

Age Concern Manchester

# Age Concern Home Care North Manchester

## 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

### About the service

Age Concern Home Care North Manchester is a domiciliary care agency providing personal care to people living in their own homes. The service provides support to older people and people living with dementia. People who have learning disabilities or autistic spectrum disorder, physical disabilities and people living with mental health illness. At the time of our inspection there were 107 people using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

This was an 'inspection using remote technology'. This means we did not visit the office location and instead used technology such as electronic file sharing to gather information, and video and phone calls to engage with people using the service as part of this performance review and assessment.

### People's experience of the service and what we found

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

At the time of the inspection, the location did not care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

People were supported safely, and staff were aware of any risks people may present. The administration of medicines was safely managed. Staff were recruited safely, and staff had sufficient time to ensure they could meet people's needs. Staff generally arrived at people's property on time although there was mixed feedback on timings for weekend staff. Staff were aware of infection control policies and had access to person protective equipment such as aprons and gloves.

Staff received an induction, regular training, supervision and spots checks to assure the provider they were competent to undertake their role. People received an assessment which captured their needs and preferences. People were supported to eat and drink and have access to health and social care professionals when required. The provider worked within the framework of the Mental Capacity Act.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People and family members told us staff were caring and provided dignified and kind care. Staff supported people to retain their independence and people felt included in making decisions about their care and felt in control. Family members spoke positively of the staff being respectful and increasing people's confidence.

Care plans captured people's needs and described what staff needed to do to support people effectively. People were involved in drawing up and implementing their care plans. Staff had the time to read people care plans and were aware of people's personal preferences and needs. People were supported to remain in their home with staff providing care and support should they be at the end of their life. Complaints were acknowledged and responded to. People and their family members felt comfortable to raise any concerns they had.

Staff felt the registered manager was supportive and provided them with the leadership they required. People and their families felt the registered manager was responsive and were updated about any changes to their care and support. The provider sought feedback about the care provided and aimed to improve on findings which were below expectations. Governance systems were in place to ensure the quality of care provided and continually monitored and assessed.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 18 April 2018).

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

#### Recommendations

We recommend that the provider reviews the provision of staffing at the weekends to ensure the staff are providing consistent and timely care to people. We also recommend the provider reviews the care plans to ensure they reflect people's current needs.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 well-led.

Details are in our well-led findings below.

Good ●

# Age Concern Home Care North Manchester

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

#### Inspection team

The inspection team consisted of an inspector and an Expert by Experience who made telephone calls to people and their families. 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

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

### Notice of inspection

The inspection was announced. We gave the 24 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the available to support the inspection.

### What we did before the inspection

We looked at notifications and information we had received about the service. We contacted the local authority and requested feedback. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

### During the inspection

During the inspection we spoke with the registered manager, a senior carer and 4 care workers. We spoke with 4 people who used the service and 7 family members. We looked 5 care records relating to care planning, medicines support and risk management as well as 5 recruitment records and staff induction, training, and supervision records. We looked at governance records to monitor and improve the service.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- The provider ensured there were sufficient numbers of staff.
- The provider operated safe recruitment processes.
- Rota's showed people received support from a regular and consistent staff team during the week, but some people and relatives said this was not always at case at the weekends.
- Staff had enough time to support people safely and effectively. One person told us, "It's nice to see the same faces. They know me and what I can do." A family member told us, "The only weakness is the weekend staff. They log in and out, times vary."

We recommend the provider reviews the provision of staffing at the weekends to ensure the staff are providing consistent and timely care to people.

### Assessing risk, safety monitoring and management

- The provider assessed risks to ensure people were safe. Staff took action to mitigate any identified risks.
- Staff were aware of the risks people presented. Any newly identified risks such as choking were reported to the appropriate health professional and actions put into place to reduce the risk. Risk assessments documented how risks should be mitigated.
- Staff told us they were updated with any changes to the risks people presented via a secure messaging group, a phone call from the office and by reading care records.
- A family member told us, "I'm very happy that [Name] is in safe hands."

### Systems and processes to safeguard people from the risk of abuse and avoidable harm

- People were safeguarded from abuse and avoidable harm.
- Staff told us they were confident to report any concerns and felt they would be listened to. Staff received annual training for safeguarding vulnerable adults.
- A staff member told us, "I would have no hesitation in reporting any concerns. I know [Registered Manager] would address anything."

### Using medicines safely

- People were supported to receive their medicines safely.
- Family members told us, "[Name] medicines get delivered in blister packs and [Name] is supervised to make sure they take them" and, "They [staff] record medicines meticulously."

### Preventing and controlling infection

- People were protected from the risk of infection as staff were following safe infection prevention and

control practices.

Learning lessons when things go wrong

- The provider learned lessons when things had gone wrong.
- Accidents and incidents were recorded and analysed to look for opportunities to reduce repeat occurrences.



# 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.

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant 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

- People's needs were assessed, and care and support was delivered in line with current standards to achieve effective outcomes.
- Assessments captured people's personal preferences such as likes and dislikes, food and fluid preferences and how the person wished to be supported.

Staff support: induction, training, skills and experience

- The provider made sure staff had the skills, knowledge and experience to deliver effective care and support.
- Staff received an induction and completed the Care Certificate when they commenced employment with the provider. The Care Certificate provides a framework to ensure that all support workers have the same introductory skills, knowledge, and behaviours to provide compassionate, safe and high-quality care, in their workplace settings.
- A mixture of face-to-face training and e-Learning was provided, and additional training was given to staff who supported people with specific needs such as percutaneous endoscopic gastrostomy (PEG) or catheter care.
- A staff member told us, "I receive regular training. I had to complete 17 modules which related to my role, and I can ask for any additional training if I felt it would help me."

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

- People were supported to eat and drink enough to maintain a balanced diet.
- Information to support people to eat and drink was recorded in care records. Staff were aware of people who were required to have modified diets due to swallowing difficulties or cultural reasons. Staff were aware of people's preferences when preparing food and drinks.
- A family member told us, "[Staff] makes sure [Name] eats properly."

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

- People were supported to live healthier lives, access healthcare services and support.
- The provider worked effectively within and across organisations such as health professionals to deliver effective care, support, and treatment.
- Any concerns with people's health and wellbeing were reported promptly to health professionals
- Family members told us; staff report any concerns with their relations well-being and staff will call for an ambulance should they be highly concerned about a deterioration in a person's health.

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 MCA 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 can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider was working in line with the Mental Capacity Act.
- Capacity was assessed as part of the assessment process. Any changes to people's capacity were reported to the local authority for further assessment. Staff had received training to ensure they were aware of the principles of the MCA and understood how people should be supported to make decisions in their best interests.
- A family member told us they had discussed consent when their relation was being assessed for care and support from the provider.

# 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.

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant people were supported and treated with dignity and respect. They were involved as partners in their care.

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

- People were well supported. The provider supported people with a range of needs and abilities and staff had built up trusting relationships with people which respected equality and diversity. People told us staff treated them kindly and as an individual.
- People told us, "They've been [staff] coming to help me for a long time. They're respectful and never take liberties. They help me get dressed, get my meals from the fridge and put stuff in the washer and dishwasher," and, "I really like them [staff]. I got in a bit of a mess and they [staff] helped me a lot. They [staff] do everything for me. We have a chat and a laugh and if there is any spare time [staff] will sit down and have a cup of tea."
- For many people, seeing staff was the only contact they had with other human beings during their day and a staff member told us, "It's important for the person to feel safe and comfortable and know there is someone there for them."

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

- People were supported to express their views and make decisions about their care.
- Staff told us they supported people to be as independent as possible which included supporting people to undertake as much of their own personal care and meal preparation. People and their family members confirmed this.
- Care records captured how people preferred to be supported.
- Family members told us, "It's only been a few weeks since they [Age Concern Home Care North Manchester] started. [Name] already thinks they are wonderful. [Name] knows their own mind and they will say if they don't want a shower on a day, that is fine, they [staff] will do another thing instead. It's happened a few times, they sometimes help [Name] to change their mind but they never pester or push hard" and "They [staff] are so aware. [Name] has no verbal communication but the regular [staff] understand how to get [Name] engaged."

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were respected and promoted.
- People and family members told us the staff were always dignified in their approach to providing personal care and support.
- Family members told us, "They [staff] are so lovely with [Name]. Never hurry, always talk to [Name] and smile and have a gentle touch." and "It's really heartening to see. The staff know [Name] had little or no comprehension of what's going on but are so nice, reassuring, kind and compassionate."

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant people's needs were met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were supported as individuals, in line with their needs and preferences.
- Most care plans were personalised, and staff accessed the documents via an app on their phones. All information on the app was stored securely.
- Some care plans lacked detail on support required. For example, 1 person had Insulin administered by the district nurses and although this wasn't a service provided by the provider. It would be useful for staff to have the information recorded to share in an emergency.

We recommend the provider reviews the care plans to ensure they reflect people's current needs, including support given by external professionals.

- People and family members were involved in planning their care and support. One person told us, "They [staff] came to see me in hospital and we wrote my care plan together." A family member told us, "We set up [Name's] care plan together when [Name] was ready to leave hospital. It's now an active document, being revised as [Name] gets better."
- Staff told us they had time to read and understand people's care records and they were updated when there were any changes made.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were understood and supported.
- Staff communicated with people in the most suitable way to ensure people understood them.
- Information could be provided in different language formats and large print.

Improving care quality in response to complaints or concerns

- People's concerns and complaints were listened to, responded to and used to improve the quality of care.
- People and family members felt confident to raise a complaint and felt they would be listened to.
- People told us, "Never had any reasons to [complain]." and "Never had to [complain]."

#### End of life care and support

- People were supported at the end of their life to have a comfortable, dignified and pain free death.
- The provider worked with other agencies such as district nursing teams, GP's and families to plan quality end of life care.

# 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.

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive and open culture at the service. The provider had systems to provide person-centred care that achieved good outcomes for people. People spoke positively about the service.
- The registered manager was visible and provided care to people within the community.
- Staff felt respected and supported and the provider had many longstanding staff who had worked at the organisation for many years.
- Staff were supported to gain further qualifications and develop in their role. A staff member told us, "[Registered Manager] is very good. They are able to see strengths in me and support me to improve."
- Some people told us they had waited for Age Concern Home Care North Manchester to be able to provide support as they did not want any other care agency.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong, Continuous learning and improving care

- The provider understood their responsibilities under the duty of candour
- The provider had created a learning culture at the service which improved the care people received.
- Any concerning information such as accidents, incidents and complaints were reported to the appropriate bodies and outcomes shared.
- Any learning from such incidents was shared with the wider team to reduce the opportunity for repeat occurrences.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had a clear management structure that monitored the quality of care to drive improvements in service delivery.
- Governance systems were in place to monitor and drive improvements across the service. This included regular audits of medicines and care records to ensure they captured people's current needs and medicines reconciled correctly.
- Staff were aware of their responsibility in reporting and recording any concerning information. A secure messaging group was used to share important information and staff told us they regularly received calls from the office with updates and anything other important information they needed to be aware of.
- Staff received regular supervision, annual appraisal and spot checks on their ability to conduct their role and provided safe, person-centred care. This allowed the provider to identify areas for improvements and

support staff to improve.

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

- People and staff were involved in the running of the service and fully understood and took into account people's protected characteristics.
- Feedback was regularly obtained from people and their families. From the most recent feedback, some people identified they were not sure how to raise a complaint. Following this, registered manager sent further information to each person about how to raise any concerns they have.
- People, their families and staff felt fully involved in all aspects of the care and support the provider offered. Staff told us they were continually kept updated about people and their care needs and wider organisational changes.
- Staff told us they were continually kept updated about people and their care needs and wider organisational changes.
- A family member told us, "The staff are dead nice to [Name]. [Name] sent me out at the weekend to buy chocolates. They treat [Name] with respect. [Name] trusts them. I think [Name] is already having a better quality of life."

Working in partnership with others

- The provider worked in partnership with others.
- The provider worked with local authorities, commissioning teams and social work teams to ensure they were able to provide person-centred care when the person needed it.
- Local commissioning teams supported the provider to maintain and improve their provision.