

Age UK Medway

# Age UK Medway

## Inspection report

Home Care Services, The Admirals Office  
The Historic Dockyard  
Chatham  
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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 UK Medway is a domiciliary care service registered to provide personal care for older people. At this inspection the service was providing personal care for 95 people. It also provided footcare for 265 people.

Personal care was provided by the main team of care staff completing care calls to people in their own homes. These care calls were usually completed each day. The footcare service was provided by a separate smaller team of care staff who visited people at home every two months.

The Care Quality Commission (CQC) only inspects the service being received by people provided with personal care, where they do we also take into account any wider social care provided.

In this report we refer to the two parts of the service as being 'the homecare service' and 'the footcare service' when our conclusions are not applicable to the whole service.

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

People and their relatives were positive about the service. A person using the homecare service said, "The staff are friendly and the place is fine for me." In a thank-you card a relative praised the homecare service for the "first class care" provided for their family member.

People were safeguarded from the risk of abuse. They received safe care and treatment in line with national guidance. There were enough care staff to reliably complete care calls on time and safe recruitment practices were in place. People were supported to safely manage medicines, lessons had been learned when things had gone wrong and good standards of hygiene were promoted. People had been helped to quickly receive medical attention when necessary.

Care staff received training and guidance so they had the knowledge and skills they needed. When necessary, people had been helped to obtain medical attention and to receive consistent care when they moved between service.

People were supported to have maximum choice and control of their lives and care 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 received compassionate care promoting their dignity and respecting their right to privacy. They were also supported to express their views about things important to them.

People were consulted about their care, given accessible information and supported to pursue their hobbies and interests. There was a procedure for quickly resolving complaints and people were treated with compassion at the end of their lives so they had a dignified death.

Quality checks had been completed. People had been consulted about the development of the service and their suggestions had been implemented. Good team work was promoted, regulatory requirements had been met and joint working was promoted.

For more details, please read 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 4 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 UK Medway

## 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 registered provider was 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

The inspection was completed by one inspector.

#### Service and service type

Age UK Medway is a domiciliary care service providing 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 registered manager would be in the office to support the inspection.

#### What we did before the inspection

We spoke by telephone with 17 people who used the homecare service and with eight relatives. We also spoke by telephone with five care staff one of whom worked in the footcare service.

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 information the registered 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.

We reviewed other information we held about the service. This included notifications of incidents that the

registered provider had sent us since our last inspection. These are events that happened in the service that registered providers are required to tell us about.

#### During the inspection

We spoke with the registered manager, care services manager and a team leader at the service's office. We reviewed documents and records that described how care had been provided for five people. We also examined documents and records relating to how the service was run including health and safety, the management of medicines, learning lessons when things had gone wrong, obtaining consent and staff training.

#### After the inspection

We spoke by telephone with three people who used the footcare service.

# 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 remained the same. This meant people were safe and protected from avoidable harm.

Supporting staff to keep people safe from harm and abuse, systems and processes

- People were safeguarded from situations in which they may be at risk of experiencing abuse. Care staff had received training and knew what to do if they were concerned a person was at risk. A person said, "I like the staff and feel completely safe in their company."
- There were systems and processes to quickly act upon any concerns including notifying the local safeguarding of adults authority and the Care Quality Commission. This helps to ensure the right action is taken to keep people safe.

Assessing risk, safety monitoring and management

- People's safety had been assessed, monitored and managed so they were supported to stay safe while their freedom was respected. Some people had reduced mobility and needed to use a hoist when transferring. These care calls were completed by two care staff who were trained to use hoists and other equipment in the right way. Other people who needed help to keep their skin healthy were being correctly helped. This included care staff assisting them to use creams prescribed for them. When a person had a special dressing applied by a community nurse care staff checked to make sure it remained clean and hygienic.
- People had been assisted to remove trip hazards such as caused by trailing electrical wires and loose carpets. People had also been helped to test their lifeline pendants. When operated the pendants automatically notified a national switchboard something was wrong and the person needed assistance.
- There were robust arrangements to enable care staff to access people's homes and leave them secure when they left.

Staffing and recruitment

- The registered manager had calculated how many care staff needed to be available to enable care calls to be reliably completed on time. The completion of care calls was recorded electronically. These records showed care calls had been completed at the times people had agreed to receive them. Care calls had also lasted for the right amount of time so care staff could provide the assistance people wanted. There had been no missed care calls since the last inspection.
- A person using the homecare service said, "The staff are very good really and turn up come rain or shine and they're not rushing to get done." Another person using the homecare service said, "If very occasionally the staff are delayed, the office will telephone me so I'm not left wondering what's happened."
- Safe recruitment and selection procedures were in place. Applicants were required to provide a full account of previous jobs they had done so the registered manager could check their previous good conduct.
- Disclosures from the Disclosure and Barring Service had been obtained. These disclosures establish if an

applicant has a relevant criminal conviction or has been included on a barring list due to professional misconduct. All these checks helped to ensure that only suitable people were employed to work in the service.

#### Using medicines safely

- Some people using the homecare service needed help to manage medicines safely and care staff provided this in the right way. This included re-ordering medicines so they did not run out. When care staff dispensed medicines they checked they were offering people the right medicines at the right times.
- Care staff recorded each medicine they had given. These records were regularly audited by the care services manager to double-check people were being supported to use medicines in the right way.
- Care staff knew how to respond correctly to occasions when a person declined to accept medicines offered to them. This included informing a senior colleague so action could be taken including contacting relatives and healthcare professionals for advice.

#### Preventing and controlling infection

- There were suitable measures to prevent and control infection. Care staff had received training and were correctly following guidance about how to promote good standards of hygiene.
- Care staff had clean uniforms, wore disposable gloves and aprons when providing people with close personal care and washed their hands using anti-bacterial soap.
- People using the homecare service were helped to keep their homes clean. This included care staff helping with washing-up in the kitchen, cleaning floors and assisting people to manage their laundry.

#### Learning lessons when things go wrong

- Accidents and near misses had been analysed so lessons could be learned and improvements made. Care staff completed a record of accidents and near misses. The records were audited so effective action could be taken to reduce the likelihood of the same thing happening again. This included liaising with health care professionals when a person needed specialist equipment to enable them to manage safely at home.
- No accidents resulting in a person sustaining a significant injury had occurred since the last inspection.



# 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 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

- An assessment was completed before each person started to use the service to decide what care calls the person wanted to receive. The assessments also established whether people had the right equipment in their homes for care staff to use. An example was checking care staff had the space they needed to safely assist a person use their shower.
- People's protected characteristics under the Equality Act 2010 were considered. An example was respecting a person's cultural or ethnic heritage by enabling them to choose the gender of the care staff who provided their close personal care.

Staff support: induction, training, skills and experience

- New care staff had received introductory training before they provided people with assistance. This was equivalent to the Care Certificate that is a nationally recognised system to ensure that new care staff know how to care for people in the right way. New care staff had also completed a number of 'shadow shifts' to observe and learn from a more experienced colleague.
- Care staff had received refresher training to keep their knowledge and skills up to date. The subjects covered included how to safely support people who experienced reduced mobility and first aid. They also included how to help people manage healthcare conditions such as epilepsy.
- Care staff in the footcare service received additional training from a podiatrist and had been provided with special nail-clippers and files with which to work.
- Care staff had met with a senior colleague to review their performance, the training they had received and to promote their professional development.
- People said care staff had the knowledge and skills they needed. A person said, "The staff who call to see me know what they're doing well enough. It's nearly always the same person and we've built up a really good rapport."
- Care staff in the homecare service correctly described to us key parts of the care they provided. They knew how to assist people to use different continence promotion aids in the right way and emergency first aid. Care staff in the footcare service knew how to recognise medical conditions relating to footcare needing to be referred to a podiatrist.

Supporting people to eat and drink enough with choice in a balanced diet

- People using the homecare service were helped to eat and drink enough. When necessary, care staff assisted people to go shopping for food or to arrange home deliveries. Care staff also helped some people to prepare and eat their meals.
- Care staff were following guidance they had received from a speech and language therapist when helping a

person to eat and drink safely. This included providing the person with modified food that was easier to swallow. It also included offering drinks in a special cup that reduced the risk of the person choking.

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

- People were helped to receive coordinated care when they used or moved between different services. When requested the service passed on important information to ambulance and hospital staff about a person's healthcare conditions and known allergies.
- When necessary senior care staff liaised with people's relatives to arrange healthcare appointments. These included family doctors, mental health specialists, dentists and opticians.

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

The Mental Capacity Act 2005 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

When people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead an application can be made to the Court of Protection who can authorise deprivations of liberty.

We checked whether the service was working within the principles of the Act and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Whenever possible people had been supported to make decisions for themselves. A person said, "My carer and I have worked out our way of them helping me. It's how I like it and it's flexible because some days I need more help than others. My carer never minds and thinks nothing of staying a bit later if needed."
- Some people using the homecare service needed assistance to make more significant decisions. An example was considering if a person needed to have their care provided in a residential setting to keep them safe. The care services manager had liaised with relatives and healthcare professionals to ensure important decisions were made in these people's best interests.
- None of the people using the service at the time of our inspection visit were subject to a deprivation of their liberty authorised by the Court of Protection.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that people were supported and treated with dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question 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; Promoting people's privacy, dignity and independence

- People were positive about the care they received. A person using the homecare service said, "The carers are lovely and genuine people. They don't do the job for an easy life they do it because they care." A relative said, "I can't fault the staff at all as they're the best and they'll go over and beyond what they have to do."
- People received care promoting their dignity. People using the homecare service said they had been assisted to wear neat and clean clothes. They had also been supported to wash and comb their hair if they wished. People were also supported to be as independent as they wished. A person said, "I like to do things for myself as much as possible and the staff know that and don't interfere or try to take over."
- People's right to privacy was respected and promoted. People using the homecare service described how care staff covered them up as much as possible when providing their close personal care.
- Private information was kept confidential. Care staff had been provided with training about managing confidential information in the right way. Most care records were electronic and access to these was password-protected so only authorised staff could see them.
- Care staff recognised the importance of providing care in ways that promoted equality and diversity. They had received training and guidance in respecting the choices people made about their identities and lifestyles. An example was a person being supported to meet their spiritual needs by attending their local church.

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

- People were supported to be actively involved in making decisions about things important to them as far as possible. An example was a person who was supported to consider moving their bedroom to the ground floor to make it easier for them to manage.
- People had family, friends, solicitors or care managers (social workers) who could support them to express their preferences. The registered manager had developed links with local lay advocacy resources. Lay advocates are independent of the service and who can support people to weigh up information, make decisions and communicate their wishes.

# 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 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

- Care staff had consulted with each person about the care to be provided and had recorded the results in an individual care plan. These care plans were regularly reviewed in consultation with each person and their representatives so they accurately reflected changing needs and wishes.
- People received personalised care. People using the homecare service told us they received care meeting their preferences. An example was some people preferring to be supported to have a bath while others chose to have a shower. Another example was people being supported to choose when they wanted to be assisted to get up and go to bed.
- People using the footcare service said they received flexible care. They said care staff carefully checked their feet before deciding how best to assist them by cutting and/or filing their nails and by moisturising their skin if it was dry.

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 adaptive needs or sensory loss and in some circumstances to their carers.

- People had information presented to them in an accessible manner. There was an information pack given to people when they started using the service. This contained information about how the service ran and what assistance they could expect to receive. The handbook and other key documents could be presented in larger print or different languages if necessary.
- Care staff carried mobile devices with them and were able to show people information about the care they had agreed to receive.

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 had been supported to keep in touch with their families when necessary. With the person's agreement the registered manager and team leaders contacted family members to let them know about important developments in the care being provided. A relative said, "The staff do keep in touch with me if there's something I need to know like my family needs something from the shops."
- People were supported to pursue their hobbies and interests. They were offered the opportunity to complete a 'Lifebook' to help them recall significant events in their lives and activities of interest to them. People said they had been assisted to take part in national events such as buying and wearing a poppy on

Remembrance Day. People who were on their own had been helped to go to a local restaurant for their Christmas dinner. Other people had been given a hamper of Christmas food.

#### Improving care quality in response to complaints or concerns

- There was a complaints procedure reassuring people about their right to make a complaint. A person using the homecare service said, "I've never had to complain but if there was something wrong I'm confident it would be sorted out."
- There was a procedure for the registered manager to follow when resolving complaints. This included establishing what had gone wrong and what the complainant wanted to be done about it. The registered manager told us no complaint would be considered as closed until the complainant was satisfied with the outcome.
- Records showed the service had received two complaints during 2019 both of which had been investigated properly and quickly resolved.

#### End of life care and support

- People using the homecare service were supported at the end of their life to have a dignified death.
- People were asked about how they wished to be assisted. When necessary the registered manager had liaised with relatives and healthcare professionals if a person needed to be provided with comfort medicines to keep them free from pain.
- At the time of our inspection visit no one was receiving 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 the last inspection this key question was rated as good. At this inspection this key question 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.

### Continuous learning and improving care

- People and their relatives considered the service to be well run. A person using the homecare service said, "I think it's very well run and it's a reliable service. I certainly wouldn't want to change." A relative said, "Yes, it's well run and I'm confident in the management of the service."
- Quality checks had been completed by the registered manager, community services manager and the team leaders so people reliably received safe care and treatment. These checks included auditing records of the delivery of care and the management of medicines to ensure the service was running in the right way.
- Spot checks were completed by a senior member of staff at people's homes to make sure that care was being provided in line with each person's care plan.

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

- People had been invited to give feedback about their experience of using the service by completing questionnaires. These questionnaires showed people were consistently positive about the care they received.
- Care staff had also been offered the opportunity to complete questionnaires about working in the service. They said there was good morale in the service because they were well supported and treated as valuable team members.

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

- Care staff had been supported to understand their responsibilities to meet regulatory requirements. They had been provided with up-to-date written policies and procedures to help them to consistently provide people with the right assistance. This included updated information from the Department of Health about the correct use of equipment, medical devices and medicines.
- There was a member of the management team on call during out of office hours to give advice and assistance to care staff.
- Care staff had been invited to attend regular staff meetings to further develop their ability to work together as a team.
- Care staff said there was an explicit 'no tolerance approach' to any member of staff who did not treat people in the right way. They were confident the registered manager would quickly address any 'whistle-blowing' concerns about a person not receiving safe care and treatment.

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

- The registered manager had established a culture in the service emphasising the importance of providing people with person-centred care. A person using the home care service said, "You can see the staff get on well as they speak about each other in a kind way. There's good team work." A relative said, "We chose Age UK Medway because it has a good reputation and we've found that reputation to be wholly deserved."
- The registered manager understood the duty of candour requirement. This requires the service to be honest with people and their representatives when things have not gone well. They had consulted guidance published by the Care Quality Commission and there was a system to identify incidents to which the duty of candour applied. This helped to ensure that people with an interest in the service and outside bodies could reliably be given the information they needed.
- It is a legal requirement that a service's latest Care Quality Commission inspection report rating is displayed at the service where a rating has been given. This is so that people seeking information about the service can be informed of our judgements. The registered manager had conspicuously displayed their rating both in the service and on their website.
- Services providing health and social care to people are required to inform the Care Quality Commission of important events that happen in the service. This is so that we can check that appropriate action has been taken. The registered manager had submitted notifications to Care Quality Commission in an appropriate and timely manner in line with our guidelines.

Working in partnership with others

- The service worked in partnership with other agencies to enable people to receive 'joined-up' support. The registered manager subscribed to some professional publications relating to best practice initiatives in providing people with homecare and footcare.
- The registered manager attended a meeting with the managers of other homecare and residential services. This was done to share and learn from examples of best practice in the provision of care for older people.