Age UK Brighton & Hove

# Age UK Brighton and Hove

**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 |

## Overall summary

The inspection took place at Age UK Brighton and Hove on the 17 November 2015. This service provided by Age UK in Brighton delivers emergency domiciliary care to older people who are in a 'crisis' and require support to ensure that they can stay in their own homes and prevent hospital admission. This service is provided for a maximum of 14 days until a formal care package can be arranged by other services. This service runs on the ethos of ensuring each service user has their individual needs addressed daily and adjusts the amount of support provided. At the time of our inspection the service supported approximately 29 people and employed 13 staff.

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.

Age UK Brighton and Hove was last inspected on 22 November 2013 and no concerns were identified.

# Summary of findings

The service had good systems in place to keep people safe. Assessments of risks to people had been developed and were continually reviewed. The service employed enough, qualified and trained staff, and ensured safety through appropriate recruitment practices.

People said they always got their care visit, they were happy with the care and the staff that supported them. One person told us, "They let themselves in, they do as I ask and they are all very helpful".

The service did not administer medication to people, but would 'prompt' them to ensure that they took the medication they needed. There were systems in place to ensure that staff had knowledge of medication and what procedures they should follow.

Should people lack mental capacity to make specific decisions, the service was guided by the principles of the Mental Capacity Act 2005 (MCA) to ensure any decisions were made in the person's best interests.

People told us they were involved in the planning and review of their care. We were given examples that showed the service had followed good practice and safe procedures in order to keep people safe.

Staff received an induction, basic training and additional specialist training in areas such as end of life care and dementia. Staff had group and one to one meetings which were held regularly, in order for them to discuss their role and share any information or concerns.

If needed, people were supported with their food and drink and this was monitored if required.

The needs and choices of people had been clearly documented in their care plans. Where people's needs changed the service acted quickly to ensure the person received the care and support they required. A member of staff told us, "I would recognise if someone was unwell. I would phone the GP, or contact their family or the office".

People and their family members told us they were supported by kind and caring staff. A person told us, "They are so nice to me". Another person said, "They are brilliant, really caring". Staff were able to tell us about the people they supported, for example their likes, dislikes and preferences.

People's personal preferences were recorded on file and staff encouraged people to be involved in their care. A person told us, "My son spoke to them about this and we worked it all out".

People knew how to raise concerns or complaints and felt they would be listened to.

The management provided good leadership and support to the staff. One member of staff told us, "The managers' are approachable, there's no problem. The service is well managed".

Quality assurance was undertaken by the provider to measure and monitor the standard of the service provided.

# Summary of findings

## 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 and relatives told us they felt safe with the staff that supported them. Risk assessments were in place to ensure people were safe within their home and when they received care and support. Medication was prompted and people did not raise any concerns about the process.

The service had clear policies in place to protect people from abuse, and staff had a clear understanding of what to do if safeguarding concerns were identified.

There were enough staff to deliver care safely, and ensure that people's care calls were covered when staff were absent. When the service employed new staff they followed safe recruitment practices.

**Is the service effective?**

Good

The service was effective.

Staff understood people's health needs and acted quickly when those needs changed. Where necessary, further support had been requested from the social services and other health care professionals. This ensured that the person's changing needs could be met.

Staff received regular training to ensure they had up to date information to undertake their roles and responsibilities. They were aware of the requirements of the Mental Capacity Act 2005.

People were supported to eat and drink according to their plan of care.

**Is the service caring?**

Good

The service was caring.

People were pleased with the care and support they received. They felt their individual needs were met and understood by caring staff. They told us that they felt involved with their care and that they mattered.

Staff knew the care and support needs of people took an interest in people and their families to provide individual personal care. Staff were able to give us examples of how they protected people's dignity and treated them with respect.

Staff were also able to explain the importance of confidentiality, so that people's privacy was protected. Care records were maintained safely and people's information kept confidentially.

**Is the service responsive?**

Good

The service was responsive.

People told us they felt listened to and staff responded to their needs.

People knew how to make a complaint if they were unhappy with the service.

Care plans were in place to ensure people received care which was personalised to meet their needs.

# Summary of findings

**Is the service well-led?**

Good

The service was well-led.

The provider completed a number of checks to ensure they provided a good quality service.

Staff felt supported by management, said they were listened to, and understood what was expected of them.

We saw that the staff promoted a positive and open culture. The staff we spoke with had a clear understanding of what their roles and responsibilities were.

# 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.

Two inspectors undertook this inspection, and the inspection took place on 17 November 2015. 48 hours' notice of this inspection was given, which meant the provider and staff knew we were coming. We did this to ensure that appropriate office staff were available to talk with us, and that people using the service were made aware that we may contact them to obtain their views. Age UK Brighton and Hove was last inspected on 22 November 2013 and no concerns were identified.

Before the inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they planned to make. This enabled us to ensure we were addressing any possible areas of concern and look at the strengths of the service. Before the inspection we checked the information that we held about the service and the service provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us by law. We used all this information to decide which areas to focus on during our inspection. On the day of the inspection we spoke with the chief executive, two crisis care managers and two care staff. After the inspection, we contacted two people that used the service and three relatives by telephone.

Over the course of the day we spent time reviewing the records of the service. We looked at four staff files, staff rotas and other records related to the management of the service. We also reviewed five care plans and other relevant documentation to support our findings.

Good

# Is the service safe?

## Our findings

People said they felt safe and staff made them feel comfortable. One person told us, "I feel safe with them here, of course". A relative said, "I think that my mother is very safe in their care".

People told us that their care calls were not missed, they always got their visit from regular staff, and that staff arrived on time. One person said, "They are always on time and I know when they are coming". A relative said, "They show up on time and on the days they are supposed to".

There was a system in place to identify risks and protect people from harm. Each person's care plan had a number of risk assessments completed, such as mobility and people's home environment. The assessments detailed what the activity was and the associated risk, who could be harmed and guidance for staff to take. The crisis care manager told us, "We risk assess at the point we start the care. The 'crisis pack' that staff go in with has a risk assessment form in it. As this is a crisis service, the care workers are reviewing the risk every day".

Systems were also in place to assess wider risk and respond to emergencies, such as extreme weather. We were told that the service operated an emergency on-call facility within the organisation, which people and staff could ring for any support and guidance needed. The crisis care manager told us, "We have a priority rating for bad weather and we have a 4x4 driver. We risk assess for care workers to get out and do the calls. We've worked with Sainsbury's in the past to make sure people got shopping, as their trucks had snow chains on the wheels".

Staff described different types of abuse and what action they would take if they suspected abuse had taken place. There were a number of policies to ensure staff had guidance about how to respect people's rights and keep them safe from harm. These included clear systems on protecting people from abuse. Records confirmed staff had received safeguarding training as part of their essential training at induction and that this was refreshed regularly. One member of staff told us, "I understand safeguarding. I've raised an issue before with managers' and they listened and followed the correct processes".

There were sufficient numbers of staff available to keep people safe. Relatives and staff told us there were enough staff available to cover the agreed care calls. Staffing levels were determined on a daily basis and considered the number of care calls per week, number of hours per staff member and number of staff members. This helped calculate how many staff were required to safely meet the needs of people. The crisis care manager told us, "We have five shifts of five care workers. Due to the nature of the service, we assess and estimate the numbers. Care workers are not time limited to calls with people as this is a crisis service". Systems were in place to cover sickness and ensure that care calls went ahead as planned. The crisis care manager told us "Other care staff will pick up work, and the office staff will go out if needed". We asked staff if they felt that the service had enough staff to meet the needs of people. One member of staff told us, "We have enough staff and the work is scheduled to ensure continuity". Another said, "Sometimes it is busy, but if we have too much work or not enough travel time, we talk to the office and its fine".

Safe recruitment practices were followed when the service employed new staff. All records we checked held the required documentation. Checks had been carried out by the provider to ensure that potential new staff had no record of offences that could affect their suitability to work with vulnerable adults.

The service did not administer medication to people, but would 'prompt' them to ensure that they took the medication they needed. There were systems in place to ensure that staff had knowledge of medication and what procedures they should follow. One person told us, "They prompt me with my medication and make sure that I've taken it". The crisis care manager added, "As we arrive in crisis situations, we often contact the GP or pharmacy for advice and request blister packs. Staff would contact the office straight away with any medication concerns".

Good

# Is the service effective?

## Our findings

People told us they received effective care and their care needs were met. People also felt staff were well trained. One person told us, “They are very good. They all seem like they are well trained and have done the job before”. A relative said, “They meet [my relatives] needs and they seem well trained and competent”.

Training schedules confirmed staff had received training on the Mental Capacity Act 2005 (MCA). The Mental Capacity Act 2005 sets out how to act to support people who do not have capacity to make specific decisions. Policies and procedures were also available to staff on the MCA and Deprivation of Liberty Safeguards (DoLS). This legislation protects people who lack capacity and ensures decisions taken on their behalf are made in the person’s best interests and with the least restrictive option to the person's rights and freedoms. Staff understood the importance of gaining consent from people before providing care, whilst also respecting people’s right to refuse consent. One member of staff told us, “Consent is recorded, we always ask first and explain what we are doing. If I had any concerns about someone’s capacity, I’d speak to the office”.

Staff had received training that was specific to the needs of people, for example in food hygiene, manual handling, safeguarding and health and safety. Staff completed an induction when they started working at the service and ‘shadowed’ experience members of staff until they were deemed competent to work unsupervised. They also received training which enabled them to provide effective care, for example around end of life care and dementia. One member of staff told us, “They train us here so much more than I ever expected. Training is taken very seriously”.

Staff received ongoing support and professional development to assist them to develop in their role. Staff we spoke with confirmed they received supervision and appreciated the opportunity to discuss their role and any concerns. One member of staff told us, “I get supervision every three months, even if it’s only to get a bit of feedback. We speak to the managers daily and they are very approachable”.

Where required, staff supported people to eat and drink and maintain a healthy diet. People and their relatives told us that their care workers prepared food for them and that they had a choice of what they wanted. A relative told us, “They are doing [my relatives] meals for her, which she likes. That has been a big help to me”. Care plans provided information about people’s food and nutrition. The crisis care manager told us “We are regularly assisting people with cooking and shopping. We encourage food and drink and if people refuse, we raise an alert with the appropriate professionals. We are an emergency service, so we don’t record people’s ongoing food likes and dislikes, but we’d happily accept people’s preferences and also any specific or culturally appropriate diets”.

People had been supported to maintain good health and have ongoing healthcare support. One person told us, “They always ask how I’m feeling and am I alright. They ask if I need the doctor”. We spoke with staff about how they would react if someone’s health or support needs changed. One told us, “We get to know our clients well, so we would know if something was wrong with them”. Another member of staff said, “We know our clients, and you can tell if they are not quite right”. The crisis care manager told us, “I’m extremely confident that staff would recognise if somebody was poorly and they would contact the appropriate professionals”.

Good

# Is the service caring?

## Our findings

People were supported with kindness and compassion. People told us caring relationships had developed with staff who supported them. Everyone we spoke with thought they were well cared for and treated with respect and dignity, and had their independence promoted. One person told us, “They are so nice to me”. Another said, “They are all very good to me, always kind and respectful”.

We asked people if they felt that staff understood them and their needs and offered them choice in the way their care was delivered. One person said, “They always ask me what I want”. A relative said, “When they came the other morning [my relative] just wanted to stay in bed, so they made her breakfast in bed and made sure she was comfortable. It was no problem”. Staff were also able to describe how they met or understood people’s individual needs and preferences. One member of staff said, “We get to know people. We talk to them, observe them and through being friendly and chatting, we get the information about the service they want”. The crisis care manager told us, “We discuss the service that people want at the first point of contact. This allows us to find out about people’s preferences and choices. We give people choice about what happens. This could be the first time they’ve ever received care”.

People told us they were encouraged by staff to maintain their independence. One person told us, “I try to do everything myself and they encourage me, but they sometimes say ‘let me help you with that’”. A member if staff told us, “We encourage people to be independent, for example doing their own buttons up and brushing their hair”. The crisis care manager added, “As this is a crisis service, sometimes people feel they can do a bit more than they actually can. We are never pushy, we just encourage people to do what they can do and we do the rest”.

People we spoke with said they felt staff treated them with dignity and respect. One person told us, “They are always very polite, I’ve got no concerns”. Another person said, “They cover me up and wait until I’m ready”. A relative added, “Whenever I’ve met the carers, they have always been very respectful”. Staff were able to give us examples of how they protected people’s dignity and treated them with respect. One member of staff said, “I always make sure the curtains and doors are closed when I’m carrying out any care”. The crisis care manager added, “Staff are gentle and supportive. We give people time to think. If they don’t want something today, then we’ll ask again tomorrow”.

The service had a confidentiality policy which was accessible to all staff. People using the service received information around confidentiality as well. Staff understood not to talk about people outside of their own home, and information around confidentiality was covered during staff induction. One member of staff told us, “We know not to talk to others about people we visit, or mention anything to their neighbours”. The crisis care manager added, “Staff have training around confidentiality”.

Good

# Is the service responsive?

## Our findings

People told us they were listened to and the service responded to their needs. One person told us, “They let themselves in, they do as I ask and they are all very helpful”. A relative said, “They phone and keep me informed, and yes, they do listen to us”.

We asked staff how they ensured that they knew what support the person they were caring for needed. All of them said the information was contained in the person’s care plan. These plans also provided information from the person’s point of view. They provided information for staff on how to deliver peoples’ care. For example, information about personal care and physical well-being, communication, mobility and dexterity.

People and their relatives told us they had been involved in the planning of their care. People also told us that they understood their care plans and had discussed choices around their care. One person told us, “My son spoke to them about this and we worked it all out”. A relative said, “We discussed [my relatives] care”. People had up to date care plans which recorded information that was important to them, and staff we spoke with said they felt the care plans were detailed enough so that they could provide good quality care.

People were treated as individuals and their care needs reflected personal preferences, for example, people were able to change the times of their calls to suit their plans. A relative told us, “They came later for Mum the other day, as she had an appointment”. We looked to see if people received personalised care that was responsive to their needs. People were happy with the standard of care provided. They also told us that the care met their individual needs and their decisions were respected. A relative said, “They listen and some are particularly helpful. The other day when Mum was in pain, they simply could not do enough for her”. A member of staff said, “We have the time to be adaptable and responsive to people’s needs”. The crisis care manager added, “We won’t accept a referral unless we can meet the person specific need and give them their preferences, for example around male or female care workers”.

The service had a complaints policy that was made available to people and staff. No formal complaints had been received, but we asked people what they would do if they were unhappy with the service. One person told us, “I’ve got no complaints, I can’t fault them” A relative said, “I’d phone the office, but there’s been nothing we’ve need to raise”. The crisis care manager added, “We rarely get negative feedback, it comes as a surprise if we do”.

Good

# Is the service well-led?

## Our findings

People were not able to indicate to us if they felt the service was well led. However a relative told us, "Whenever I have spoken to them they seem to be professional". People were complimentary about the service. One person told us, "They are a Godsend, they are brilliant". Another said, "They have helped me tremendously". A relative added, "I am really pleased with the service from Age UK, I have no complaints. They have really taken a weight off my mind".

The service had a clear set of values in place. We discussed the culture and ethos of the service with the crisis care manager. They told us, "We want to support as many older people as we can to be independent, safe and happy, and to provide the best care we can. We want people to be treated as individuals, and be allowed to be different". A member of staff added, "We care about what we do. I would happily let any care worker here look after a member of my family".

There was a positive culture in the service, the management team provided strong leadership, led by example and supported staff. The crisis care manager told us, "I am very proud of our care workers and the high standards of care that they deliver. New staff see the more experienced staff working at this standard and they want to follow". They added, "The quality of care is so important, and we want to get the best out of our staff. We want people to know what to expect from our staff and give them the best care". Staff said they felt well supported and were happy in their roles. One member of staff told us, "We work as part of a great team that is very supportive. The managers' support us and we are listened to. This is a good place to work".

The provider had systems and mechanisms in place to drive continual improvement. The chief executive conducted internal audits. Audits are a quality improvement process that involves review of the effectiveness of practice against agreed standards. Audits help drive improvement and promote better outcomes for people. The audit covered specific areas and clear recommendations were made with an action plan for the registered manager to work towards. Monitoring questionnaires were sent out to people, and regular spot checks took place between care workers and supervisors to assess competency and provide support and guidance. There were good systems of communication within the service, and staff knew and understood what was expected of them. The crisis care manager told us, "Staff have a good understanding of their accountability and responsibility". Staff meetings took place and the service regularly updated staff with any issues, changes or relevant information they may require.

Staff knew about whistleblowing and said they would have no hesitation in reporting any concerns they had. They reported that manager's would support them to do this in line with the provider's policy. We were told that whistleblowers were protected and viewed in a positive rather than negative light, and staff were willing to disclose concerns about poor practice. The consequence of promoting a culture of openness and honesty provides better protection for people using health and social care services.

The service remained up to date with relevant developments in the sector. A weekly newsletter from Age UK was sent to all staff, and we saw that the service received regular updates from organisations such as the CQC, the Local Authority and the local Clinical Commissioning Group (CCG).