

Age UK Wakefield District

Age UK Wakefield District - Home Support Services

Inspection report

7 Bank Street
Castleford
West Yorkshire
WF10 1JD

Tel: 01977552114
Website: www.ageuk.org.uk/wakefielddistrict

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Age UK-Wakefield District Home Support Services is a domiciliary care agency, providing personal care to people in their own homes. The service provides support to older people and younger adults. At the time of our inspection there were 35 people using the service.

People's experience of the service and what we found:

People were protected from the risk of abuse; people and relatives told us they felt safe. Risks posed to people were assessed. The service monitored accidents and incidents to enable them to learn lessons and mitigate future risks to people. People were supported by enough staff at the correct times. There had been no missed care calls and people told us staff were on time. Staff were recruited safely. People told us staff were kind and caring. Medicines were safely managed.

People's care plans were individualised and the service promoted person centred care. This provided good outcomes, for example increasing people's independence.

Staff felt supported in their roles. The registered manager completed staff supervisions and spot checks to ensure staff were competent. Team meetings provided staff with opportunities to raise concerns and make suggestions.

Governance systems and meetings ensured the provider had oversight of the service. The registered manager completed audits to monitor the quality and safety of the service. However, records audits were overdue and some records required signing. We have made a recommendation that the provider reviews their systems for auditing records.

People and relatives told us the service was well led. Feedback was sought from people and relatives and was used to improve the quality of care people received. Complaints and concerns were effectively managed.

Staff worked closely with external agencies to ensure people's health needs were met, this included district nurse teams, occupational therapists and social workers. The registered manager understood their roles under duty of candour and reported incidents to the relevant authorities where required.

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.

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 23 March 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We undertook a focused inspection to review the key questions of safe and well-led only. For those key question not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Age UK-Wakefield District Home Support Services on our website at www.cqc.org.uk.

Recommendations

We have made a recommendation the provider reviews their systems and processes for auditing records, to ensure records are reviewed, signed and up to date.

Follow Up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

This was an 'inspection using remote technology'. This means we did not visit the office location and instead used technology such as electronic file sharing to gather information, and video and phone calls to engage with people using the service as part of this performance review and assessment.

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.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Age UK Wakefield District - Home Support Services

Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

Inspection team

The inspection team consisted of 1 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.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

Notice of inspection

The inspection was announced. We gave the service 72 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We sought feedback from the local authority who work with the service 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. We used the information we held about the service since the last inspection. We used all this information to plan our inspection.

During the inspection

We spoke with 3 people who used the service and 7 relatives. We spoke with 8 staff, including the registered manager and care staff. We also spoke with a professional who works with the service. We reviewed 4 care records, 4 medicines records and 3 staff recruitment records. We reviewed a range of records relating to the management of the service.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse and avoidable harm

- People were safeguarded from abuse and avoidable harm.
- Staff were trained and understood their roles in relation to safeguarding. Staff told us they felt comfortable to raise concerns. A staff said, "I have had safeguarding training, both in house sessions and on line. I learned which agencies to contact if I have any concerns, recording information correctly and whistleblowing."
- The registered manager reported notifiable incidents to external agencies, such as CQC and the local authority where required. We saw records relating to a person who had received extensive input from the service and local authority safeguarding team, to ensure this person was kept safe. This included a timeline of events, partnership working and regular meetings.
- People and relatives told us they felt safe. One person said, "I have always felt safe in their presence" and a relative said, "[Relative] has always felt very safe from the beginning. The staff are so friendly, and it has been very comforting to me to know that they are there."

Assessing risk, safety monitoring and management. Learning lessons when things go wrong

- The provider assessed risks to ensure people were safe. Staff took action to mitigate any identified risks. The provider learned lessons when things had gone wrong.
- The registered manager monitored all accidents and incidents. The service had a dedicated risk and incident group who reviewed incidents, to ensure the service was learning from them and taking action to provide safe support to people.
- Incidents were discussed in staff team meetings and staff received newsletters that detailed learning from previous incidents.
- Staff received health and safety training and risks related to safety in people's homes was assessed.

Staffing and recruitment

- The provider ensured there were sufficient numbers of suitable staff. The provider operated safe recruitment processes. This included an initial criminal records check, as well as further criminal records checks when staff had been employed for longer periods of time, in line with best practice.
- Staff received a thorough induction and ongoing training in a range of subjects, to enable them to carry out their roles effectively. Staff were provided with a handbook which detailed the service's policies and procedures.
- People told us staff mostly arrived on time and supported them for their agreed call times. Where staff may have been late, an online monitoring system was in place to alert senior staff. Call logs evidenced people were supported for the correct allocated times.

- People and relatives told us staff were kind and caring. Comments included, "I can't fault the care from the carers. They are all so lovely and caring and eventually became like friends to us" and, "They (staff and relative) have such a laugh together and even have a dance." A professional told us, "Staff have been observed to be caring and efficient in the support they are providing."

Using medicines safely

- People were supported to receive their medicines safely.
- Staff were trained and the registered manager checked their competencies to ensure staff were suitably qualified to safely administer medicines.
- The provider had an online medicines administration records (MAR) system, which prompted staff about how and when to give medications, in line with people's prescribed directions. MARs were completed by staff and regular medicines audits were undertaken to ensure people were receiving their medicines safely.
- Staff promoted people's independence. Staff fully supported some people to take their medicines, whilst other people were prompted to administer their own medicines.

Preventing and controlling infection

- People were protected from the risk of infection as staff were following safe infection prevention and control practices.
- People told us staff wore personal protective equipment (PPE) and spot checks were carried out to ensure staff followed best practice in this area.
- Staff were trained to help promote effective infection, prevention, and control practices. A staff said, "We have training, we wear PPE and change PPE between tasks."

Is consent to care and treatment always sought in line with legislation 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 MCA 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.

- The service followed the principles of the Mental Capacity Act. Where required people had their capacity assessed and best interest decisions made.
- Where people had Lasting Power of Attorney's (LPA) in place, to assist people to make decisions about their care and finances, this was clearly documented in peoples care records.
- The service made referrals to advocacy services, to enable people to be involved about making decisions about their care.

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

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

- There was a positive and open culture at the service. The provider had systems to provide person-centred care that achieved good outcomes for people. 'Case studies' evidenced good outcomes people had achieved, including increasing their independence.
- Staff were passionate about the care they provided and told us they felt proud to work at Age UK, a staff member said, "I feel proud to work for AGE UK. I love how much they genuinely care for everyone, always there to support. I love the values they have and the respect for every individual."
- People and (where appropriate) their loved ones were involved in care reviews and people told us communication from the service was good and they felt listened to. The service had a 'you said, we did' document in place, which evidenced how the service had listened and acted upon people's and staff's suggestions. For example, changes had been made to staff rota systems, which had improved morale within the team. One relative said, "They are very open and transparent. They let you know everything they're doing with [relative] all the time".

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 their responsibilities under the duty of candour.
- The registered manager had systems in place for reporting notifiable incidents to external agencies, as required such as CQC and the local authority.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had a clear management structure that monitored the quality of care to drive improvements in service delivery.
- Overarching governance systems were in place and monthly meetings were held with senior management to ensure the provider had oversight of the service. Audits included checks of medicines, IPC, safeguarding and complaints. However, some improvement was required in relation to records audits. Whilst no harm to people had occurred, some care plans reviews were overdue and some required signing.

We have made a recommendation the provider reviews their systems and processes for auditing records, to ensure records are reviewed, signed and up to date.

- Staff told us they felt supported in their roles and received regular supervisions. Regular staff meetings were held to enable staff to raise concerns and suggestions. One staff said, "I have regular supervision and appraisals and these are very helpful. My manager gives me good advice and support when needed," and another staff said, "The manager would be my go to person and in difficult situations she has always been approachable, knowledgeable and friendly."
- The registered manager and staff understood their roles and responsibilities. People and relatives told us the service was well led. A person said, "I believe that the agency is well managed and I wouldn't have anyone else," and a relative said, "I think that this agency is absolutely fantastic, we have no worries or qualms at all. We are really happy."
- Complaints and concerns were effectively dealt with. Records showed complaints were investigated, actioned and responded to.
- The service benefited from several in house strategic groups, this included an incident and risk group, policy review group and a workforce group.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics. Continuous learning and improving care

- People and staff were involved in the running of the service and fully understood and took into account people's protected characteristics. The provider had created a learning culture at the service which improved the care people received.
- Surveys were used to gain people and relatives' feedback, and used to form part of an ongoing action plan. Records showed that feedback was positive overall. Comments included, "I'm happy with the service and such helpful and kind staff. Thank you! for all you do for me," and, "Thank you and your team for the exceptional care that you gave [Name] I think the care and support given to [name] was of the highest calibre and felt staff went well above and beyond in their duties."
- Improvement plans were ongoing, to ensure the service continuously learnt lessons and improved the quality and safety of the support people received.
- Staff spot checks were undertaken to monitor staff's performance and interactions with people using the service.

Working in partnership with others

- The provider worked in partnership with others.
- Staff worked in partnership with external agencies, to ensure people's needs were met. This included district nurses, G. P's, occupational therapists and social workers. A professional said, "I have found Age UK to be an exceptional service. The staff are always polite, and I feel that I have always been kept informed of any concerns in relation to our service user who is in receipt of support from Age UK. Whenever I have called the Age UK team they are able to check their records and give me accurate information regarding visits and any concerns noted by the carers, I feel that this demonstrates that they have a really good record keeping policy in place and it is clearly updated following their visits."