

Age Concern York

# Age Concern York Bridge the Gap Service

## 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 York Bridge the Gap Service is a domiciliary care agency providing care and support to older people, people who may be living with mental health issues, learning disabilities or autistic spectrum disorder, dementia, or people with an eating disorder. On the day of our inspection, there were 20 people using the service.

Not everyone using the service receives regulated activity; the Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

### People's experience of using this service and what we found

People continued to receive a good service. People and relatives gave positive feedback about the service. People's risks were safely managed. Sufficient numbers of staff were employed to support them in taking risks. People were safely supported with handling medicines. The provider recruited staff safely.

Staff were trained, skilled and well supported by the provider. People had good relationships with the staff who protected their rights to lead a normal life. 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

Feedback from people in surveys was that staff were kind and caring. People were respected, staff championed their privacy and dignity and encouraged their independence in all aspects of life.

Staff were motivated to provide person-centred care based on people's choices and preferences. They were dedicated and praised for this by health and social care professionals.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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

### Rating at last inspection

The last rating for this service was Good (published 29 March 2017).

### Why we inspected

This was a planned inspection based on the previous rating.

### Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

## 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 York Bridge the Gap Service

## **Detailed findings**

## Background to this inspection

### The 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

### Inspection team

The inspection was carried out by one inspector.

### Service and service type

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

### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 23 September 2019 and ended on 2 October 2019. We visited the office location on 23 September 2019 and made calls to people, their relatives and staff on 2 October 2019.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with two people and three relatives about their experience of the care provided. We spoke with five members of staff including the nominated individual and the registered manager.

We reviewed three people's care records and medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

# Is the service safe?

## Our findings

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

At the last inspection, this key question was rated as Good. At this inspection, this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from harm and abuse.
- Staff were trained in safeguarding people from abuse and demonstrated knowledge of their safeguarding responsibilities. The registered manager knew how to refer any concerns to the local authority safeguarding team.
- The registered manager was aware of their responsibility to send us notifications of events and incidents that had occurred within the service.

Assessing risk, safety monitoring and management

- Risk assessments reduced people's risk of harm. Staff monitored people's safety and reported any concerns to the registered manager to act on. They amended risk assessments and practice as necessary.
- Accidents and incidents were monitored and analysed for trends to reduce their reoccurrence.

Staffing and recruitment

- The provider operated a safe recruitment system and made sure security checks were completed before staff worked with people.
- Staffing numbers were sufficient to meet people's needs. Staff continuity was maintained with visits, as the staff team was small and staff turnover was low.
- Rotas were well managed by the registered manager.

Using medicines safely

- Medicines were managed safely.
- Protocols were in place to guide staff on when to administer 'as and when required' medicines.
- Information on topical medicines, such as creams was recorded in line with best practice guidance to support the safe use of these medicines for people.

Preventing and controlling infection

- People were protected from the risks of infection by staff operating good infection prevention and control practices and following good food hygiene guidelines.
- People's relatives confirmed their family members received the safe support they needed with personal hygiene and handling food.

Learning lessons when things go wrong

- The provider monitored accidents and incidents across their services to identify any trends or patterns.

- When incidents occurred lessons were learnt to prevent them reoccurring.



# 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 the last inspection, this key question was rated as Good. At this inspection, this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 can only be deprived of their liberty to receive care and treatment with appropriate legal authority. Where people are deprived of their liberty in their own homes, applications must be made directly to the Court of Protection.

We checked whether the service was working within the principles of the MCA.

- The provider met the requirements of the legislation. People were involved with important decisions about their care.
- Staff gained people's consent before supporting them.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People received effective, safe care. People had a comprehensive assessment of their needs carried out and these were consistently documented. Care plans provided clear information to guide staff and support good practice.
- People's relatives gave positive feedback about the effective support their family member received. They told us, "The staff are wonderful and always do what is best for my family member. They are dedicated and take a very practical approach in how they give support."
- Staff monitored people's needs and provided flexible support, for example, to make sure they attended medical appointments or sought emergency medical attention if needed. People's rights were respected and their diverse needs were supported in a way that made sure they were not discriminated against.
- People's environment was assessed and reviewed where necessary to ensure it was suitable.

Staff support: induction, training, skills and experience

- People continued to be supported by staff that had experience and knowledge to effectively carry out their roles. Staff completed a thorough induction and appropriate training. They received supervision and ongoing review of their performance.
- Staff confirmed the training they completed in conversations with us. Documents we reviewed showed that staff training, and supervision was monitored, reviewed and updated.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support

- People were effectively supported with food planning and preparation and making healthy choices with their nutritional needs. Where anyone had specific dietary needs, these were well supported.
- Services of healthcare professionals were accessed as required and staff maintained good working relationships with healthcare professionals for the benefit of people they supported.
- Staff supported people to maintain healthy lifestyles of their choosing.

Staff working with other agencies to provide consistent, effective, timely care

- Staff continued to work well with other agencies, health care professionals and social service officers.

# 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 the last inspection, this key question was rated as Good. At this inspection, this key question has remained the same. This meant 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 continued to receive care and support they needed from caring staff. Comments from people included, "My experience of the service has been that they provide outstanding care and support" and "I am very happy with the team I have supporting me. Because of the service, I am able to stay at home; I feel that the staff genuinely care about me and my wellbeing."
- Staff confirmed the approach they used with people. They described using a values based approach to providing care and forming relationships built on trust and understanding. Staff explained they cared for people how they would wish to be cared for themselves.
- Staff demonstrated good understanding of people's diverse needs and stated people and staff were respected and valued whatever their race, religion, disability, gender or sexual orientation.

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

- People's care records continued to demonstrate that they led the way in how they wanted their care and support delivered. They made choices about personal care, any domestic needs and what they wanted to eat and when.
- People chose the gender of staff they wanted to support them. One person told us this was very important to them and they were pleased that the service had facilitated this.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected and their independence was fully encouraged. One relative told us, "My family member is treated so respectfully by the staff; they are very supportive of the remaining abilities that my family member has."

# Is the service responsive?

## Our findings

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

At the last inspection, this key question was rated as Good. At this inspection, this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People continued to receive person-centred care which was responsive to their needs.
- Staff had a good understanding of the people they supported; their likes, dislikes and personal preferences.
- People had regular reviews where their opinions were sought, to make sure the care and support continued to meet their needs.

Meeting people's communication needs From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider made sure people had accessible information. Staff described how they supported people with information in a format they could understand.
- Staff continued to understand people's communication needs and how best to share information in a way they would understand.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were fully supported with relationships and engaging in activities and pastimes.
- Staff understood people's needs to prevent isolation and had access to a range of activities and opportunities for people to attend social events through other groups and clubs the provider had established.

Improving care quality in response to complaints or concerns

- The provider had systems in place to manage complaints.
- People and their relatives knew how to complain if they needed to. One relative said, "I have never needed to complain but if I did, the registered manager is so responsive, I would only need to mention something once and it would be dealt with."

End of life care and support

- People had the opportunity to discuss their end of life care preferences. This helped to ensure people would receive dignified, comfortable and pain free care to support and maintain their cultural and spiritual requirements.

# 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 the last inspection, this key question was rated as Good. At this inspection, this key question has remained the same. 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

- The provider continued to promote a positive, open and person-centred approach to care.
- Staff worked well as a team and were proud of their performance in maintaining a good quality service.

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

- The provider was open and transparent when dealing with issues and concerns. They understood their responsibility to apologise to people and give feedback if things went wrong.

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

- Staff understood their roles. They received information on induction and throughout training about what was expected from them. New staff were introduced to people while shadowing other staff members.
- Various quality checks were made on service delivery. This included using telephone calls for feedback, spot checks, audits and surveys.
- The provider was aware of their registration requirements. They knew when to inform appropriate agencies and organisations of events that happened at the service, or to people while being supported by staff.

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

- People continued to be engaged and involved in their care with full consideration of their diverse needs. Difference was fully understood and respected.
- People and their relatives were involved in discussions about their care, or their family members care, and experienced good communication with staff.
- There were satisfaction surveys for people to complete and these had been analysed each year to show levels of satisfaction. Recent results showed responses were positive in all areas.

Continuous learning and improving care; Working in partnership with others ● The service's internal quality audit tools helped the provider monitor the service's performance.

- Staff learned from experience and shared their learning with other members of the staff team. They were committed to reflecting on their performance and improving it where possible.

- The provider and staff worked well with other health and social care professionals.