

Age UK Doncaster

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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

The inspection took place on 12 July 2017 and was announced. The provider was given short notice of our visit in line with our current methodology for inspecting domiciliary care agencies. The last comprehensive inspection took place in February 2015, when the provider was meeting the regulations.

Age UK Doncaster is a domiciliary care agency providing care and support to people living in their own homes. The office is situated close to the town centre of Doncaster. Support packages are person centred and based on the individual needs of people who use the service

At the time of our inspection there was a registered manager in post. 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. The registered manager was on leave at the time of our inspection and therefore other members of the management team were involved in the inspection.

The service had a procedure in place to safeguard people from abuse. Staff we spoke with knew the procedure to follow if they suspected abuse was happening.

We looked at care records and found they included risks associated with people's care. Risks identified had a plan in place to minimise the risk from occurring.

Staff we spoke with told us they had enough time to complete the calls given to them. They had a call monitoring system in place which alerted the office if the care worker had not arrived at the call. The office staff were then able to ensure the call was covered.

The provider had a medication policy in place and staff were trained in the safe handling of medication. Care records included a section about how the care workers should support people to take their medicines.

The service had a safe recruitment system in place. This enabled the provider to select staff who were suitable for the role.

Staff received training and support which gave them the skills and knowledge to complete their role well. Records of training attended were maintained and updated when staff completed further training. Staff felt their managers were approachable and supportive.

The management team and staff we spoke with understood the principles of the Mental Capacity Act 2005. They spoke with us about the importance of gaining consent prior to delivering care.

Some people required support to ensure they received their meals. Staff were knowledgeable about

people's needs in this area and told us they left drinks and snacks for people where required.

Staff told us that they would seek the guidance of healthcare professionals as required.

We spoke with staff and they told us how they ensured people's privacy and dignity was maintained. Staff were respectful of people's home environment and told us they always knocked on the door before entering their property.

We looked at care records belonging to people who used the service and found they were informative and person centred. They contained relevant information regarding how people preferred to be supported.

The service had a complaints procedure and concerns received were acted upon in a timely way and in line with the provider's policy.

The provider had a system in place to monitor the quality of service delivery, staff performance and feedback from people who used the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains good.	Good ●
Is the service effective? The service remains good.	Good ●
Is the service caring? The service remains good.	Good ●
Is the service responsive? The service remains good.	Good ●
Is the service well-led? The service remains good.	Good ●

Age UK Doncaster

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.

The inspection took place on 13 July and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to make sure someone would be available to assist us with our inspection.

The inspection was completed by an adult social care inspector and an expert by experience who conducted telephone interviews following the inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. At the time of our inspection there were approximately 180 people using the service.

Before our inspection we gathered and reviewed information about the provider from notifications sent to the Care Quality Commission. We also spoke with the local authority and with healthwatch to gain further information and views about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Before the inspection, the provider completed 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 plan to make.

During our inspection we spoke with 7 staff including the training manager, a care-co-ordinator, senior support worker and care workers. We tried to contact 24 people who used the service or their relatives but only had 12 respond. Therefore we spoke with 5 people who used the service and 7 relatives.

We looked at documentation relating to the management of the service and looked at six staff files. We also looked at six support plans belonging to people who used the service.

Is the service safe?

Our findings

We spoke with people who used the service and their relatives and they told us they were supported in a safe way. One relative said, "If there was a problem [my relative] would let me know." Another relative said, "I would contact Age UK if I had any concerns."

We spoke with staff who were knowledgeable about abuse and could tell us how they would recognise and report it. Staff were confident that the registered manager would action any concerns regarding safeguarding immediately. We looked at records in relation to safeguarding and found that an incident log was completed where any concerns had been raised. Any issues had been reported to the local safeguarding authority and appropriate action taken.

The service had a safe recruitment system in place which was used to employ new staff. This included obtaining pre-employment checks prior to people commencing employment. These included references from previous employers, and a satisfactory Disclosure and Barring Check (DBS). The DBS checks help employers make safer recruitment decisions in preventing unsuitable people from working with vulnerable people.

We looked at staff recruitment files and found they contained all the relevant checks. We also spoke with staff who confirmed they had to wait for the checks to be returned prior to them starting their new role.

New starters attended an induction which involved the standards of the 'Care Certificate.' The 'Care Certificate' replaced the 'Common Induction Standards' in April 2015. The 'Care Certificate' looks to improve the consistency and portability of the fundamental skills, knowledge, values and behaviours of staff, and to help raise the status and profile of staff working in care settings. All staff employed who were new to a caring role were required to complete the 'Care Certificate' within the first three months of their employment.

We looked at care records belonging to people who used the service and found they contained risk assessments. These were documents which identified risks associated with the people's care and support. We saw risk assessments in place for things such as moving and handling, medication and the environment. These documents also included information regarding how to minimise the risk from occurring.

Staff we spoke with told us they had enough time to spend with people. This assisted them to do their job without rushing people. Staff also told us that if they were running late for their next call, they could contact the office so that alternative arrangements could be made.

The service had a call monitoring system in place. This system provided proof of verified attendances to people. Each care worker has a unique pin number which they dial into the person's telephone on arrival and departure from the call. This shows that the call took place and how long the care worker stayed on the call. If a pin number was not entered this would display in the office as a missed call. The care co-ordinator would then contact the care worker who was expected to complete that call and check where they were.

The service had a person who was responsible for health and safety. The service had a health and safety committee and sub groups where accidents and incidents were analysed and trends and patterns identified.

The service had a policy in place for the safe handling of medicines. This outlined the responsibilities of the care worker and how to record when people had been supported to take their medicines. We looked at care records and found that people had support plans in place which informed staff of the assistance they required. Service delivery records included a Medication Administration Record (MAR) sheet which was used to record what medicines had been given. A written account of this was also available in the service delivery log. However, we noticed that there were some gaps in the completion of the MAR's. We raised this with the training manager and we were informed that this was a new system and the management team were aware of this and were addressing this through training and one to one support where required.

Staff we spoke with told us they received training in the safe handling of medication.

Is the service effective?

Our findings

We spoke with people who used the service and their relatives and asked if care workers were sufficiently skilled and experienced to support them to have a good quality of life. One person said, "Yes, they are very good." Another person said, "My impression is that she [the care worker] had a good understanding." Another person said, "Yes, definitely. They are fabulous. They are really nice."

The service had a training manager who was responsible for organising and delivering training for all staff. We spoke with the training manager and they told us they had a training plan in place which was based on the training requirements of the staff. Training took place face to face and included topics such as, food hygiene, safeguarding, Mental Capacity Act, fire safety, moving and handling and dementia.

The training manager had a training matrix which was used to identify when training was due and to record training which had been completed. Staff we spoke with told us they received lots of training and they felt it was valuable and worthwhile. One care worker said, "We have loads of training and we can request training relevant to our role."

Staff we spoke with said they felt supported by the management team and received supervision sessions regularly. We looked at staff files and saw that supervision took place. Supervision was a one to one meeting with their line manager to discuss work related issues and performance. Staff also received an annual review which looked at their performance over the past year and set objectives for the coming year.

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 found the service was meeting the requirements of the Mental Capacity Act. Staff we spoke with were knowledgeable about this legislation. We looked at care records and found that they included consent forms and these were signed by people who used the service.

We spoke with staff and they told us that some people they supported required assistance with meal preparation. This was to re-heat a commercially prepared meal or make a snack. Staff told us they left drinks and snacks in easy reach for people to help themselves.

People who received support with their meal preparation told us the staff were helpful. One relative said, "Yes, they will show her [my relative] a range of meals, then she will choose."

People were supported to access healthcare professionals if required. Care workers we spoke with told us that they would liaise with families and the office staff if they found someone was unwell or they would seek medical attention depending on the severity of the situation.

Is the service caring?

Our findings

People we spoke with told us that the care workers were kind, respectful and took time to listen to them. One person said, "They [the care workers] are lovely." Another person said, "Yes, they are pretty jolly, all of them." Another said, "Oh, yes, they are not bad to talk to. They are not in here very long. They have got too many people to go to."

Staff we spoke with told us they upheld people's dignity and respect. They explained that it was important to get to know people so that likes and dislikes could be built into their care. Care workers were dedicated in providing support which was person centred. One care worker said, "I care for people the way I would expect my parents to be cared for." Another care worker said, "It's about involving people in their care and explaining what you are doing and checking out if that is alright." Another care worker said, "I always knock on the door and shout my name as I enter people's homes. It's just a polite and courteous thing to do and shows respect for their home."

People we spoke with told us that staff respected their privacy and dignity. One person said, "As soon as they come, they closed the blind and help me to the toilet." One relative said, "They go in and help to get [my relative] washed and dressed. They help her shower and dry. They are very good and respectful. They are all very caring girls."

Care records we looked at included information about people's past history. People had a one page profile which included information about what was important to them, how best to support their care needs and what people liked about them. This was to assist staff to develop a relationship with people.

The service had three dementia champions and all staff had completed the 'dementia friends' training. We saw this had an impact on the service as staff were knowledgeable about dementia care and how they would support someone living with dementia. We also saw that the service had completed a 'Herbert protocol.' This is a risk reduction tool designed by the police to assist people and their families living with dementia. Age UK Doncaster had assisted a family to complete this document for use if the person went missing.

Is the service responsive?

Our findings

We spoke with people who used the service and they told us they were involved in their care and were given choices. One person said, "They usually are pretty good. They are only here a few minutes." Another person said, "Yes, they do what I want. I get on well with every one of them."

We looked at care records belonging to people who used the service and found they were person centred and contained information which was relevant to people. For example, support plans included people's medical history, what support people required, and the specific tasks which needed completing at each visit. One support plan stated that they had an early morning call to assist the person to wash and dress, make breakfast, and leave a cool beaker of water.

We also saw that people had a personal needs assessment form in place which indicated what support people required with personal care. This also included people's preferences. We saw that support plans were reviewed regularly with people to ensure they were a true reflection of their current needs. Reviews included a discussion about what was working and what wasn't working. It included a perspective from the person receiving the support and their family and care workers.

The service had a complaints procedure and concerns received were acted upon in a timely way and in line with the provider's policy. We saw the registered manager kept a log on concerns received which included a brief summary of the concern and the action taken. The management team used the concerns raised to reflect on current practice and to look at ways the service could improve. We saw that where relevant, staff meetings and one to one sessions had taken place to discuss the concerns and address the issues. Information about how to complain was detailed in the service user guide.

We spoke with people who used the service and their relatives and some people did not know how to make a complaint with one person saying, "I don't like to complain." Most people knew how to raise concerns and felt they were appropriately addressed by the provider. One person said, "I would talk to the supervisor. They are generally most helpful." Another person said, "The only thing I have said to them is that I don't like to have different carers every day." Other people commented, "It's running very smoothly at the moment." And, "I get no problems whatsoever."

Is the service well-led?

Our findings

We spoke with people and their relatives about the management team to see if they found them supportive. One person said, "They are brilliant. All the managers are. They are lovely. They just listen." Another person said, "I have chosen to go to Age Concern because we think they are a good service."

The management team consisted of the registered manager, two care organisers and four senior support workers. The care organisers supported the registered manager in day to day service delivery and monitoring of the service. The senior support workers assisted the care organisers in responding to daily issues and providing senior support to care workers in the community. The management team had an out of hour's rota so that someone was on call for staff outside office hours.

Staff spoke highly of the support their manager's gave them and told us there was always someone in the office they could talk to. One care worker said, "They are brilliant. If I ever need to call I know the support would be there." Another care worker said, "The managers are very supportive and will do all they can to help you."

We saw staff meeting minutes which indicated team meetings took place. The office staff also met on a regular basis to ensure current issues and concerns were being addressed in a timely way.

The provider had systems in place to assess, monitor and improve the quality of the service. We saw the management team completed unannounced spot checks to care workers on different calls. This was to ensure the care workers were performing within the expected standards of Age UK Doncaster. This included checking staff presentation, uniform and ID, communication and interaction with people and feedback from people on the care workers performance. Following the visit a monitoring form was completed to record how the visit went. Staff were sent a letter indicating how they had done. For example, a thank you letter or staff were requested to attend training to develop their skills in a particular area.

The registered manager provided a report to the board of directors regarding key performance indicators and how the service was meeting them. This included information about complaints, incidents, missed calls, compliments, new packages and staff information. An annual health and safety report was also completed which looked at accidents and incidents and any lessons learned.

The management team sought feedback from people who used the service after the first, third and sixth week of their service commencing. This was to ensure the support plan was meeting their outcomes. Following this, all people who used the service had a telephone monitoring call every twelve weeks to ensure they were happy with the service. We looked at the record of call monitoring and found that people were happy with the service. One form recorded, 'I am very happy with all the carers and what they do.'