

Age UK Bexley

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 29 March 2017 and was announced. We told the provider two days before our visit that we would be coming, as we wanted to make sure the office staff and registered manager would be available.

At our last inspection on 08, 09 and 12 February 2016 we found a breach in legal requirements in that people were not always asked to give their consent to care and treatment. When people lacked the capacity to make a decision, the service did not have a system in place to assess the level of capacity. The provider sent us an action plan telling us how they would address these issues and when they would complete the action needed to remedy these concerns. At this inspection we checked to see if these actions had been completed and found that the provider had taken action to make sure that capacity assessments were carried out and people's consent was gained before carrying out treatments.

Age UK – Bexley provides personal care to people in their own homes. At the time of our inspection the provider delivered care and support to approximately 326 people and employed two members of staff. The service supports older people some who are living with dementia. The care and support provided involved visits by staff to people's homes where people's feet were cared for by nail cutting and other non-invasive foot care procedures.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe and were happy with the care, treatment and support they received. The service had safeguarding adult's procedures that were robust and staff understood how to safeguard people they supported. There was a whistle-blowing procedure available and staff said they would use it if they needed to. Risks to people using the service were assessed and risk assessments and care plans provided clear information and guidance for staff. People were protected from the risk of infection. There were systems in place to manage accidents and incidents. There were enough staff deployed to meet people's needs and the provider conducted appropriate recruitment checks before staff started work. At the time of our inspection people using the service were not receiving any support with medication.

Staff had completed induction training when they started work and mandatory training for staff was up to date. Staff were supported by receiving regular supervisions and annual appraisals. The registered manager and staff understood the Mental Capacity Act 2005 (MCA) and acted according to this legislation and people's consent was gained. People had access to health care professionals in order that they maintain good health.

People told us that staff were kind, caring and supported them in a manner which protected their privacy

and dignity. People were provided with information about the service when they joined. People were involved in their care planning. Care plans and risk assessments provided clear information for staff on how to support people using the service with their needs. Care plans were reviewed on a regular basis. People were aware of the service's complaints procedure and said they felt confident their complaints would be investigated and action taken if necessary.

There were effective processes in place to monitor the quality and safety of the service and the registered manager recognised the importance of regularly monitoring the quality of the service provided.

Regular staff meetings took place and people were provided with opportunities to provide feedback about the service. Staff and people and staff told us they thought the service was well run and that the registered manager was supportive.

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.

People told us they felt safe when receiving care and support from staff.

There were appropriate safeguarding and whistleblowing procedures in place and staff had a clear understanding of these procedures.

Risks assessments were carried out and provided guidance for staff on how to manage risks to people's health and wellbeing. People were protected from the risk of infection.

There were systems in place to manage accidents and incidents.

There were sufficient staff deployed to meet people's needs. Appropriate recruitment checks took place before staff started work at the service.

Is the service effective?

Good ●

The service was effective.

Staff had completed induction training when they started work and mandatory training for staff was up to date.

The registered manager and staff understood the Mental Capacity Act 2005 (MCA) and acted according to this legislation and people's consent was gained.

People had access to health care professionals in order that they maintain good health.

Is the service caring?

Good ●

The service was caring.

People told us they were treated with dignity and respect.

People were provided with information about the service when

they joined.

Is the service responsive?

Good ●

The service was responsive.

People were involved in their care planning. Care plans were reviewed on a regular basis.

People were aware of the service's complaints procedure and said they felt confident their complaints would be investigated and action taken if necessary.

Is the service well-led?

Good ●

The service was well-led.

There were effective processes in place to monitor the quality and safety of the service.

Regular staff meeting took place and people's views had been sought about the service.

People and staff told us they thought the service was well run and that the registered manager was supportive.

Age UK Bexley

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

This announced inspection took place on 29 March 2017. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. The inspection team consisted of one inspector and two experts 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.

Before the inspection we looked at the information we held about the service. This information included statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. We also asked the local authority commissioning the service for their views of the service.

As part of our inspection we spoke with 17 people on the telephone, all of whom used the service. We spoke with 10 relatives, one member of care staff, the registered manager and the nail cutting service co-ordinator. We reviewed a range of records related to people's care and the management of the service. These included 13 people's care records, two staff files, the planning and operation system used by the organisation and records related to quality assurance.

Is the service safe?

Our findings

People told us they felt safe and supported. One person told us, "I feel quite safe". One relative told us, "Yes I definitely feel safe the [member of staff] is very reassuring and calm". People were confident that staff would arrive on time and they said this made them feel safe. One person told us, "[Staff] have never been late". Another person said "[Staff] are never late they are always here on time".

Staff were aware of safeguarding policies and procedures and knew what action to take to protect people should they have any concerns. All of the staff we spoke with demonstrated an understanding of the type of abuse that could occur. They told us the signs they would look for, what they would do if they thought someone was at risk of abuse and who they would report any safeguarding concerns to. Training records confirmed this. Staff told us they were aware of the organisation's whistleblowing policy and they would use it if they needed to. There had not been any safeguarding incidents in the 12 months prior to our inspection.

The service completed risk assessments for each person in relation to allergies, diabetes, health and safety and infection control to ensure the care and treatment provided did not interfere with any medical conditions people may have. People assessed by their GP, diabetic nurse or the NHS podiatry service as having low risk diabetes were offered the nail cutting service, people classed as high risk were not offered the service. People with diabetes were monitored and if any skin breakdown was found they would be referred to NHS for further treatment. At the time of our inspection people using the service were not receiving any support with medication.

The service had enough staff to meet the needs of people. The service had two foot care assistants who carried out foot care in people's homes, a nail cutting co-ordinator and the registered manager. People and staff told us they were never rushed and had enough time to deliver the care people. The registered manager and staff told us that travelling time was factored into people's appointments. Staff carried a mobile phone with them during working hours and could call the registered manager or the office for assistance should they need it. Staff also told us, they were rarely late but would inform staff if they were going to be. One staff member said, "I'm on time for my appointments as clients are allocated a two hour slot. If I am going to be late which is very unusual, I would contact the client to let them know".

People were protected from the risk of infection because there was an appropriate infection control policy and guidance in place. Staff told us people who used the service had their own clippers and files which were kept at their home to prevent the risk of cross infection. Staff told us they wore protective clothing such as aprons, masks and gloves which they put on before their treatment to protect people against infection and was discarded immediately after use. One staff member told us "It important to use protective clothing and I always do". Records confirmed staff had undertaken infection control training. People using the service received a service user guide which gave information about how staff dealt with any infections people may be suffering from. For example, if people were suffering from flu or a gastric infection they were advised to contact the service immediately so that their appointment could be rearranged and prevent staff carrying infection to other people using the service.

There were safe recruitment practices in place and appropriate recruitment checks were conducted before staff started work at the service. Staff files contained a completed application form which included details of staff's employment history and qualifications. Each file also contained evidence confirming references had been sought, proof of identity reviewed and criminal record checks undertaken for each staff member.

The service had a system to manage accidents and incidents, however there had been no accidents or incidents reported since our last inspection. The registered manager told us if there was an accident or incident they would ensure that they would follow the procedure for recording accidents and incidents, for example by recording what happened and what action was taken.

There were arrangements in place to deal with possible emergencies. This meant that in the event of a disruption to the service, the main foot care assistants would still be able to support and provide care to people who used the service.

Is the service effective?

Our findings

People we spoke with told us staff knew their needs and met them as required. One person told us, "Yes, I think the [staff member] is very good at their job". Another person said "[Staff] are very good and knowledgeable".

At our last inspection on 08, 09 and 12 February 2016 we had found breaches of regulations as people were not always asked to give their consent to care and treatment. Also when people lacked capacity to make decisions about their care, staff accepted that people such as neighbours and relatives sometimes gave instructions for care and in these circumstances assessments were not undertaken about whether this and best interests meetings were not carried out.

At this inspection we saw that improvements had been made and the service was now ensuring people's written consent to care and treatment had been obtained before caring out treatment. Referrals were made by health professionals or people self-referred to the service. The registered manager and staff understood the Mental Capacity Act 2005 (MCA) and acted according to this legislation. The service had arrangements in place to ensure that it complied with the Mental Capacity Act 2005 (MCA 2005). This provides protection for people who do not have capacity to make decisions themselves. The registered manager told us that all of the people using the service except one person had been assessed as having capacity to make decisions about their own care and treatment. For the one person who did not have the capacity to make decisions we saw formal capacity assessment had been undertaken and their full time carer had been involved in a best interest meeting making the decision that the person should receive the care and treatment the service offered.

We saw and staff told had completed an induction programme when they started work. The induction included reading policies and procedures, diversity and equality and training opportunities. Staff told us and records confirmed they had completed all mandatory training which was up to date and included safeguarding, medicines, fire and moving and handling to help them carry out their roles effectively. One staff member told us, "My training is up to date, I have regular training and it is very good". We saw observational checks were carried out to ensure staff member's competency on how staff communicated with people, if they were wearing appropriate protective clothing and if they carried out treatments as required and met people's needs. One staff member said, "The registered manager regularly carries out observations, I think it's a good thing".

The service was not responsible for any aspect of supporting people with their nutrition or hydration.

Staff were supported through regular supervision and annual appraisals. During supervision sessions, staff discussed a range of topics, including the people they supported, safeguarding, consent and health and safety. A staff member told us, "I have regular supervision; it's good to get feedback and discuss any issues.

People were supported to access a range of healthcare professionals including a GP, podiatrists and district nurses. For example, if staff were unsure about whether they should be carrying out a treatment as it was

not within their area of expertise, they could contact the podiatrist and receive appropriate advice as to whether or not any treatment should be carried out. One staff member told us, "I had one client that had an infected toe. I immediately contacted the person's GP who arranged for the district nurse to visit".

Is the service caring?

Our findings

People told us that staff were kind and caring and treated them with dignity and respect. One person said, "[The staff member] is wonderful". A relative said "Yes, [staff are] very caring".

People and their relatives were involved in planning people's care needs and the service offered was flexible. For example, we observed people requesting to change the day on which they received care. The office met these requests where possible. People's care plans detailed the type of care and support they needed. One person told us, "I know what [staff] are doing and they talk to me about what they are doing".

Staff maintained people's privacy and dignity. Staff we spoke with told us that people were treated with dignity and respect. Staff told us they would close doors and check if people were happy for family members to be present when treatments were being carried out. One person told us, "Yes, [staff maintain my privacy and dignity] well and they speak to me about everything they are doing".

People's information was treated confidentially. Personal records were stored securely in locked cabinets in the office. Only authorised staff had access to people's electronic records. Staff files were also securely locked in cabinets within the office and only staff authorised to view them had access to them.

People were provided with appropriate information about the service, this was given to people when they started using service and included information on the standard of care to expect and the services provided. This included the complaints policy.

Is the service responsive?

Our findings

People received consistent care that was appropriate to meet their individual needs. Support plans were reviewed on a regular basis and were agreed and signed by people who used the service. We saw that every visit staff completed treatment sheets recording the care and treatment delivered to people. People told us they had been involved in their care planning. One person told us, "Yes I am involved in deciding my care needs". One relative said, "Yes [my relative] has got a care plan".

People told us that individual care records were maintained within their homes as well the service's office. We saw that care plans included the guidance staff needed to provide and meet people's care needs. For example, one person's care plan documented that they needed a disinfectant spray before the treatment.

Staff explained that a pre-assessment was carried out before a care package commenced to ensure people's needs could be met. Care plans included information and guidance about people's needs, details of medicines if prescribed and if they had any conditions such as diabetes, this enabled staff to meet people individual needs. People's plans were reviewed on an annual basis or when there was a change in people's needs. For example a change in the date and time they wanted the care and treatment delivered.

Staff were knowledgeable about people's needs and there was evidence that they responded to issues that was important to them, such as the same foot care assistant. A staff member said, "I know my clients needs and I have known most of them a very long time, a lot of people like have the same staff member delivering treatments and we offer this consistency whenever possible".

We saw the service had a complaints policy and complaints log in place. We saw there had been no complaints received since our last inspection however, if they did the registered manager said they would follow the complaints process to investigate the matter. One person told us, "No I have never had to make a complaint".

Is the service well-led?

Our findings

People told us they thought the service was well managed, were complimentary about the service and the relationship they had with staff. All of the people we spoke with relayed positive views of people connected with the service. They described staff as "Absolutely lovely".

The service had a registered manager in place who was had proven experience working with Age Concern. Staff described a culture of openness and transparency where they felt able to speak out about quality or safety. Staff said that they felt comfortable in raising matters with the registered manager or provider and felt confident that they would be listened to and concerns acted upon. Staff told us they were happy working in the service and spoke positively about the leadership team who they said were receptive to their feedback. One staff member told us "I just love working here; it's a very rewarding job".

Staff told us and records we looked at confirmed that regular staff meetings took place. Minutes of these meetings showed discussions took place around areas such as training, safeguarding, health and safety and the registered manager's open door policy. This meant that learning and best practice was shared with staff and they understood what was expected of them. One staff member told us, "I attend team meetings and find them useful; it gives us an opportunity to share best practice".

There were effective processes in place to monitor the quality of the service, and the registered manager recognised the importance of regular quality monitoring. Records demonstrated regular audits were carried out at the service to identify any shortfalls in the quality of care provided to people using the service. These included quality of care, care plans and risk assessments, records we looked at showed the service was compliant in these areas. For example, we saw that an annual audit of consent forms that had been carried out in September 2017, found that some care files had consent forms missing. We saw that the service had obtained these people's consent by ensuring that they had completed consent forms which were then stored in their care files.

We saw that although people were encouraged to provide feedback about the service by completing annual surveys, the response was minimal. We saw that service carried out telephoned people who use the service in September 2015 in order to encourage oral feedback. However, very few clients wanted to participate. So for 2016 we saw the service asked for people's feedback when staff observations were carried out. The feedback was positive and there was nothing reported in this feedback that the service could improve on. The registered manager told us that for 2017, the service will be carrying out telephone calls to clients to obtain feedback about the service and that hopefully more clients would participate.