke with as part of this inspection had information about the service included in the front of their care file, so that they could access it at any time.

The people we spoke with told us staff always treated them with dignity and respect. People found staff were attentive, showed compassion, were patient and had developed good working relationships with them.

The staff we spoke with explained how they maintained the privacy and dignity of the people that they care for and told us that this was a fundamental part of their role. One staff member told us; "Because we are consistent, people treat us like family and we interact a lot. You can if things change or if anyone is worried." One person told us that the staff were all "very respectful." We reviewed the staff rota and discussed these with the registered manager. The staff team was well established and carers were provided as consistently as possible. One person told us they knew their carer well as they had been visiting for several years. They told us; "If [name] can't come because they are on holiday or something, they let me know beforehand and I get a letter from the service telling me who will be coming in their place."

The registered manager regularly contacted people via phone and via visits to ensure they were happy with the staff and service. Review forms in people's care files showed this was the case.

The registered manager and staff that we spoke with showed genuine concern for people's wellbeing. It was evident from discussion that all staff knew people very well, including their personal history preferences, likes and dislikes and had used this knowledge to form strong therapeutic relationships. We found that staff worked in a variety of ways to ensure people received care and support that suited their needs. One person told us they felt the service had really helped them to maintain their independence; "It has enabled me to have the assistance I need to stay in my own home which is important to me."

Is the service responsive?

Our findings

People told us that Age UK Darlington staff always turned up as planned. One person told us; "My carer arrives exactly to the minute they are due." People told us it was very rare for staff not to turn up on time. Relatives and people using the service told us that they were kept very well informed of any changes to the appointments via letter.

Staff told us they encouraged and supported people to remain as independent as possible. The service provided a minimum 50 minute call and staff told us they did not feel rushed and were able to have meaningful time with people. Staff also said they were able to have sufficient time allocated to travel between calls.

The registered manager and assessor outlined the assessment process and we confirmed from the review of care records that this mirrored what had been outlined to us. We found that people's needs were assessed upon referral to establish if the service were able to meet the person's needs. Information was provided about person's care and support needs by, either the person and if possible their carer or family member. This enabled the assessor and registered manager to produce a care plan.

We found that care plans were very person-centred, reviewed and updated on a regular basis. Care plan were reviewed initially at six weeks, 12 weeks and six monthly thereafter. We found that systems were in place to monitor people's needs and ensure the care records were accurate. The registered manager reviewed the diaries completed by staff on each visit on a regular basis to ensure the service was still reflective of the person's needs. The registered manager told us they had recently changed this so records come in weekly rather than every five weeks as they felt this was too long a gap if people's needs had changed. This showed the service was responsive and reflective.

Staff visited people at defined times during the day or week and we heard that should someone appear unwell when they visited staff take prompt action to deal with this concern. Staff told us; "We report any updates to the line manager. I have had to call an ambulance for someone in the past. We also observe for injuries such as accidental bruising so we can monitor an injury that may need attention."

The people who used the service we spoke with told us they were given a copy of the complaints procedure when they first started to receive the service. We looked at the complaint procedure and saw it informed people how and who to make a complaint to and gave people timescales for action. We spoke with people who used the service who told us that if they were unhappy they would not hesitate in speaking with the management team. The service had not received any complaints since our last visit. The management team told us that if they concern or issue no matter how minor, they immediately contacted the person via telephone or a visit to discuss and address their issues.

Is the service well-led?

Our findings

Staff told us; "We help with people's independence. It boosts people's self-esteem and people love our company." People told us the service was well led.

People using the service told us; "[Name] the registered manager came to see me last week to check everything was ok." This showed people were consulted.

The registered manager was present during the course of the inspection; they had worked for the service for approximately ten years.

The registered manager discussed the process they used for checking if people were happy with the service and showed us the system. We saw they had regularly contacted people to check that the service was meeting their needs and had a system in place to make sure each person was contacted at least every three months via telephone or visit. The registered manager also told us the service had tried to invite people in to a customer forum event at the registered office but people had not attended. However an event happening within the next week was planned and publicised and the service had received positive responses from people using the service and carers who stated they would attend. The registered manager told us this feedback would form part of the 2016 quality assurance programme.

We saw that the service had participated in an independent quality review programme carried out by ISO9001. ISO 9001 is a certified quality management system (QMS) for organisations who want to prove their ability to consistently provide products and services that meet the needs of their customers and other relevant stakeholders. The service had achieved this accreditation in 2014 and continued it throughout 2015.

The service had a clear management structure in place, which was currently being led by the nominated individual and registered manager. The nominated individual was involved in the overview of the bathing service. The registered manager had a detailed knowledge of people's needs and explained how they continually aimed to provide people with good quality care that was responsive to their needs. Staff told us that the registered manager was open, accessible and approachable. One staff member said; "You can talk to [name] about anything whether work or family related and they would act."

The vision and values of the service were clearly communicated to staff. Staff were able to tell us they were; "We are a good team and we have a nice reputation out there," and another staff member said; "We all work here in a happy bubble."

Staff told us how they were supported via training and discussions to have a good knowledge of dementia and the needs of people and their families living with the condition. Staff also worked in the day provision provided by the organisation as we saw activities and an environment had been specifically developed to the needs of people living with dementia. All staff were Dementia Friends which meant they had received training from dementia champions within the service and learnt about living with dementia and sharing knowledge with people and families. Staff also were provided with an updated staff handbook that gave

them information about key policies and information.

The service had a programme for full team meetings and we saw how the minutes were shared with everyone including people who could not attend. At the most recent meeting in February 2016 we saw that items such as quality assurance, health and safety, training, and updates from the wider Age UK Darlington were discussed.

We also looked at how Age UK Darlington was meeting the requirement to notify CQC of certain incidents and events. Notifiable incidents are events that the service has a legal requirement to inform CQC about and when we prepared for this inspection we reviewed what the service had submitted and on viewing records on our visit we found the service had submitted all appropriate notifications.

The service operated out of a central hub for Age UK in Darlington and as well as providing the bathing service, the location office also provided day opportunities, befriending, a café, advice and information for any older person, their carers or general public to seek advice and support. The service was linked with other stakeholders in a multi-disciplinary approach to meeting the needs of older people in Darlington.