

Age UK Lincoln & South Lincolnshire

Age UK Lincoln and Kesteven

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?	Requires Improvement ●

Summary of findings

Overall summary

About the service: Age UK Lincoln & South Lincolnshire is a domiciliary care agency providing personal care and support to people in their own homes. The service was providing a regulated activity of personal care to 23 older people at the time of the inspection.

People's experience of using this service: People and their relatives without exception gave positive feedback about their experience of the service and the care they received. They told us they felt very safe and secure with the staff.

People were supported by a consistent team of staff and new staff were introduced at a time and pace that worked for people. People were protected from avoidable harm and abuse by staff who could identify and report safeguarding concerns. People's medicines were administered as prescribed and this was closely monitored. Staff understood people's needs and risks to their safety. Risk assessments guided staff on how to safely meet people's needs.

There were enough skilled and experienced staff to meet people's needs. An induction was completed by new staff. Staff received appropriate training and support to enable them to perform their roles effectively. Recruitment processes were in place and followed.

Staff were respectful and built trusting relationships with people. They supported people to maintain their dignity and independence. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff were trained in mental capacity legislation and understood their responsibilities. They gained consent before providing care and supported people to make their own decisions and choices.

Care plans contained current and personalised information that supported staff to provide person-centred care. Staff worked with professionals and responded to their advice, to ensure people's needs were met.

People were encouraged to pursue their interests and to maintain important relationships. People had end of life care plans in place which identified their wishes.

People were confident their concerns or complaints would be addressed promptly and processes in place aided this.

The manager was committed to providing a high-quality, person-centred service. They had an open and honest approach and supported staff. The manager used audits to monitor the quality and safety of the service. They listened to people's feedback and responded to issues and concerns to continually improve the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection: Good (Published 19 August 2016).

Why we inspected: This was a planned inspection based on previous rating.

Follow up: We will continue to monitor this service and inspect in line with our re-inspection schedule or sooner if we receive information of concern.

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 was safe.

Details are in our safe findings below

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our Well-Led findings below

Requires Improvement ●

Age UK Lincoln and Kesteven

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection was carried out 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.

Service and service type: Age UK Lincoln & South Lincolnshire is a domiciliary care agency providing personal care to older people living in their own homes.

At the time of the inspection the service did not have a manager registered with the Care Quality Commission. A manager had recently been appointed and told us they were planning on registering to become the registered manager.

Notice of inspection: We gave the service 48 hours' notice of the inspection visit as we needed to be sure that the manager would be available to speak with us.

What we did: Before the inspection we reviewed information available to us about this service. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from the local authority and Healthwatch about the service. The provider sent us a provider information return prior to the inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection we spoke with the manager and three staff. We spoke to seven people who used the service and three relatives and a health care professional. We looked at four people's care records, including their initial assessments, care plans and risk assessments. We looked at medication administration records (MARs) and a selection of documentation about the management and running of the service. This included quality assurance information, audits, recruitment information for three staff, training records, policies and procedures, complaints and staff rotas.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse.

- People told us they felt safe, One relative said, "[Name of person] feels very secure with the support they receive."
- Staff demonstrated a good awareness of safeguarding procedures and knew who to inform if they witnessed or had an allegation of abuse reported to them.
- The provider had a safeguarding policy and staff had completed safeguarding training.
- The provider was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised.

Assessing risk, safety monitoring and management; Preventing and controlling infection; Learning lessons when things go wrong.

- Care plans contained risk assessments which identified risks to people's safety and wellbeing. These were reviewed, updated when people's needs changed and had suitable strategies in place to reduce risks.
- Staff understood where people required support to reduce the risk of avoidable harm.
- Systems were in place to protect people from the spread of infection. Staff were provided with and used personal protective equipment (PPE) appropriately. A person told us, "Staff have excellent hygiene standards. They wash their hands and always wear gloves"
- There were systems in place for monitoring, recording and reporting accidents and incidents. The manager had oversight of these and monitored them for any trends or patterns. Information recorded where lessons were learnt so that improvements could be made to the service.

Staffing and recruitment.

- Staffing levels were appropriate for meeting the needs of people.
- People described their support as very efficient and reliable and they valued the continuity of care they received from a small number of staff.
- Staff said they covered gaps in the rota and worked well together. A staff member said, "We have a really good team and staff cover for sickness."
- People told us new staff were always introduced to them. One person said, "They always visit me on the first occasion with another member of staff that I know well, they call this shadowing and it gives the new member of staff a chance to learn on the job and for me to get to know them."
- The provider had recruitment procedures in place which ensured appropriate checks were completed prior to new staff starting work.

Using medicines safely.

- Staff were trained in the safe management of medicines and had good knowledge of current guidance when supporting people to take their medicines.

- Care plans had protocols in place to support staff with administering people's medicines;
- Medication Administration Records (MARs) confirmed people's medicines were administered as prescribed.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Adapting service, design, decoration to meet people's needs.

- Assessments of people's needs were thorough and considered their preferences when arranging their care. The assessments were used to develop care plans and these provided guidance to staff in how to support people in an effective way.
- The provider supported people and reviewed their care and support to ensure this was being delivered as planned.
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life.
- The provider used the 'General Data Protection Regulation' to ensure people's information was stored correctly
- People's homes were designed and decorated entirely of their own decision. Support services were delivered with consideration of people and staff safety within people's home environments. Therefore, any risks to a person or staff were assessed as required.

Staff support: induction, training, skills and experience.

- The provider's induction and training processes ensured staff had the required skills and knowledge to meet people's needs.
- Staff spoke positively about the provider's induction and ongoing training they completed for their role. New members of staff shadowed experienced staff members and completed a wide range of training before supporting people.
- People were confident in staff's skills and knowledge to support them.
- All new staff completed a probationary period to ensure they were suitable for their role.
- Staff received regular supervision and support from office staff and the manager.

Supporting people to eat and drink enough to maintain a balanced diet.

- People were offered choices around their meals and drinks and their independence was promoted. One person said, "Staff discuss with me what I want to prepare for lunch, they always cook me a freshly prepared lunch with ingredients that my family have got for me."
- Care plans recorded people's meal preferences, allergies and the support they required. This meant staff had relevant information to support people with their dietary needs.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support.

- The provider used electronic systems to ensure staff had access to current care plans, which supported

them to provide consistent care.

- Staff were confident in recognising changes to people's health and wellbeing. Staff had good knowledge of when to seek advice or make referrals to other health professionals.
- People's changing needs were communicated quickly between staff. Staff followed guidance provided by professionals.

Ensuring consent to care and treatment in line with law and guidance.

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.

People living in their own homes can only be deprived of their liberty to receive care and treatment with appropriate legal authority from the Court of Protection. We checked whether the service was working within the principles of the MCA.

- Staff were knowledgeable about the MCA and had received training in this area. The manager told us no person currently lacked capacity to make their own decisions.
- Staff understood the importance of seeking consent and people confirmed they were asked for their consent prior to the delivery of care and they agreed with their care.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives provided positive feedback about the service. Comments included, "All the carers are lovely and cheerful." A relative said, "[Name of person] is encouraged to do things with great courtesy and respect and they [staff] are very gentle in the way they work with [name of person]."
- People told us they got on well with staff and enjoyed their company; staff were attentive in their approach and people responded positively to this.
- Staff demonstrated good understanding of people's diverse needs and people were respected and valued whatever their race, religion, disability or gender.

Supporting people to express their views and be involved in making decisions about their care

- People's care plans included detailed information about their likes and dislikes. This showed they had been asked about what was important to them and encouraged to make decisions about the support they received.
- When people wanted relatives involved in their care this was arranged. Everyone we spoke to had their care plans reviewed in their own homes.
- No person using the service had an advocate. The manager told us that should anyone wish to have an advocate they would support people to access the local service. An advocate is a person who can support others to raise their views, if required.

Respecting and promoting people's privacy, dignity and independence

- Staff understood the importance of respecting people's privacy. One person said, "I have no concerns about my privacy in any way. I am very, very happy with all the people that support me."
- Staff understood the importance of helping people to maintain their dignity; the care and support they provided was discreet and respectful. One relative said, "Staff treat [name of person] with genuine dignity."
- People were encouraged to remain independent. Staff knew what people's levels of independence was and supported them to remain as independent as possible. One person said, "Staff know exactly how to support me, they help me to move at a pace I can comfortably manage. They anticipate what I want next, nothing is too much trouble they are so professional and well trained."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- People's care plans contained detailed and person-centred information to guide staff on how best to meet their needs.
- Care was provided in a person-centred way. A person who used the service told us, "The care team are brilliant, I cannot fault them at all in the way they support me."
- Staff showed a good understanding of what was important to people and adapted their approach to meet their individual needs and preferences.
- People were offered choice about their care. One person said, "The carers are really helpful, they listen so carefully to what I say and I think they are well trained to do what they do."
- People's communication needs were assessed and recorded in care plans. These provided staff with guidance on the most effective ways to support the person to communicate.
- The manager followed the requirements of the Accessible Information Standard to give people and their relatives information they needed in a format they understood. The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. We found the service had met this standard.

Improving care quality in response to complaints or concerns.

- The provider told us they had received one complaint in the last 12 months. Documentation supported this. Complaints were managed effectively in line with the provider's policy and actions were taken to address concerns
- People knew how to make complaints. They told us they were listened to, but none had cause to complain about the service. People told us any minor issues were resolved quickly and usually by discussing with the staff.
- Compliment cards and letters were kept to show relatives' satisfaction with the service.

End of life care and support.

- People's wishes and views about care and support when approaching the end of their life were recorded and identified so their wishes could be respected.
- Staff had received end of life training to ensure they could support people in a dignified and respectful way.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was well-led. Leaders and the culture they created promoted high-quality, person-centred care. We could not rate this domain higher than requires improvement in line with our inspection model and principles as there was no registered manager in post.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- Information about the provider's visions and values were shared at all levels of the service. The provider and manager promoted a person-centred culture through training, staff supervisions and information shared with staff.
- Staff told us they felt listened to and were supported to provide good care and enjoyed working in the service. One staff member told us, "I wouldn't want to work anywhere else, it's always interesting. Services work well together, we all make sure a person's needs are met."
- People told us they had very good relationships with staff who were trustworthy and respectful. They were involved in discussions about their care and experienced good communication with staff.
- The manager understood and acted upon the duty of candour. Processes were in place to investigate incidents, apologise and inform people why things had happened.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Working in partnership with others.

- The service had an acting manager in place. They told us they were planning to apply to the Care Quality Commission (CQC) to become the registered manager of this location. As there is currently no registered manager the well-led section of this report is rated requires improvement.
- Staff were positive about the new manager and the impact they had made. A member of staff said, "Management is so involved and I have not had that before, they listen and they care. The new manager is always looking to improve."
- The manager reported safeguarding concerns, notified the CQC of events when required, and investigated and responded to any complaints people had about the service.
- Staff had a good understanding of their roles. They shared information easily because of the service being small. They were supported with supervisions, appraisals and staff meetings. This meant the manager could supervise staff performances and communicate any changes within the service.
- There were effective systems and processes in place to monitor and improve the service.
- People told us staff were professional in their roles.
- The provider worked in partnership with other services to support people's care and quality of life.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was effective and open communication between staff and management; meetings, newsletters,

email updates helped the provider and management share information and discuss the running of the service. A staff member said, "Management have an open door policy and they contact the teams; they are very proactive and care about the service and the employees care too."

- The provider had an active role in the community and people benefited from spending time participating in activities of their choice if they wished to do so.

Continuous learning and improving care

- The manager was committed to continually developing the service. Regular audits helped the manager monitor the quality and safety of the care provided, identify where improvements were needed and ensure actions were completed.
- The provider and manager were open and responsive to feedback.
- The provider encouraged staff to continue their learning.