

Age Concern York

# Age Concern York In Safe Hands 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

### About the service:

Age Concern York In Safe Hands Services is a domiciliary care service that can provide care and support to people living with dementia, learning disabilities or autistic spectrum disorder, mental health, older people and people with physical disabilities. The service provides support to the main carer, who looks after an adult at home, so that they can have a break from their caring role. They employ paid care staff and volunteers and support is usually two or four hourly visits weekly or fortnightly. Not everyone who used the service received personal care. The Care Quality Commission (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. At the time of the inspection the service was supporting 50 people. Eleven people were receiving regulated care.

### People's experience of using this service:

We received very positive views from people and their relatives about the support provided to them. Relatives told us that staff were kind and respectful.

Care and support was tailored to each person's needs and preferences. People and their relatives were fully involved in developing and updating their planned care. People were supported with activities and interests to suit them. Staff and volunteers spent time getting to know people and their likes and dislikes.

Recruitment checks were carried out to ensure staff were suitable to work in the service. Staff had received appropriate training and support to enable them to carry out their role.

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. We made a recommendation about best practice in relation to consent.

People received their medicines safely. The registered manager had positive links with health care professionals which promoted people's wellbeing.

Relatives and staff told us the registered manager was approachable and listened to them when they had any concerns. All feedback was used to make continuous improvements to the service. The provider had systems in place to safeguard people from abuse and staff demonstrated an awareness of safety and how to minimise risks.

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 16 February 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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 In Safe Hands Services

## **Detailed findings**

### Background to this inspection

#### The 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 checked 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.

#### Inspection team

One inspector carried out this inspection.

#### Service and service type

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

The service had a manager registered with the CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 48 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 13 August 2019 and ended on 29 August 2019. We visited the office location on 13 August 2019.

#### 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. 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. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with the registered manager, the nominated individual, two care organisers, one support worker and one administrator.

We looked at three people's care records in full and one person's care records in part. This included one person's medication administration records and a selection of documentation about the management and running of the service. We looked at recruitment information for two members of staff, staff training records, policies and procedures and complaints.

After the inspection

We spoke with one support worker and a family member over the telephone and met with one service user and their family member in their own home.

# 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; Staffing and recruitment

- People were safeguarded from the risk of abuse. Staff demonstrated a good awareness of safeguarding procedures; they knew who to inform if they witnessed or had an allegation of abuse reported to them.
- The registered manager knew to liaise with the local authority if necessary; any incidents had been managed well. There was a safeguarding team within Age Concern York who monitored and escalated concerns when necessary.
- Staff were recruited safely; appropriate checks were carried out to protect people. People and relatives told us that staff had the right positive qualities to complete their roles.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Staff understood where people required support to reduce the risk of avoidable harm. Care plans contained explanations of the control measures for staff to follow to keep people safe.
- People were supported to take positive risks to aid their independence. One family member told us, "The carer always encourages [Name of person] to do as much as they can for themselves, even when they are baking, the carer encourages [Name of person] to cut up the apples whilst making sure they are safe in doing so."
- Accidents and incidents were responded to appropriately. These were monitored and the registered manager considered any lessons learnt and implemented changes when necessary.

Using medicines safely

- People were encouraged to manage their own medicines where they had those skills.
- At the time of the inspection only one person was supported with their medicines. Medicines arrangements were safe and managed appropriately; and the person received their medicines when they should. The registered manager provided reassurance that should more people require support with medicines, the systems and processes in place would ensure these were administered safely.

Preventing and controlling infection

- Staff told us they had access to personal protective equipment (PPE) to help prevent the spread of healthcare related infections.

# 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.

Staff support: induction, training, skills and experience

- Staff received supervision and appraisal; they had appropriate skills and knowledge to meet the person's individual needs.
- Staff felt supported by the registered manager.
- A staff induction and training programme was in place. Relatives told us that staff were knowledgeable and well trained to meet the needs of the people they were supporting.

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 completed and care and support was regularly reviewed.
- Care and support was planned, delivered and monitored in line with current best practise and evidence based guidance.
- Relatives told us how the service could be adapted to meet the needs of people.

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

- People were support with meals and to maintain a balanced diet when required.
- People, when required, were protected from risks of poor nutrition and dehydration. One relative told us, "The carer is very good at remembering to encourage fluids. It helps us a lot."

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

- Guidance and support from healthcare professionals was obtained and followed. Information was shared with other agencies if people needed to access other services such as hospitals.

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. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People were involved in decisions about their care.
- The registered manager had recently created new paperwork to clearly record the capacity and consent sections of the care plans. Prior to this it was not always clear who was consenting to the care. The registered manager was considering advice and guidance to ensure this was clearly recorded and in line with MCA.

We recommend the provider continues to seek advice and guidance from a reputable source, about MCA and consenting to care, treatment and support.

# 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 were treated with kindness and the positive relationships they had with staff impacted on their feelings of wellbeing. People were actively listened to and their choices respected. One family member told us, "The carer is an angel, [Name of person] loves them. The carer is calm and patient, gentle and sweet. They have developed a very close relationship with us all."
- Where people were unable to express their needs and choices, staff understood their way of communicating.
- People's right to privacy and confidentiality was respected.
- Staff including carers and office-based staff were friendly and demonstrated a passion for providing a good quality service. This was confirmed by people and family members.
- Staff had a good knowledge of the person's personality, their likes and dislikes and what they could do for themselves.

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

- Staff supported people to make decisions about their care; and knew when people wanted help and support from their relatives. Where needed they sought external professional help to support decision making for people such as advocacy services.

Respecting and promoting people's privacy, dignity and independence

- People were treated with compassion, dignity and respect. A staff member said, "People get from us continuity. It means we get to know people really well and we treat people with dignity and respect."
- Staff understood the importance of maintaining people's privacy and dignity. One family member told us, "[Name of person] has always been a private person, but the carer is just so good at building that relationship with them. The carer is on the same wave length and they can talk about their interests together. They are respectful, empathetic and understand [Name of person] and their needs."
- People were supported to remain as independent as possible. Family members told us of people were encouraged to do as much for themselves as they could.
- Systems were in place to maintain confidentiality and staff understood the importance of this. Care files and other private and confidential information were stored securely.

# 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's needs and information on how best to meet their preferences were identified, met and reviewed.

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

- Staff were knowledgeable about people and had a good understanding of their preferences and interests; this enabled them to provide personalised care. Relatives told us, "They know what things [Name of person] enjoys doing. They also take the initiative and will suggest new things they might enjoy."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified, and reasonable adjustments were made. Information was presented in a way people could understand.

Improving care quality in response to complaints or concerns

- People knew how to provide feedback to the staff and management team about their experiences of care and the service provided a range of accessible ways to do this.
- People and relatives knew how to make complaints should they need to. They told us they believed they would be listened to and action would be taken. One relative told us, "I have never needed to complain. If I did I would phone the office and I would trust them to deal with it. I have never had a complaint."

End of life care and support

- People were supported to make decisions about their preferences for end of life care.
- Staff knew to respect people's religious beliefs and preferences.

## 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.

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

- The culture of the service was open, honest and caring.
- People were treated with respect and in a professional manner.
- Regular checks ensured people were safe and happy with the service they received.
- The service was organised and well-run and the registered manager understood their legal responsibilities to ensure regulations were being met.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The registered manager and nominated individual demonstrated a commitment to provide person-centred, high-quality care by engaging with everyone using the service and stakeholders.
- Staff and the registered manager involved people and their relatives in discussions about their care.
- There was a skilled staff and volunteer team who felt able to speak up freely, raise concerns and discuss ideas. Staff told us how their ideas were listened to and implemented.
- Staff told us they felt listened to and that the registered manager was approachable. Staff told us they worked as a team to deliver high standards and were complimentary about the provider organisation. One member of staff told us, "This is a very good organisation to work for. People are here for the right reasons. It is a very caring organisation, both for our clients and each other."
- The management team were open and transparent when dealing with issues and concerns. They understood their responsibility to apologise and give feedback if things went wrong.

Working in partnership with others

- The service had good links with the local community and key organisations, reflecting the needs and preferences of people in its care.