

Age UK Stafford & District

# Age UK - Stafford & District Care Services

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This inspection took place on 19 September 2016. At our previous inspection in 2014 we had no concerns in the areas we inspected.

Age UK Stafford and District Care Services provide personal care to people in their own homes. At the time of the inspection 37 people were using the service.

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.

People were protected from abuse and the risk of abuse as staff and the manager followed the correct procedures and reported potential abuse to the local safeguarding authority for further investigation.

Risks to people were assessed and minimised through the effective use of risk assessment and staff knowledge of people and their risks.

There were sufficient numbers of suitably trained staff to keep people safe. Staff had been employed using safe recruitment procedures to ensure they were of good character.

Staff had been trained to administer people's medicines safely.

The Mental Capacity Act 2005 (MCA) is designed to protect people who cannot make decisions for themselves or lack the mental capacity to do so. The provider worked within the guidelines of the MCA to ensure that people consented to their care, treatment and support or were supported to consent with their representatives if they lacked capacity.

People's planned care was personalised and met people's individual needs and preferences. The provider had a complaints procedure and most people knew how to use it.

Staff were supported to fulfil their role effectively. There was a regular programme of training that was relevant to the needs of people, which was kept up to date.

People were supported to eat and drink to maintain a healthy lifestyle dependent on their specific needs and choices.

When people became unwell staff knew what to do and responded and sought the appropriate support.

People told us that staff were kind and caring and their privacy was respected.

The provider had systems in place to monitor the quality of 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?

Good ●

The service was safe.

People were safeguarded from abuse as staff knew what to do if they thought someone had suffered abuse.

People's risks were assessed and minimised through the safe, effective use of risk assessments.

There were enough suitably trained staff to keep people safe.

People's medicines were managed safely by medication trained staff.

### Is the service effective?

Good ●

The service was effective.

People received care that was effective delivered by staff who were supported and trained to fulfil their role.

People consented to or were supported to consent to their care and support.

People were encouraged to eat and drink sufficient amounts to remain healthy.

People's health care needs were met when they became unwell or their needs changed.

### Is the service caring?

Good ●

The service was caring.

People were treated with dignity and respect.

People were supported to express their views on the service.

People's privacy and dignity was maintained.

### Is the service responsive?

Good ●

The service was responsive.

People received personalised care that met their individual needs.

Complaints were managed, responded to and acted upon.

**Is the service well-led?**

The service was well led.

There was a registered manager in post.

The registered manager supported staff to train and grow in their roles.

There were systems in place to monitor the quality of service being provided.

**Good** ●

# Age UK - Stafford & District Care Services

## **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 19 September 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure someone would be available to facilitate the inspection.

This 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.

We spoke with 19 people who used the service and five relatives. We spoke with the registered manager, the chief executive and four care staff.

We looked at the care records for three people who used the service. This included their daily and medicines records. We did this to ensure that they were accurate, clear and comprehensive.

We looked at the systems the provider had in place to monitor the quality of service. We did this to ensure there was a continuous drive for improvement.

## Is the service safe?

### Our findings

People who used the service told us they felt safe with the care they received. One person told us: "I trust the carers. In fact, I don't call them carers I call them friends. I would not like to be without them". The manager followed the local safeguarding procedure and knew their responsibilities in relation to reporting and investigating incidents of suspected abuse. We saw that a member of staff had noted some unexplained bruising on one person who used the service. The person was living with dementia and was unable to say how the bruising had occurred. We saw that this was reported to the local safeguarding authority to investigate. All the staff we spoke with told us they would report any suspected abuse to the manager and they had confidence that they would deal with it.

Risks to people were assessed and plans put in place to minimise the risk. We saw that people had risk assessments for when they required support with their mobility or other care tasks that may present a risk. One person had requested a shower however staff had identified that the person was at risk of falling as there was nothing for them to hold onto. A meeting had been held and it had been agreed that until a grab rail was fitted it that the staff would be unable to facilitate this. This meant that this person's safety was being considered and the risk of harm was being reduced.

People who used the service needed minimal support with their medicines. Some people only required reminding to take their medicine. Staff told us they had been trained to administer people's medicines but on most occasions they only had to prompt people to take them and observe they had. We saw staff signed to say they had seen people take their medicines or when they had to apply prescribed topical creams. A relative told us: "The staff apply cream on my relative's legs. They leave messages when the cream is running out, so I can order some more". People's medicine records were brought back into the office on a weekly basis and checked by the manager for any gaps or errors.

People told us that staff were generally on time for their calls. The manager told us that there were sufficient staff to meet people's needs. Staff we spoke with told us they had time to get from one person to another without being late. One person told us: "Age UK usually send a weekly schedule ahead so you know which staff to expect". We found that the provider followed safe recruitment procedures to ensure potential new staff were of good character. These checks included disclosure and barring service (DBS) checks for staff. DBS checks are made against the police national computer to see if there are any convictions, cautions, warnings or reprimands listed for the applicant.

## Is the service effective?

### Our findings

The provider was following the principle of the Mental Capacity Act 2005 (MCA) as people had consented to or were supported to consent to their care. The 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 saw where able to people had signed their own care plan and contract agreeing to the service. Some people were supported by their relatives to consent to their agreed plan of care. A member of staff told us: "I wouldn't do anything a person doesn't want me to do". We saw records that confirmed that one person who lacked mental capacity had asked for a care task to be delivered which staff had deemed unsafe. We saw that a meeting had been held with the person, their relative, staff and a social care professional to discuss the person's request. It had been agreed by all involved that it was in the best interests of the person not to have their request met until precautions had been put in place.

People we spoke with told us that the staff were competent in their roles. One person said: "I would give the carers a 100%, they are very efficient and always on time". Staff we spoke with told us that they were supported by the managers and received regular training. We saw that there was scheduled plan of training which the manager was responsible for ensuring staff attended. Regular one to one meetings, spot checks and annual appraisals were held with the manager and staff to discuss staff member's individual performance and identify any training needs the staff may have. This meant that staff received on-going support to ensure they were effective in their roles.

People received health care support when they needed it. Staff we spoke with gave us examples of how they had recognised and responded when people they were caring for had become unwell. One staff member told us: "I found one person had fallen when I got to their home, so I rang the paramedics to check them over and informed the family".

Some people required support from staff in preparing simple meals such as breakfast or light lunches. One person who used the service told us: "If I need another drink, the staff will get me one, nothing is too much trouble for them". Staff had received training in the safe handling of food and hygiene and told us how they offered people choices of what they would like to eat. We saw that the manager had identified that one person required more time allocated to them as they were not drinking enough. We saw records that showed that the manager had requested a longer care call for staff to be able to sit and encourage the person to drink as they were at risk of becoming dehydrated.



## Is the service caring?

### Our findings

People we spoke with told us that the staff treated them with dignity and were kind and caring. One person told us: "The carers are marvellous. I look forward to seeing them. I couldn't do without them. We have jokes here and there and they make my day." Another person said: "They always greet me with a smile and ask me how I am doing".

People told us how they had built relationships with the care staff. One person said: "I have had carers for a long time but these ones are really friends. Nothing is too much for them. I look forward to seeing them every day." A member of staff told us: "I like to have a laugh and joke with people but I know my professional boundaries".

Staff we spoke with told us how they respected people's privacy when delivering their care. One staff member told us: "Even though I've got a key I always shout hello whilst I am opening the door, so they know I'm coming in". Another staff member described how they protected people's dignity whilst supporting them to bathe. They told us: "I always wrap a towel around the person to keep their modesty covered".

People's independence was promoted and their choices were respected. One person had recorded on a recent survey that 'they were now confident they could live at home with the help they received'. A member of staff told us: "If a person refuses care I respect that and say 'we will leave it this time'. I would obviously discuss this with a manager though so they are aware".

People were asked their views of the service they received at regular reviews with a member of the management team. We saw that people's views were respected and changes made to their care at their request.

## Is the service responsive?

### Our findings

Prior to offering people a service, a member of the management met with people and their relatives to complete an assessment to ensure they were able to meet their needs. Individual care plans and risk assessments were drawn up which gave staff the information they needed to care for people effectively. This included a record of people's individual preferences, for example, what type of soap they liked to use during personal care.

People's care plans and risk assessments we saw were clear and comprehensive. We saw there were regular reviews of people's care which were held with the person and their representative. This meant that people were involved in the planning and on-going review of their own care.

We saw that the manager wrote to people who used the service to inform them if there was a planned permanent change to the care staff member that would be attending to their care. People also received weekly rotas of who was attending to their care that week. Staff we spoke with told us that they usually delivered care to the same people to provide consistency and only occasionally had to care for people they didn't know so well. One staff member told us: "If I go to someone I haven't been to for a while I will always read the care plan and ask the person if anything has changed before I start work".

The provider had a complaints procedure. The manager told us that everyone was given a copy with a 'service user guide' which informed them of the service they could expect to receive. There had been no recent formal complaints however we were told by a relative that they had informally complained about the timings of a care call and this had been resolved satisfactorily.

## Is the service well-led?

### Our findings

There was a registered manager in post, who was supported by two care coordinators to manage the service. Staff we spoke with told us that they felt supported by the management team and that there was an on call system to offer support and advice out of hours.

There were systems in place to monitor the quality of the service. The provider carried out their own internal quality audit on an annual basis and drew up an action plan if there were any opportunities for improvements. Daily records and medication administration records were brought back into the office weekly and audited by the manager to ensure they were of good quality and that there were no gaps in care delivery.

Staff performance was monitored through regular supervision and appraisal. The manager carried out unannounced 'spot checks' on staff when they were attending care calls to ensure they were completing their roles competently. Staff we spoke with told us that they had confidence that the manager would deal with any issues they may report or discuss with them such as whistle blowing concerns. All the staff we spoke with confirmed that they had regular support, supervision and spot checks to ensure they were providing good quality care.

Regular reviews of people's care were held to ensure that people were happy with the care they received. Customer satisfaction surveys were sent to people annually to gain their feedback on the service. We saw that a survey had recently been completed and the results had been analysed. Most of the feedback had been positive. However, we saw a previous survey where someone had stated that they didn't know the procedure if staff could not gain entry into the person's house at the agreed time. We saw action had been taken and the person had been informed of the procedure.