

Age Concern Manchester

Age Concern Home Care - South Manchester

Inspection report

Age Concern Manchester Crossacres
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Manchester
Greater Manchester
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Date of inspection visit:
10 November 2023

Date of publication:
21 December 2023

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Age Concern Home Care – South Manchester is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older people and younger adults with various needs, including people living with physical disabilities and dementia. At the time of this inspection 57 people were using the service.

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's medicines were not always safely managed and medicine recording systems were not robust. Risks related to people's medicines were not always recorded.

Staff rotas showed there was no travel time between calls. Some people told us staff don't always arrive on time for their visits, and don't stay the full length because staff don't have time to do so. We also received mixed feedback from people about them receiving regular staff for their care visits.

Care plans did not always contain information about people's culture or religion and how this impacted on their care needs. People's communication needs were not always detailed in the care records.

Auditing systems were not always robust and auditing processes had not picked up on the discrepancies we found during this inspection. Governance systems required improvement.

Staff were recruited safely and had the necessary safety checks in place before starting work, including a criminal record check to confirm they were suitable to work with people. People were protected from the risks of abuse and staff were trusted to keep them safe. Staff had received training in how to safeguard people.

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; however, the systems in the service did not always support this practice. The provider had no specific mental capacity assessments in place. We have made a recommendation about the provider reviewing their systems in place to work within the principles of the MCA.

People's needs were assessed prior to starting with the service and care plans were developed according to people's needs. Care plans reflected a good understanding of people's needs.

People's rights were promoted. Staff had received training in equality and diversity, and they were

committed to ensuring people were treated well. Staff knew people's history and preferences and used this knowledge to support them in the way they wanted. People's views and decisions about care were incorporated when their care packages. People were involved in making decisions about their day-to-day care. People were treated with dignity, privacy and respect.

Staff praised the registered manager and the wider management team within the service, they felt supported in their roles.

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 16 October 2017).

Why we inspected

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

Enforcement and Recommendations

We have identified a breach in relation to good governance.

We have made a recommendation about the provider reviewing their systems in place to work within the principles of the MCA.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

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 not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Age Concern Home Care - South Manchester

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 1 inspector and 1 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 and specialist housing.

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

We gave a short period notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 10 November 2023 and ended on 23 November 2023. We visited the location's office on 14 November 2023.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 used all this information to plan our inspection.

During the inspection

We spoke with 8 people who used the service and 9 relatives about their experience of the care provided. We spoke with 7 members of staff including the registered manager, assistant manager, care manager, field support officer and care workers.

We reviewed a range of records. This included 3 people's care records and multiple medication records. We looked at records in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

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 good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely; Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People's medicines were not always safely managed. Guidance for staff was not always clear, which meant people were at increased risk of experiencing harm from avoidable medicines errors. Medication administration records (MARs) did not include a record of the individual medicines and what each medicine looked like from people's medicine blister packs, therefore staff had limited guidance to identify what medicines they were administering.
- Medicine recording systems were not robust. The provider's medicine policy did not contain enough detail. The MAR template did not follow best practice guidance. The National Institute for Health and Care Excellence (NICE) guidelines were not adhered to. NICE provides national guidance and advice to improve health and social care.
- People's medicine records were not always maintained. For example, medicine dosage and administration instructions were not always recorded on the MAR and staff did not always make accurate records when they administered a person's medicines.
- Risks related to people's medicines were not always recorded. For example, staff were leaving a person's lunch time medicines out during their morning call, however no risk assessment was in place to support this process.
- People's risk assessments in relation to their care lacked detail. For example, people's moving and handling risk assessments had basic details noted and did not always include enough details about the equipment people used.

We found no evidence that people had been harmed however, systems were not robust enough to demonstrate complete and contemporaneous records were maintained. This placed people at risk of harm. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider took immediate action and updated people's risk assessments. They created an action plan to address medicine recording issues and created a new medicine recording system. They assured us the necessary changes would be made.

- People received their medicines. People told us, "They [staff] came today and gave my tablets. I have them in the morning and night, there are no problems" and, "They [staff] give me my tablets, there are no issues."
- Staff were trained in the administration of medicines. Staff received face to face and online training in

administering medicines. Staff did not have always have medicine competency assessments in previous years, however, staff competencies had been assessed when the registered manager joined the service and they assured us competencies would be re-assessed on an annual basis.

- Accidents and incidents were minimal; they were recorded and monitored. There was a suitable system in place to report, monitor and learn from accidents and incidents.

Staffing and recruitment

- An electronic system was used to determine staffing levels and deploy staff to shifts. Staff rotas showed there was no travel time between calls. Some people told us staff don't always arrive on time for their visits, and don't stay the full length because staff don't have time to do so. We also received mixed feedback from people about them receiving regular staff for their care visits. We fed this back to the provider who assured us rotas will be updated with travel time and informed us about the difficulties in always ensuring regular staff for people's visits due to staff annual leave and sickness.

- Staff were recruited safely and had the necessary safety checks in place before starting work, including a criminal record check to confirm they were suitable to work with people. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risks of abuse and staff were trusted to keep them safe. A person told us, "Very much so yes [I feel safe]. The carers talk me through [what we are doing] and support me emotionally as well as physically."

- Staff had received training in how to safeguard people. Staff we spoke with were confident to report concerns and satisfied that action would be taken to investigate them. A staff member told us, "I have had training [in safeguarding]. I would report any concerns to my manager."

Preventing and controlling infection

- Staff received training in infection prevention and control [IPC] and told us personal protective equipment [PPE] was readily available to them. We received mixed feedback from people about staff wearing PPE during visits. We fed this back to the registered manager who told us they would speak to staff and increase spot IPC checks.

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 our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law;
Supporting people to eat and drink enough to maintain a balanced diet

- People's needs were assessed prior to starting with the service and care plans were developed according to people's needs. Care plans reflected a good understanding of people's needs. A relative told us, "When I go to see my [relative] I can see [relative] looks clean and tidy, and the house the same. Several of the carers have been really life-changing for [relative] because the care they've given has meant that [relative] can stay in their home, the house [relative] loves."
- Where people required support with their food, the level of support was agreed and documented in their care plan.

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

- The service supported people to access healthcare services if required. The service worked well with other health and social care professionals, such as district nurses, GPs and occupational therapists. This ensured good outcomes for people.
- Care plans included relevant health and personal information. Staff monitored people's healthcare needs and worked in partnership with other relevant healthcare professionals, as required. A relative told us, "A carer has called me up and said [relative] needed to see a doctor, several times. It's never been anything serious, for example a chest infection, but they [staff] always let me know."

Staff support: induction, training, skills and experience

- Staff had received an induction when they first started working at the service and training relevant to their roles had been provided. One staff member told us, "I had an induction, I did all the training, which involved watching videos and working through [training] sheets. I did training for quite a while, and shadowed experienced staff for 4 weeks. I felt like this was enough for me [to start delivering care]."
- People and relatives we spoke with told us the staff were trained to meet people's individual needs. A person told us, "I think the carers are well-trained. Sometimes a new carer will come and watch what the main carer is doing, then they come on their own."
- Staff had regular training and opportunities for supervision [one to one support sessions with their line manager]. A staff member commented, "We get regular supervisions."

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 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.

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.

- Staff received training in MCA. Staff understood consent, the principles of decision-making and mental capacity. One staff member told us, "I have had training in MCA. It is about people making decisions for themselves."
- People's initial assessments contained information about people's cognition. However, this information was not always included in people's care plans and the provider had no specific mental capacity assessments in place.

We recommend the provider reviews their systems in place to work within the principles of the MCA.

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 our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. 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

- People's rights were promoted.
- Staff had received training in equality and diversity, and they were committed to ensuring people were treated well. A relative told us, "My [relative] is very chatty but they are housebound; the carers are really social with [relative] and when everything's clean and tidy they will sit and have a chat with [relative] for 15 minutes. I'm eternally grateful to them."
- Staff knew people's history and preferences and used this knowledge to support them in the way they wanted. People told us, "I get on nicely with the carers", "The carers don't just ignore me; they come and chat, they know me now and we chat about different things" and, "I think the carers are good. I am happy [with the care]."

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

- People's views and decisions about care were incorporated when their care packages. This helped staff to support people in a way that allowed people to have control over their lives and make day-to-day decisions. People told us, "The carers ask me what I want to eat" and, "If I want to change the day of my shower, I can do. For example, I told a carer and they said that's fine. The carer is very willing to do anything I ask."
- People were involved in making decisions about their day-to-day care. A staff member commented, "I would ask them [people], and see what options they have and offer them choices. I would also encourage safe choices. If I was worried [about a choice a person is making] I would speak to the managers."

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity, privacy and respect. A person told us, "When I'm having help with a shower, the carers don't make me feel uncomfortable at all; they just get on with it and that makes it easier for me." A staff member added, "I keep curtains closed and cover them [people] with a towel [when carrying out personal care]."
- People's independence was encouraged where possible and elements of the care plan reflected this. A person told us, "When I'm having a shower, I almost feel like I'm doing it for myself even though the carers are helping. They encourage me to do what I can on my own."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant people's needs were not always met.

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

- Elements of the care plan were person-centred, which included people's like, dislikes and preferences. However, there was room for improvement. Care plans did not always contain information about people's culture or religion and how this impacted on their care needs.
- We received a mixed response from people and relatives about reviews of their care needs. Some people told us they felt involved with their care and their care had been reviewed, where as other people told us they had not received any reviews. We looked at people's care plan reviews and found they had not been completed in previous years, however, the local authority carried out a recent audit and implemented an action for the service to complete annual reviews as a minimum. The service had started reviewing all people's care.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were not always detailed in the care records.
- Staff we spoke with had a good understanding of the people they supported and knew about people's communication styles and needs.
- Information was available in accessible format, and upon request.

Improving care quality in response to complaints or concerns

- Complaints had been responded to in line with the provider's complaints policy. There was an up-to-date complaint policy in place and the provider ensured the quality of care could be assessed, monitored and improved upon.
- People and relatives knew about the provider's complaints process and felt able to raise concerns.

End of life care and support

- Staff had access to end of life training and end of life care could be facilitated alongside community healthcare professionals if required. However, at the time of this inspection the service was not supporting anyone who needed end of life care.
- Care plans considered people's end of life wishes.

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 changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of 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

- Auditing systems were not always robust and auditing processes had not picked up on the discrepancies we found during this inspection. For example, the medicine audit tool used did not always pick up on the issues we found, and there was no robust audit process in place for care plans.
- Governance systems required improvement. The provider did not have a robust quality framework in place to drive service improvements, and was reliant on the local authority carrying out quality checks.

The provider had not operated robust systems and processes to assess, monitor and improve the quality of the service. This contributed to the breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff praised the registered manager and the wider management team within the service, they felt supported in their roles. Staff told us, "[Registered manager] and [assistant manager] are both lovely. They are there if you need them, very supportive. I know I can go to them and they are also supportive with my personal life" and, "[Registered manager] is nice, they are always checking in on us. They are approachable and nice.

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

- Person-centred care was promoted. The registered manager and staff demonstrated a commitment to people, and they displayed person-centred values. People's choices were respected, and staff supported them to achieve good outcomes.
- The culture was open and inclusive. Staff said they enjoyed their roles and like the company they worked for. Staff told us, "It is a good company to work for" and, "Staff work well together, there are no real issues."

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; Working in partnership with others

- The registered manager understood their responsibilities under the duty of candour and there was evidence the provider had informed people when something went wrong.
- The service worked effectively in partnership with other health and social care organisations and networks to build connections and achieve better outcomes for people using the service. For example, the registered

manager worked closely with commissioners and attended health and social care seminars, and used this learning to implement changes within the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives' views had been sought through regular contact, surveys and quality monitoring. Feedback from people was mainly positive and any negative comments were followed up.
- Staff views were sought through regular contact, meetings, and supervision. Feedback from staff was positive.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems had not been effectively established to ensure accurate and contemporaneous records were maintained. Regulation 17(2)(c)</p> <p>Systems were not always robust to assess, monitor and improve the quality and safety of the service. Regulation 17(2)(a)</p>