

Age UK Maidstone

# Age UK Maidstone

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

We inspected this service on 24 and 27 June 2016. The inspection was announced. The provider was given two working days' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available at the locations office to see us.

Age UK Maidstone, provides two personal care services; a bathing service and a foot care service. The bathing service is provided for people in their own homes. The foot care service is provided for people in their own home or in a clinic, one of which is at the agency office in Maidstone town centre. Age UK Maidstone is a charity that provides a range of services for older people in the Maidstone area. At the time of our inspection approximately 80 people were using the bathing service and approximately 340 people were using the foot care service.

The service did not have a registered manager in place. 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 previous registered manager had left in January 2016. A manager had been appointed and was in post, however they had not applied to become the registered manager.

People's needs and wishes were assessed and planned with them in relation to which service they received. Regular reviews of people's requirements relating to the foot care service had been completed. However regular reviews of people's care and support needs who used the bathing service had not been completed. We have made a recommendation about this.

People felt safe with the staff that supported them. Processes were in place to protect people from the risk of abuse. Staff knew their responsibilities in safeguarding vulnerable people from abuse. Information was available to inform staff to whom and where to report any concerns they had. Staff were confident that any concerns they raised would be taken seriously by the provider.

Risks to people using the service had been identified and managed. Potential risks to staff when visiting people's homes had been assessed and control measures put in place. People's safety when lone working in people's houses had been recorded with a policy and procedure in place for staff to follow. People who worked within the registered office followed assessments to minimise potential risks to them. However, the fire risk assessment for the building was overdue for review. We have made a recommendation about this.

Staff received the training and support they required to fulfil their role. Their personal development needs were identified and supported within an annual appraisal system. Recruitment procedures had not followed the information required under schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We have made a recommendation about this.

People were complimentary about the staff saying they were kind and caring. People's privacy was respected and maintained by staff who understood the importance of maintaining people's dignity. Staff understood their responsibilities in maintaining and upholding confidentiality. Records were stored securely and only available to those who were able to access them.

Information was available to people regarding how to make a complaint about the service they received. People knew what to do if they were unhappy and knew who to contact at the registered office. People's views regarding the service they received were not actively sought or acted upon to improve or make changes. We have made a recommendation about this.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Requires Improvement 

The service was not always safe.

Recruitment procedures were not always in place to protect people from being supported by staff who were unsuitable.

People were protected from the risk of harm. People felt safe when receiving support. Staff understood the importance of protecting people from abuse and the action to take if they suspected abuse.

Risks to the safety of people were appropriately assessed and managed.

### Is the service effective?

Good 

The service was effective.

People were supported to make choices and staff gained people's consent in line with the Mental Capacity Act 2005.

Staff were trained and supported to have the knowledge and skills to meet people's assessed needs.

People made their own choices and decisions about how their needs would be met.

### Is the service caring?

Good 

The service was caring.

Staff were kind, caring and gentle. People's privacy and dignity was respected at all times.

People were fully involved in the planning of their foot care or the bathing service they received.

Information was available to people using either the foot care or bathing service.

### Is the service responsive?

Good 

The service was responsive.

People's care and support needs were reviewed to ensure their needs were being met.

An assessment was carried out with people before a service was provided. This information was used to create a care plan and risk assessments.

A complaints policy and procedure was in place and available to people.

### **Is the service well-led?**

The service was not always well-led.

The manager of the service was not registered with the Care Quality Commission.

People's views were not actively sought to develop and improve the service people received.

Staff were supported and informed about any developments regarding the service by the manager.

**Requires Improvement** 

# Age UK Maidstone

## **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 inspection took place on 24 and 27 June 2016 and was announced. The inspection team consisted of two inspectors. The provider was given 48 hours' notice because the service provides a domiciliary care service; we needed to be sure that the manager was available and someone would be in.

Before the inspection we looked at previous inspection reports and notifications about important events that had taken place at the service, which the provider is required to tell us by law.

We spoke with 13 people about their experience of the service. We spoke with two staff, the manager and the safeguarding lead to gain their views.

We spent time looking at records, policies and procedures, complaint and incident and accident monitoring systems, internal audits and the quality assurance system. We looked at 13 people's care files, three staff record files, the staff training programme and a foot care clinic within the registered office.

A previous inspection took place on 6 September 2013; the service had met the standards of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

# Is the service safe?

## Our findings

People we spoke with told us they felt safe with the staff that supported them. People using the bathing service said, "They look after me as soon as they walk in the door, I thoroughly enjoy my bath." Another said, "They are lovely ladies. They greet me when they come in and they don't make me feel self-conscious when I have no clothes on." A third said, "I am pleased with all of them. I have had (staff name) for years she is lovely."

There was enough trained staff employed by the service to meet people's needs. The manager worked as part of the staff team to cover if people were on annual leave or were sick. This ensured people would receive the care and support they required at the right time.

Recruitment files kept at the service did not contain the information required under schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. None of the three files we checked contained copies of any documents which confirmed staff identity. For example driving licence or passport. Each file contained a personnel checklist which recorded staff pre start, post start and leaver checks. Some staff recruitment checks had been completed before they started work at the service. These included obtaining suitable references, recording any gaps in employment and completing a Disclose and Baring Service (DBS) background check. These check employment histories and considering applicant's health to help ensure they were safe to work at the service. The manager told us that there had been no further checks since the original checks were carried out, which, for some staff was over 10 years ago.

We recommend that the provider carries out checks to confirm staff's identity in line with schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The clinic room within the registered office was clean and well maintained. Infection control procedures were in place to keep people safe from infection. The service had recently purchased a sterilising machine, which enabled equipment to be individually wrapped for each person that either visited the clinic or had a visit in their own home. Staff had access to the correct personal protective equipment such as disposable gloves and aprons which were available at the registered office. People were protected from the risk of infection by staff following safe procedures which were in place.

There was a safeguarding policy in place, staff were aware of how to protect people and the action to take if they suspected abuse. Staff received training in safeguarding adults. Staff were able to describe the potential signs of abuse and what they would do if they had any concerns such as contacting the registered office, Social Services or the police. Staff told us they felt confident to raise any concerns they had with the manager or the safeguarding lead for the registered office who would take it seriously. There was a dedicated member of staff who logged and raised any safeguarding concerns with the local authority. There had not been any safeguarding concerns for people that received a regulated activity. We saw the contact details of the local authorities safeguarding team on notice boards around the registered office. The manager and staff knew their responsibilities protecting vulnerable people in the community.

Potential risks to people had been assessed and recorded. People who received the foot care service completed an annual foot care health check which covered whether any contraindications were in place. For example, if people had been diagnosed with diabetes or had any blood born viruses. People who used the bathing service a risk assessment was completed with the person. This identified any potential risks or hazards which could affect people or staff, for example, any medical conditions people had or the use of any mobility aids. Environmental risks relating to the actual activity of supporting someone to bath within their own home had been assessed and recorded. Prior to people receiving the service a risk assessment was completed with the person regarding their bathroom and any potential aids which may be required, for example, a bath board. The risk assessment also included the potential hazards and the action taken to reduce the risk, for example, purchasing a non-slip bath mat. Staff made sure they had up to date information to be able to support people to minimise the risks that had been identified.

The safety of staff working within the registered office had been assessed and recorded. For example, computer workstations, manual handling and slips and trips risk assessments had been completed. A fire risk assessment was in place which covered any potential hazards and the means of escape. However, this was due to be reviewed in January 2015 but had not been at the time of our inspection.

We recommend that the provider arranges for a suitably qualified person to update and review the fire risk assessment.

A lone working procedure was in place to support staff when they were visiting people in the community. Staff were given access to a mobile phone to use in the event of an emergency. The provider had a business continuity plan which set out what the organisation would do in the event of an emergency. For example, closure of the office or a failure with IT equipment, the plan explained how the organisation would support people and staff in this situation.

The regulated activity provided at the time of our inspection was a bathing service and toe nail cutting. The provider did not support people with other activities such as medicine administration.



## Is the service effective?

### Our findings

People we spoke with told us they felt the staff were well trained and knew what they were doing. One person said, "She (staff) is first class, whatever she is doing she is doing the right thing, gold stars." Another said, "They are very competent and they give me confidence." A third said, "She (staff) has been doing this for a long time they are all very nice, they always speak to me."

Staff were trained and supported to have the right skills, knowledge and qualifications necessary to give people the right support. Staff told us that they felt the training had improved since the new manager had taken over managing the service. They said they now received a mixture of internal training and training provided by external companies which they felt met their needs. Staff said that they were able to ask for additional training, for example, lone working which they had raised within their annual appraisal, and, had been actioned by the manager.

Staff told us they felt supported in their role by their line manager. Staff received regular supervision meetings with their line manager. These meetings provided opportunities for staff to discuss their performance, development, any concerns they had and their training needs. Staff received an annual appraisal with their line manager which gave them an opportunity to reflect on their practice and performance, and, then receive feedback from their line manager. Targets and goals were then set for the next year which included training needs or areas for development. The manager told us that new staff worked alongside existing staff until they were confident and the person felt comfortable with the new member of staff.

The manager and staff were aware of their responsibilities under the Mental Capacity Act (MCA) 2005. Staff had been trained to understand these and use them in their everyday practice. There was an up to date policy and procedure in place which included guidance for staff regarding how, when and by whom people's mental capacity should be assessed. Staff we spoke with gave examples of how they applied it to their role. For example, giving people choices about how they wanted their personal care needs met. People confirmed that staff asked their consent before carrying out any personal care tasks. Records showed that prior to people receiving the bathing or foot care service they completed a consent form with a supervisor. People using the both services made their own decisions about how they wanted their needs met based on their own personal circumstances and wishes.

The nature of the service provided to people meant that staff did not have a responsibility to support people with their nutrition and hydration or health issues. People we spoke with told us that the staff did not deal with their health care needs but they said that if they required medical assistance they felt confident the staff would arrange this. A member of staff told us about a time when someone they were supporting did not feel very well so they called the person's GP. Staff told us they people information about other health and social care services which might be available to them. For example, disability vouchers for people who had a bus pass or other support they might be entitled to. Care plans for some people who used the bathing service recorded that people liked to have a 'cup of tea' before the staff left, which staff completed.

## Is the service caring?

### Our findings

People told us the staff were kind, caring and compassionate. Comments included, "The staff are very kind, they are helpful and they talk nicely to me." Another said, "Definitely kind, they make me feel happy and secure." A third said, "Staff are very gentle and take their time with me."

Staff we spoke with said that as well as supporting people with bathing they would complete additional tasks for people that they may not have been able to do for themselves. For example, putting on the washing or changing a light bulb. People were allocated a 45 minute slot for the bathing service. Staff told us they had adequate time with people which enabled them to spend time talking to the person or assisting in other ways such as tidying up or hoovering.

People told us they made their own decisions about the care and support they required. Some people had specific preferences which were recorded within their care plans. For example, a specific length they wanted their nails cut. People who used the bathing service said that staff encouraged them to be as independent as they were able to be. They said, "They encourage me to wash my own hair." Another said, "They do everything for me I need." People could be assured that their independence would be encouraged and promoted.

Everyone we spoke with said the staff supporting them whether they were using the foot care or bathing service respected their privacy and dignity. Staff gave examples of how they protected people's privacy and dignity as much as possible. For example, the foot care staff said that they offered people the choice of a male or female member of staff and ensured the area they were in was private. A member of staff from the bathing team said that they respected that people may feel uncomfortable when they started having baths, so they did what they could to make them feel comfortable. For example, people were able to wear their underwear in the bath if they preferred to. People could be assured that staff supporting them would maintain their privacy and dignity at all times.

People were involved in the planning and delivery of the service they received. People using the bathing service had a care plan which had been developed with them and a senior member of staff. These recorded the exact support needs people had, what they were able to do for themselves and what they required staff support with. People's care plans also contained information about their mobility and any assistance that was required from the staff. People's views were listened to and acted upon by the staff who supported them.

The provider had produced a comprehensive service user guide for both services the agency offered people. This document was regularly reviewed to make sure it had up to date information. The document included the aims and objectives of the service, people's rights whilst receiving a service were specified, including privacy and dignity people should expect. Information about the organisation was included in the guide and information people would need to know including registration with the Care Quality Commission. The terms and conditions of each service were recorded as well as the cost involved to people. People using either service were given the information they needed about what to expect from the provider and the service they

were receiving.

## Is the service responsive?

### Our findings

People told us staff supported them the way they chose and listened to what they said about how they wanted to receive the service.

People who used the bathing service told us that the staff knew them well. Many of the staff had worked for the provider and with people for a number of years. People told us that the staff knew what was important to them and ensured their preferences were followed. Their comments included, "They (staff) listen to me. We have a chat and put the world to rights." Another said, "We talk about our families." A third said, "We talk all the time, she calls me if she is running late."

People could be referred to either the bathing or foot care service by someone such as a GP but people could also make direct contact with the organisation themselves. The manager told us that many of the people using the bathing service used other services that the provider offered which is how they found the service. The foot care service was available to people within their own homes that were living in the local area and at various clinics the provider ran.

An initial assessment was completed with people before either service could commence. Initial information was taken over the telephone or in person within a clinic or the registered office. An assessment was then completed by a senior member of staff or the manager. The detailed what the person wanted depending on their individual wishes and needs. For example, the foot care service would record if the person required a home visit or if they would attend a clinic. The bathing service would record people's specific support requirements. A record of people's medical history was recorded which included any aids the person used such as a walking frame or hearing aid. The assessment process supported staff to find out people's expectations of the service and to provide what had been requested.

Information from the initial assessment was used to develop a care plan with people. People were involved in the development of their care plan by advising staff how and when they would like the service provided. Records showed and people confirmed that they had been involved in the development of their care plan. People using the foot care service had a client contact sheet in place that logged what had taken place within the appointment. People using the bathing service had a record which was kept within their home recording the exact support people had received during their visit. A record was also kept of the bath temperature; this was to reduce the risk of people being scalded from the water. Information was available to ensure staff were responsive to people's care and support needs.

An annual review was completed with people using the foot care service to ensure that their needs were being met. This review was also a formal check of any changes to people's health or medicines which may affect the service being provided. People using the foot care service were having their needs reviewed consistently. However, people using the bathing service did not have their needs reviewed consistently. The manager and bathing supervisor told us people's needs should be reviewed every six months. Records showed that six out of the seven files we viewed had not had their needs reviewed in line with the policy. Five of the files we viewed had not been reviewed since October 2015.

We recommend that the provider reviews people's care files to ensure they are meeting their needs.

A complaints policy and procedure was in place which included the process that would be followed in the event of a complaint. Information regarding how to make a complaint or compliment about the service people received was recorded within the service user guide and service leaflets. People told us they were aware of how to make a complaint if they needed to and were confident any concerns they had would be acted on. There had not been any formal complaints raised for either the bathing or foot care service in the past 12 months prior to our inspection.

## Is the service well-led?

### Our findings

At the time of our inspection there was a manager in post but they had not applied to the Care Quality Commission to become the registered manager. The previous registered manager had left the organisation in January 2016. The new manager who had been working at another service which was run by the provider told us that they had planned to apply to become the registered manager.

Staff understood their role and also understood the structure of the organisation and the responsibilities of others such as the manager and the chief executive. People we spoke with said they knew who the manager was but did not have regular contact with them. Staff said that there was good leadership at the service and they felt that everyone had the same vision and values for delivering a good service to people. Staff said they found the manager and senior manager approachable and that they could take any concerns or suggestions they had to them. One member of staff said, "(Name) is supportive and we work well together. It is a pleasure coming to work."

Team meetings were carried out regularly, the bathing service met on a weekly basis and the foot care service meeting every two months. Staff confirmed they attended regular meetings where they were able to discuss any risks to people and to plan for annual leave cover if necessary. Staff said that they liked the regular meetings because it helped them to feel part of a team because most of the time they were lone working within the community. The meetings gave staff the opportunity to keep up to date with any changes or request further support from the manager.

The views of people receiving either service were not actively sought to drive improvement and improve the quality of the service. People we spoke with all said that they had not been asked for their views regarding the service they received. The manager told us that previously they have used a questionnaire which was sent out to people to gain their feedback but, this has not been completed recently. The manager said they were currently redeveloping a new feedback form which would be sent out to people.

We recommend that the provider actively seeks and acts on the views of people and other using the service.

The provider had been awarded ISO 9001 accreditation in October 2015. ISO 9001 is a certified quality management system for organisations who want to prove their ability to consistently provide products and services that meet the needs of their customers and other relevant stakeholders. The manager told us that they were aiming to start the next accreditation in October 2016.

The chief officer had developed a 'Quality management system policy statement' this set out the aims and objectives to improve quality over the forthcoming 12 months. This information was also included in a visual table which showed how the objective would be achieved, whose responsibility it was and the timescale for completion.