

Age UK Brighton & Hove

# Age UK Brighton and Hove

## Inspection report

29-31 Prestonville Road  
Brighton  
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Date of inspection visit:  
14 December 2017

Date of publication:  
09 January 2018

### 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

Age UK Brighton and Hove is a domiciliary care agency. It provides personal care to people living in their own houses in the community. It provides a service to older adults, younger disabled adults and children. In addition, the service offers short-term support to people who have been through a crisis, have no one that can help them and this is usually available for seven to 14 days. This gives a person an opportunity to recover or allows time for health and social care professionals to identify a permanent care provider. The crisis intervention plans reduced the risk of avoidable hospital admissions and promoted rapid and safe hospital discharges. At the time of the inspection, 15 people were using the service.

Not everyone using Age UK Brighton and Hove receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

At the last inspection, the service was rated Good.

At this inspection, we found the service remained Good.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. Staff sought people's consent before providing care and treatment.

People were protected from abuse. Staff followed the provider's safeguarding procedures to identify and report concerns to people's well-being and safety.

Appropriate risk management systems were in place. Staff followed the guidance in place to support people safely in line with the risks identified to each person's health and well-being. People received the support they required to take their medicines.

People were supported by a sufficient number of staff who underwent appropriate recruitment checks. Staff knew how to minimise the risk of infection.

Appropriate systems were in place to enable staff to report and learn from incidents that may happen at the service. Staff had access to out of hours' guidance for additional support when responding to an emergency or difficult situation.

Staff received support, regular supervision and attended training to enable them to undertake their roles effectively. People were involved in the planning and review of their care. Staff delivered people's care in line with their changing needs, preferences and best practice guidance.

People received care in a manner that treated them with respect and promoted their privacy and dignity.

Staff developed positive relationships with the people they supported and offered emotional support when needed.

People were encouraged to maintain a healthy diet and to have sufficient food to eat and drink. Staff supported people to access healthcare services when required.

People were confident about making a complaint and had received information about how to make their concerns known. The registered manager sought people's views about the service and acted on their feedback.

People and staff commended the registered manager and their care provision. People received person-centred care and benefitted from an open and transparent culture.

The quality of care was checked and monitored regularly. The registered manager made improvements when necessary to develop the service. There was collaboration between the registered manager and other agencies to enhance the quality of care provided to people.

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Age UK Brighton and Hove

## **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 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 comprehensive inspection took place on 14 December 2017 and was announced.

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 was undertaken by one 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.

Before the inspection, we reviewed information we held about the service including statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. Statutory notifications include information about important events, which the provider is required to send us by law. We used this information to plan the inspection. We did not request a Provider Information Return (PIR) form. A PIR is a document that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We gave the registered manager and provider an opportunity to provide us with information that was relevant to our inspection.

During and after the inspection visit to the provider's head office, we spoke with seven people using the service and six relatives. We also spoke to two office managers, three care staff, a care coordinator, communities and inclusion development manager and the registered manager. We reviewed 10 people's care records and their risk assessments and management plans. We looked at five staff records relating to recruitment, induction, training and supervision. We looked at other records related to the management of the service including quality assurance audits, safeguarding concerns and incidents and accidents monitoring. We checked feedback the service had received from people using the service, their relatives and health and social care professionals.

After the inspection, we received feedback from two health and social care professionals.

## Is the service safe?

### Our findings

People were protected from the risk of abuse and neglect. Staff understood the provider's procedures about how to safeguard people. They were able to describe their responsibilities to identify and report potential abuse. Staff received safeguarding adults training regularly and knew how to whistleblow on poor practice to the registered manager and external agencies. The registered manager told us and records confirmed that there was a close working relationship between the registered manager and the local authority safeguarding team when they had concerns about people's welfare.

People received care in a manner that mitigated any known risks to their welfare. One person told us, "With their support, I'm regaining my strength and independence, but importantly, without having any further falls." Another person said, "I was quite worried about coming home on my own, because I didn't want any more falls, but I've now got a pendant I wear all the time and the carers have been here to support me when I'm having my shower, and so far, no more falls." Health and social care professionals commented that staff managed risks to people's health and well-being in an appropriate manner. Staff carried out risk assessments on people's health and well-being and reviewed these when there were changes to their needs. Records showed staff had sufficient guidance about how to provide safe care to people. People told us and records confirmed they received safe care and were not restricted from taking informed risks.

People's needs were met safely and in a timely manner. Comments included, "The carers have always arrived within their time slot so I've never needed to call them" and "The carers stay as long as it takes to get everything done. They always ask me if there's anything else I need help with. I've never felt rushed by them." However one person had experienced two missed calls which they told us was "due to miscommunication, but the staff were extremely apologetic and it hasn't happened since." The managers had put in place a system to highlight when the person did not want a visit and when staff should resume calls. The person's care records were updated and information shared with staff to minimize the risk of a recurrence. Each person had a slot when staff visited to provide their care. However, there was no time limit set for care delivery which enabled staff to provide the support a person required before leaving. Staff told us that they sometimes experienced busy periods. However, they said the care coordinators and office managers came out to support them when needed. Duty rosters showed there was a regular team that covered normal shifts and absences due to staff training and leave absences.

People were supported to take their medicines safely. Staff had assessed each person's ability to self-administer and manage their medicines. People were happy with the prompting and reminding to take their medicines where this was required as part of the care package. Staff monitored and reported to health and social care professionals when they observed that a person was not consistently taking their medicines. There were no medicines administration records to review because staff did not administer people's medicines. Staff maintained accurate daily logs of the support they gave people to take their medicines.

People were supported by staff who followed good hygiene practices. People told us staff washed their hands and changed gloves when performing different tasks such as personal care and food preparation. Staff had access to personal protective equipment such as disposable gloves, aprons and shoe covers to

help minimise the spread of infection. The provider ensured staff attended food and hygiene training to guide their practice to protect people from the risk of cross contamination and food poisoning.

People were protected from the risk of avoidable harm. Appropriate systems were in place to record, report and monitor accidents and incidents at the service. There had not been any accidents involving people using the service in the past 12 months. However, the managers discussed in team meetings near misses and incidents reported in the national press to raise staff awareness. Staff told us they highlighted to the managers and their colleagues when they had concerns about areas that could result in incidents and accidents to ensure suitable plans were in place to reduce the risk.

## Is the service effective?

### Our findings

People's needs were assessed and met in line with the guidance they received from health and social care professionals involved in each person's care. One person told us, "One of the managers came and said she was assessing me to see how much I could do for myself." Health and social care professionals were involved in assessing and planning people's needs and the support they required. Staff had sufficient information about people's care and support needs, which the managers had gathered before each person started to use the service. The managers included in people's care plans the guidance provided by health and social care professionals and ensured staff understood each person's needs and the support they required. People told us and records confirmed that staff delivered care in a manner that met their individual needs according to best practice guidance and legislation.

People were supported by staff who were competent in their roles. One person told us, "I wouldn't be able to be here by myself, without their help." Staff received regular training and attended refresher courses to keep their knowledge and skills up to date. This enabled them to provide care that was safe and effective. One member of staff said, "We have all the support we need to do the job." Staff received regular supervision, had daily catch-ups with the care coordinators, office managers and their colleagues about people's needs and felt well supported in their work. Staff had not received an annual appraisal of their performance due to the reorganisation of the staffing structure at the service. Appraisals were scheduled for the first quarter of the following year where they would identify and set staff's learning and development plans.

People received support with eating and drinking, meal preparation and food shopping when needed. People's comments included, "My carers help me with all my meals and they organise my drinks for me as well." Another person said, "They prepare a ready meal at lunch and make me a snack at teatime. They always leave me with a small jug of water and a glass by my chair for when they're not here." Staff informed the managers when they observed that a person did not have sufficient food stocks, who then organised emergency shopping to ensure the person had enough to eat. One person told us, "My carers check with me every day to see what I'm running low on and then they bring it with them when they next visit." People with a difficulty in eating or drinking were referred to healthcare professionals for an assessment of their needs.

People were supported to access healthcare services to maintain their health. One relative told us, "[Care staff] are very good and observant and if they see anything they are concerned about, it gets written in [family member's] notes and we are told about it straight away." Staff contacted emergency services when a person's health declined and in addition informed other health and social care professionals involved in their care. Care plans identified when staff needed to monitor people's health in areas such as substance misuse, weight loss and non-compliance with their medicines and the action to take. Records showed people were seen by their GPs, district nurses and were supported to attend hospital appointments when required.

Staff worked in close partnership with other agencies who provided people's care. This ensured that people received support that was coordinated to achieve best outcomes. Records showed people benefitted from

the coordination of their care because appropriate arrangements were put in place before they were moved on or accepted care provision from Age UK Brighton and Hove.

People's home environments were adapted to meet their care needs. A person who remained in bed for a period was supported to access an appropriate bed to reduce the risk of skin breakdown. Staff involved appropriate professionals and agencies when they had concerns with the safety of a person's environment. This ensured people received the support and equipment they required to enable them to live in a safe environment.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. People had signed their care and support plans to show they were involved and in agreement with the service to be provided. Staff ensured they obtained people's consent to care and treatment and reported to the office when a person was unable to make decisions about their care. Assessments were carried out to ensure decisions made were in people's best interests.

## Is the service caring?

### Our findings

People were highly positive about the caring and kindness of their care delivery. Comments included, "My carers always ask me how I'm feeling and I'm sure that they ask me this because they care, not just because it's a way of starting a conversation", "I don't know what I'd do without them. They are a godsend" and "I think they are exceptional." One person attributed their recovery to staff's caring and compassionate manner and said, "I am really grateful to them, because I didn't have anybody else who could do this for me. I am feeling a lot better and getting back on my feet." Staff told us they provided emotional support for people and made referrals to health and social care professionals when needed to have their needs addressed. Staff had undertaken training in drug and alcohol abuse and understood how substance abuse had an impact on the lives of the people they supported.

People were involved in the planning of their care and were happy that staff delivered support as they wished. One person told us, "They do listen to me, because some days, I'll tell them that I don't fancy a full shower, in which case, they'll just help with a quick wash." One relative commented, "They all understand [family member's] needs and most importantly, they all listen and involve him in his care." People told us staff talked to them and asked how they wanted their support delivered. Care plans had sufficient detail about people's background, medical history, family and health and social care professional's information and emergency contact details. Records confirmed staff delivered people's care as planned and in line with their preferences.

People had access to their care plans and information about the services available to them. One person told, "If the staff cannot provide anything, they will refer you to the right service." There was a facility for people to access their information in braille for the blind, audio recordings for those who could not read and translation services when required. People were supported to access befriending, counselling and advocacy services to ensure they had the right support.

People's care was delivered in a dignified and compassionate manner. Staff respected people's privacy and one person commented, "When my carer arrives at teatime, the first thing she does is close my curtains and put on my lights, so I can't be overlooked by the neighbours." Staff were able to describe how they respected people's privacy by providing personal care behind closed doors and respecting their decisions on how they wanted their care delivered. Staff encouraged people to maintain their independence and people commented, "What I really like about the carers is they encourage me, to do more for myself. As I've regained a bit of strength and am getting used to being at home again, I've been able to do a bit more for myself every day. I don't always notice it, but the carers do and they in turn encourage me to do more", "They also encourage me to do the bits I can still do for myself, because I'm determined to regain my independence, or as much of it as I can" and "They never rush. [Care staff] encourage me to do things, even though it takes me more time and I never feel like they are clock watching."

## Is the service responsive?

### Our findings

People received care that was appropriate to their individual needs. Staff updated the care coordinators everyday about any changes in people's health conditions and their support needs after each home visit. Care coordinators reviewed people's care needs and updated their support plans daily and when needed. This ensured staff had appropriate information to enable them to meet each person's individual needs. Staff told us they understood the information provided in people's care plans and had sufficient details about how to deliver their care. People told us staff were flexible to their requests for changes to their visit times and additional support when required. Care coordinators and staff prioritised visits to people according to their needs and accommodated medical and social appointments. Staff informed the care coordinators if they needed to spend more time with a person, who reassigned their next calls to colleagues to minimise delays and missed visits. Records showed that staff provided people's care in line with their changing needs.

People were able to make a complaint and raise concerns about their care. One person told us, "If we had any concerns at all, we'd talk to someone in the office about it." Another person said, "If I had a problem with anything to do with the carers, I would talk to [family member] and ask her to speak to somebody, to hopefully get it sorted. I certainly wouldn't let it drag on without doing something about it." People said they felt confident discussing issues about their welfare. They told us they were happy in the manner that their issues were resolved. Care coordinators and office managers visited people, contacted them by telephone to find out if they were happy with the way staff provided their care. Feedback from people using the services and their relatives was positive.

People benefitted from a planned move between services. One person told us, "My care plan was originally written when I started with Rapid Response and it transferred over with me and is now in the new folder where the carers sign every time they visit. I was involved in reviewing and putting it together and I've signed it as well." Another person said, "It was my first day today having moved over from Rapid Response to Age UK. The manager made sure everything was set before my transfer." Health and social care professionals were involved in planning people's transition between services. Support plans were put in place and handovers were done before a person transferred to other agencies and teams such as the hospital rapid discharge team, emergency duty team and falls prevention team. This ensured there was no gap between service provision and that people received the support they required.

People who were at the end of their life received compassionate care. Staff told us they ensured they made them comfortable. Staff worked with other agencies who provided palliative care to people and ensured they supported them in line with the guidance in place.

## Is the service well-led?

### Our findings

A registered manager was in post as required by law. 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 were happy with the support they received because of the person-centred culture at the service. Staff told us the registered manager and the management team of office managers and care coordinators were supportive and available for guidance and to provide hands on support in the community when needed. Staff described the registered manager as, "approachable" "knowledgeable" and "easy to talk to." Comments about the managers and care coordinators included, "They would not ask you to do what they would not do themselves" and "They encourage us to provide high standards of care." The registered manager ensured staff embraced the provider's values and vision to "focus on falls prevention and providing person centred care." Staff were passionate about their work and described how they sought to make a positive change to people's health and well-being through their work. They told us staff morale and teamwork were good. Staff were clear about their responsibilities and understood the reporting structures to raise concerns about people.

People benefitted from quality assurance checks to the care they received. The managers audited people's care plans, risk assessments, daily logs and record keeping to ensure that people received person-centred care in line with best practice guidance. Record management systems were effective and people's information was well managed and accessible when needed. Staff's learning and development needs were reviewed on a regular basis to ensure they received training and the support required to make them effective in their roles. Incidents and accidents were recorded, monitored and analysed to identify patterns. These were discussed at team meetings and plans put in place to minimise a recurrence. Staff had access to up to date policies and procedures to guide their practice.

People's care was subject to continuous improvement. The registered manager identified trends and patterns of the health and support needs of people referred to the service and ensured staff were trained and skilled to deliver appropriate care. The registered manager attended training and external meetings and shared learning acquired from other agencies to develop the service.

People had their health and well-being promoted because of the partnership of the service with other agencies. Relationships between the registered manager and clinical commissioning group and the local authority were positive. They worked closely together to ensure that that people's transfers between services were done sensitively and in a timely manner. The registered manager held lead positions in organisations that sought to drive forward improvements in the care sector. For example, the registered manager was a member of the Practitioners Alliance for Safeguarding Adults, an organisation that had an interest in ensuring that safeguarding issues were identified and dealt with. People gained from research findings and the implementation of current best practice and regulations. The provider worked in close partnership with research organisations so that people could benefit from developments in the health and

care sector. The provider was part of a research project into the effects of medicines in older people and the management of falls and recommendations were being implemented with positive results. There was a noted decline in people falling in their homes as a result of this. The registered manager informed us the project had wider social implications because it had raised awareness to healthcare practitioners about medicines related issues faced by older people.

People received care of a high standard and according to the provider's procedures. Managers carried spot checks on staff's practice. Staff told us they received feedback about their performance and were happy that the care coordinators were able to demonstrate good practices when needed.

People completed surveys to share their views about the quality of care and support provided. People were positive about their care delivery and support and the management of the service. Staff completed questionnaires together with other employee's under the same provider and feedback from the 2016 questionnaire was positive. Team meetings were well attended and minutes showed robust discussions and involvement of staff in developing the service. The managers implemented changes requested by staff, which included double up on visits were staff could encounter behaviours that challenged. Staff said they received information about people in a timely manner through their daily interactions with the office managers, coordinators and team meetings.