

Age UK Northumberland

Age UK - Northumberland

Inspection report

The Round House
Lintonville Parkway
Ashington
Northumberland
NE63 9JZ

Tel: 01670784800
Website: www.ageconcernnorthumberland.org.uk

Date of inspection visit:
11 July 2019
02 August 2019
08 August 2019
16 August 2019

Date of publication:
04 September 2019

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 UK is a domiciliary care agency providing personal care to people in their own homes. At the time of inspection, the service was supporting 651 people. 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.

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

People and their relatives told us they were happy with the service, with the majority saying they could not think of anything the service could improve. Where a small number of people had concerns about changes to regular staff they had raised this with the provider who did their best to accommodate people's preferences.

At our last inspection we found gaps in records relating to recruitment, the Mental Capacity Act (MCA), training and complaints. At this inspection we found significant improvements had been made in record keeping in all these areas.

There were safe systems in place for the administration of medicines, and staff received training specific to people's health related needs before providing care to them.

Individual risks to people were assessed and staff were provided with guidance about how to keep people safe. Staff received regular training and supervision and had a named supervisor to support them.

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.

We received multiple positive comments about the friendliness, kindness and professionalism of staff.

A new registered manager had been appointed since the last inspection who had a clear vision for the service. New quality systems had been introduced which provided clear performance related information.

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

Rating at last inspection and update: The last rating for this service was rated requires improvement (published 13 July 2018) and there was one breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

Why we inspected

This was a planned inspection based on the previous rating.

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 UK - Northumberland

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.

The service had a manager registered with the Care Quality Commission. 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 we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 11 July and ended on 16 August. We visited the office location on 11 July and 2 August and visited people in their own homes on 8 August. We completed telephone calls to people and their relatives on 16 August.

What we did before the inspection

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 spoke with the local authority commissioning and safeguarding team. We reviewed all the information we had received about the service since the last inspection. We used all of this information to plan our

inspection.

During the inspection

We spoke with 10 people and seven relatives. We spoke with the registered manager, quality lead, quality coordinator, nurse lead, three case managers, a senior case manager and 17 care staff.

We spoke with a specialist nurse, a broker [a broker is responsible for setting up packages of care] and received feedback from a care training provider. We spoke with the interim head of care who was also the nominated individual for the service. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We looked at five staff recruitment files, 12 care plans and a variety of records relating to the quality and safety of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At our last inspection the provider had continued to fail to have robust recruitment records in place. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

- Safe recruitment procedures had been followed. This included checks on the suitability of staff to work with people.
- There were staff vacancies and recruitment was ongoing. Staffing levels had improved since the last inspection and deployment was carefully considered. Rotas were pre-planned to meet people's needs consistently and safely.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "The girls are brilliant. I feel very safe with them. It's the best thing I've done [using the service]. I don't know why I didn't do it sooner!"
- Systems and processes were in place to safeguard people from abuse.
- Staff received regular training and knew the procedures to follow in the event of concerns of a safeguarding nature. We observed staff identifying and reporting issues to the office.
- The provider worked closely with the local authority safeguarding team. They told us they had seen an improvement in systems and processes in the service.

Assessing risk, safety monitoring and management

- Individual risks to people were assessed and plans were in place to mitigate these.
- The provider had carried out personal emergency evacuation plans for people and shared these with the local fire and rescue service. These highlighted people at specific risk such as those with limited mobility or dementia related condition for example. Some people received vibrating or flashing alarms as a result.
- Staff had access to a guide developed by the registered manager about keeping people safe. This included how to recognise physical and psychological changes in condition, hypothermia, high and low blood sugar, signs of stroke, and instructions in the event of falls and unconsciousness.
- Environmental risks related to people's homes were assessed. Care records contained details of stop cock, gas tap and fuse box locations.

Using medicines safely

- Staff were trained in how to administer medicines safely and received regular updates and competency

checks.

- Not everyone required support with their medicines. Where they did, staff had clear instructions about the level of support people needed. Each care file contained a list of medicines and a fact sheet about their use.
- Medicine records we checked had been fully completed.
- Instructions for medicines people took as and when required contained information about how staff knew they might be required. For example, one person communicated pain through their facial expression.

Preventing and controlling infection

- Staff received training in the prevention and control of infection. Gloves and aprons were used appropriately.

Learning lessons when things go wrong

- The registered manager kept a maintained and reviewed records of accidents and incidents to help to prevent reoccurrence where possible.
- New in depth quality system recorded information to ascertain whether missed calls for example, were the result of carer error, miscommunication or failure of technology. This meant the provider had clear data to support them in learning lessons when things went wrong.

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.

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

- People's individual needs were assessed prior to using the service. This meant the provider checked they could meet people's needs and had the correct plans and resources in place when care commenced.
- Needs assessed included physical, psychological and social needs. As much information as possible was gathered before people began using the service.

Staff support: induction, training, skills and experience

- Training considered mandatory by the provider was delivered to all staff. Where staff visited people with specific health needs, additional training was provided. A relative told us, "They never send anyone unless they have been trained in how to care for a PEG." Percutaneous endoscopic gastrostomy [PEG] is a tube inserted medically into the abdominal wall, usually for people who are unable to eat orally.
- Staff told us they received regular training. Records we checked showed training was up to date and plans were in place to provide refresher training as required.
- A training provider gave us very positive feedback about the service. They said, "[Registered manager] is always asking about new ways to improve the staff knowledge and it is very refreshing to work with a care provider that takes such a pro-active approach to staff development."

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

- People were supported with eating and drinking. Care plans reflected the level of support people needed and any special dietary requirements.
- Records showed concerns about people's weight had been reported to health professionals.
- Staff were observed supporting people to eat and encouraged people where appropriate.

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

- Staff worked closely with other agencies and professionals. One staff member told us, "I worked with the OT [occupational therapist] to look at how best to support [person] with their mobility and seating. I really enjoyed being involved in discussions and contributing to the plan."

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access healthcare services and support. Staff reported health concerns to the Age UK Northumberland office staff who passed these to the relevant professional, including GP's and social workers.

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 when this is in their best interests and legally authorised under the MCA.

- The registered manager had a sound understanding of the MCA as they had previously worked as a MCA assessor. They provided support and guidance to staff in this area.
- Staff were aware of the principles of the MCA and the importance of seeking consent before providing care and support.
- The provider reported concerns about potentially unlawful restrictions imposed on people by others, to the local authority safeguarding team.

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 and their relatives spoke very highly of staff. One person told us, "I am more than delighted, they are so friendly and helpful, and nothing is a bother." A relative said, "They go above and beyond. I am so grateful for their attitude, they are such a great help."
- Care records reflected people's individual needs and preferences. One person told us, "I don't want male carers and they always respect that."
- Bespoke training had been sourced to provide greater awareness of transgender issues affecting people using the service and staff.
- There were numerous examples provided of kind and compassionate care. One person's kettle was broken. The care worker left their evening call went straight to the supermarket to buy them a kettle as they knew they were up frequently during the night and liked to drink tea. Another person we visited told us staff had baked them a birthday cake and visited them on their birthday, joking they needed to bake a bigger cake this year.

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

- We observed staff involving and including people in decisions. Staff explained what they were doing and gave people time to respond.
- People and their relatives told us they were consulted about their care. One relative told us, "[Name] from the office comes to see us every so often to check how things are going."
- There were several comments about the skilled way staff interacted with people and used their relationship and rapport to encourage them to receive care when they were sometimes reluctant. We observed staff using humour to good effect with people which encouraged them accept care.

Respecting and promoting people's privacy, dignity and independence

- Care records clearly outlined the level of support people required. Staff were observed supporting people to be as independent as possible but gave support when needed.
- We did not observe personal care being delivered. However, staff told us, and people confirmed they were always conscious of maintaining people's dignity. We observed one person being hoisted and their dignity was maintained throughout. The person was relaxed and smiling, and staff joked with them about the "good landing."

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 and their relatives told us they were very happy with the care provided which was generally on time. No one we spoke with reported any missed calls. One relative said, "They are spot on with timekeeping. If they are running late for some reason they let us know."
- There had been significant improvements to the standard of care plans since the last inspection. They followed a consistent organised format and information contained in care plans was detailed and personalised.
- The process of updating remaining files was in progress during our inspection and was being overseen by the registered manager who took responsibility for approving the quality of the content.
- People were included in reviews of their care and contributed to the development of care plans wherever possible. Staff had access to detailed information about people's daily routines.

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 individual communication needs were recorded in care records. Some people used electronic communication adaptations and staff received clear instructions about how people used these to communicate.

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 supported people to maintain relationships and follow interests and activities where this was included as part of their care.
- People commented upon the very good relationship they had with staff who they regarded as friends, within appropriate professional boundaries.

Improving care quality in response to complaints or concerns

- People and their relatives told us they knew how to make a complaint. They said they hadn't needed to. Complaints information included pictorial happy and sad faces.
- The number of complaints received by the service had reduced significantly since the last inspection. Complaints that had been received were responded to appropriately by the registered manager.

End of life care and support

- People were supported at the end of their lives. Bespoke end of life training had been arranged by the registered manager to support care staff and supervisors. The specialist nurse providing the end of life training told us, "The last group of trainees were really interested. They asked lots of questions and requested handouts."

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 requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection audits had not sufficiently improved to identify the issues we found during the inspection. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

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

- A new registered manager had been appointed since the last inspection. Staff spoke highly of them and the improvements they had made. One staff member said, "I think [registered manager] has been a great asset. She has a clear vision of where she wants us to be."
- Several people, relatives and staff told us communication had improved in the service since our last inspection.

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 registered manager was aware of their duty of candour responsibilities.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; continuous learning and improving care

- Staff were clear about their roles and responsibilities. They knew who to contact for support and advice.
- Most people were extremely happy with the quality of the service provided. Many told us they could not think of anything the service could improve.
- Robust quality systems were in place. The provider had appointed quality leads to support the registered manager in monitoring the quality and service. There were plans to improve quality monitoring further by bringing in systems that would provide 'real time' data enabling the provider to respond swiftly to any quality concerns.
- Staff performance was monitored during spot checks. This was discussed during supervision with their line manager.
- The registered manager understood and met their regulatory responsibilities. They had notified us about important events and the service's latest CQC rating was on display.

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

- People, relatives and staff told us their views were sought by the provider.
- People and their relatives were provided with information about Age UK's wider national services.
- When positive feedback was received about individual staff members, they were informed and sent a letter of thanks from the provider.

Working in partnership with others

- The service had developed strong links with other professionals. They worked in close partnership with them. This included the fire and rescue service and training provider.
- They sought to further develop and strengthen relationships in the local community.