Age UK Stafford & District

Age UK - Stafford & District Care Services

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service: Age UK Stafford and district is a domiciliary care agency that was providing personal care to 19 people in their own homes at the time of the inspection.

People's experience of using this service:

The recording on the medication administration records required strengthening. People were not always safely supported with their medicated creams as guidance to staff was missing. We have made a recommendation that the service review the NICE guidelines for managing medicines for adults receiving social care in the community and ensure medicine management systems are in line with this.

There was no documentation in place to record capacity assessments and best interests' decisions under the Mental Capacity Act 2005.

Governance systems required strengthening. The providers quality monitoring system systems did not identify improvements and drive good care.

People were protected from the risk of cross infection as appropriate measures were in place.

People were protected from potential abuse and were supported by safely recruited staff.

People were supported to access healthcare services.

People's needs, and preferences were met by suitably trained staff who knew them well.

Where the provider had a responsibility to support people they had enough to eat and drink to maintain good health.

People were treated with respect and were well supported by staff.

People's privacy and dignity was maintained, and their independence promoted.

People received personalised care and knew how to complain if necessary.

The registered manager was approachable to both staff and people.

Rating at last inspection: Good (last report published 30 September 2016)

Why we inspected: This was a planned inspection based on the last rating.

Follow up: We will continue to monitor this service through the information we receive.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement

The service was not always effective

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

Age UK - Stafford & District Care Services

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:
This inspection was carried out by one inspector.

Service and service type:
Age UK Stafford and district is a service is a care at home service. It provides personal care to older adult's living in their own houses and flats. It included those living with dementia or people with a physical impairment.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:
We gave the service 48 hours' notice of the inspection visit because it is a domiciliary care provider and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection activity started on 29 March 2019 and ended on 8 April 2019. We visited the office location on 1 April and 2 April 2019 to see the registered manager and office staff; and to review care records and policies and procedures.

What we did:
Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed the information the provider had sent us along with other information we held about the service. This included notifications about events that had happened at the service, which the provider was required to send us by law. For example, safeguarding concerns, serious injuries and deaths that had occurred at the service. We also contacted the local authority and asked for any information that they held about the service.

During the inspection we spoke to five people who used the service, one relative, two staff members, the registered manager and nominated individual. We looked at three people's support plans, two staff recruitment files and other information relating to the running of the service including medication records and risk assessments.

After the inspection we received information from the registered manager that we had requested such as staff training information.

Requires Improvement

Is the service safe?

Our findings

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

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
•People could not be assured that their prescribed medicines would be managed safely. Some people were prescribed medicines to be taken on an 'as and when needed' (PRN) basis, for example medicated cream. We found there were no written protocols in place. This put people at risk of inconsistent and unsafe care and support because there was no guidance for staff to follow in relation to when and where these creams should be administered.
•Medication administration records (MARs) were not fully completed. For example, a prescribed medication was on the MARs but it was not recorded if it had been offered to the person and if the person had taken it.
•We recommend that the service review the NICE guidelines for managing medicines for adults receiving social care in the community and ensure medicine management systems are in line with this.

Assessing risk, safety monitoring and management
•Risk assessments had been completed, such as minimising trip and fall hazards in people's homes.
•However, the provider may wish to risk assess people's individual health conditions even if they are not supporting to manage them, to ensure risk is mitigated.
•People told us they felt safe. On person told us that they felt, "Very safe." With another telling us they felt, "Totally" safe.

Systems and processes to safeguard people from the risk of abuse
•People were protected from potential abuse. However, during the inspection a safeguarding was raised, as the inspector identified potential abuse could be occurring.
•Staff told us they had received safeguarding training and knew their responsibilities to recognise and report suspected abuse.

Staffing and recruitment
•Staff were safely recruited. The provider followed safe recruitment procedures to ensure potential new staff were of good character. These checks included disclosure and barring service (DBS) checks for staff. DBS helps employers make safer recruitment decisions.
•There were sufficient numbers of staff to keep people safe. People told us that the carers were, "Always on time." With another person telling us, "Staff come as near to the time as they can."
•Staff told us they have enough travel time to get to people and that they felt their rota was manageable.

Preventing and controlling infection
•People were protected from the risk of cross infection as appropriate measures were in place.
•People told us that staff wore personal protective equipment (PPE) such as aprons and gloves when

supporting them.
•Staff told us that they had access to PPE and could give us examples of when they would wear it, such as when handling food.

Learning lessons when things go wrong
•The provider informed us that there had been no incidents or accidents since the last inspection nor had there been any complaints, so there were no lessons that had been learned as nothing had gone wrong.
•The registered manager stated that if they did receive negative information then they would telephone the person and talk it through with them and put things right if appropriate.

Requires Improvement

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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance
•The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
•We checked whether the service was working within the principles of the MCA.
•There was no documentation in place to record capacity assessments and best interest decisions. This meant that people's capacity may not be assessed appropriately, if required.
•Although staff told us they had received training in the MCA, they could give us little detail on what this meant to them and how it applied to people. This meant that there was a risk that people were not supported in line with the MCA.
•People told us that staff did explain things when necessary about their care and staff stated that they did seek consent before carrying out care tasks with people.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
•People's needs were assessed before they started to use the service. One person told us, "From the moment [staff member] came to assess me, right up to starting, everything was done with the utmost care and dignity."
•Another person told us, "All staff seem to know what I like and don't like."
•Support plans had been developed with people and their relatives which ensured their needs and preferences were met.
•Support plans considered if people had any cultural or religious needs and the nominated individual stated that if anybody had any particular needs under the Equality Act then this would be covered in the assessment.

Staff support: induction, training, skills and experience
•People told us they felt that staff had the right training to support them.
•Staff told us they received regular training, which included safeguarding and manual handling.
•One staff member told us, "I have regular clients and do a lot of cover calls as well. I can pick up a person's needs with care plan and failing that I can always speak to people in office for any information."
•Staff told us they received regular supervisions.

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

•When the provider had a responsibility to support people with their eating and drinking people received enough to maintain good health. One person told us they were happy with the support they received around meal preparation.
•Support plans clearly documented the support people required to maintain adequate hydration and nutrition and provided guidance to staff as to people's preferences.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
•People were supported to access healthcare services when required.
•Referrals had been made to appropriate health professionals when required, such as the GP.
•People told us that staff would tell them if they felt they needed medical advice, with one person telling us, "They do tell me if they think I need to see the GP." But the person would call the GP themselves.

Good

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

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 were treated with respect and were well supported by staff.
•One person told us, "They treat me with respect and look after me really well."
•Another person told us that they thought the care they received was, "Brilliant."
•Care plans detailed people's hobbies and interests This was so people could engage in things they liked and knew about.

Supporting people to express their views and be involved in making decisions about their care
•People were involved in making decisions about their care. People confirmed they were involved in reviews about their care which ensured that they received care in line with their preferences.
•Comments from people included, "[Staff members name] does talk to me about me care." And "[Staff members name] came out and re did my assessment very thoroughly."
•The service actively sought the views of people using the service by sending out questionnaires. These questionnaires were analysed resulting in positive feedback, so no action was required from the provider.

Respecting and promoting people's privacy, dignity and independence
•People's privacy and dignity was respected, and their independence promoted.
•One person told us, "They let me do things for myself if I can."
•Staff gave us examples of how they respected people's privacy. For example, closing doors when supporting somebody with personal care.
•One staff member told us that to promote somebody's independence they would, "Let them do as much as they can for themselves, for example, washing themselves. They do what they can, and I do the rest."
•Care plans gave staff clear instructions of how to support a person's privacy and dignity when undertaking personal care. For example, placing a towel on a person's shoulders when in the bath for dignity and warmth.

Good

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control
•People received personalised care by staff who knew them well. People told us that staff spoke to them about their care needs.
•One person told us, "[Staff members name] came out and re did my assessment very thoroughly. They asked me all relevant questions about me and how I felt."
•People told us that received they support they wanted, and staff knew their likes and dislikes.
•One person told us, "They aren't just my carers, they are my friends as well."
•Care plans detailed people's preferences, such as which toiletries they preferred to use and what they liked to eat.

Improving care quality in response to complaints or concerns
•The provider had a complaints policy in place but had not received any complaints or concerns recently.
•The complaints policy offered the option of having an 'independent' member of staff to write down the complaint in a manner that was acceptable to the person.
•People told us they did know how to complain should they need to. One person told us, "I would phone the registered manager and make a complaint, but I have never had to."

End of life care and support
•The service was not supporting anybody at the end of their life.
•The provider stated this was not a service they currently provided.

Requires Improvement

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility
•The provider did not have effective systems in place to identify improvements and drive good care for people. Although audits took place, they failed to pick up areas for improvement. For example, contact notes had been audited but this had not identified a change in a person's health need. In addition, systems had not identified that the management of medicines required strengthening.
•The service had a vision in place to expand their service with consistent staff.
•On staff member told us, "I feel like part of a family, [it is] friendly and supportive. I wouldn't work for anybody else."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
•Systems required strengthening to ensure the provider was working with the most up to date policies, for example safeguarding. The safeguarding policy used by the provider was not based upon the most recent local interagency policy.
•The provider was not aware of their regulatory requirement around assessing and documenting capacity under the Mental Capacity Act 2005.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
•Although the provider didn't actively ask staff for feedback, for example with surveys, the provider stated that they have an open-door policy for staff to discuss feedback should they wish to.
•Management were approachable, with one staff member telling us, "I can't fault them."
•Surveys that were sent out to people included a question asking if they felt the service was meeting any special needs they had. For instance, disability or cultural or religious needs. There was an overall positive response to this question.

Continuous learning and improving care
•The provider stated they were looking at changing the way they provided training to staff by switching to a training provider who provides online training.

Working in partnership with others
•The provider was not currently working in partnership with others but stated that they had done so in the

past. For example, the provider stated they had done some work with the Citizens Advice Bureau around information and advice for people.