

Age UK Redbridge, Barking and Havering Ltd

Age UK Redbridge, Barking & Havering Home Support Services

Inspection report

Prudential Buildings, 4th Floor
103 Cranbrook Road
Ilford
Essex
IG1 4PU

Date of inspection visit:
26 October 2018

Date of publication:
11 January 2019

Tel: 02082206000
Website: www.acredbridge.co.uk

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

What life is like for people using this service:

Everyone we spoke with told us they thought the service received was good and supported them to maintain their independence. They spoke highly of the staff who cared for them and were proud that in some cases these professional relationships had gone on for many years, pointing out that staff knew them.

People told us they felt safe with the staff using the service. The service had safeguarding policies and procedures in place that staff knew and followed. People had risk assessments that highlighted any risks and how staff should work with them. When there were incidents and accidents these were recorded appropriately and discussed in team meetings. There were sufficient staff to provide care and all staff had been recruited with safety of people in mind. People were supported with prescribed medicines appropriately. Staff understood how to prevent infection and wore protective equipment where necessary.

People's needs were assessed before they started with the service to assure their needs could be met. People were supported by staff who received an induction into their role and training how to do their jobs. Staff were supported through supervision and appraisal. Staff communicated people's needs effectively with each other. Where necessary people were referred to healthcare professionals by staff. On occasion the service recommended adaptations to people's homes to best support their needs. We checked whether the service was working within the principles of the Mental Capacity Act, the law that protects and empowers people who may lack the capacity to make their own decisions, and found that they were.

People were treated kindly and compassionately and staff had appropriate concern for their wellbeing. People were supported to express their views and make decisions about their care. People told us staff respected them and promoted their independence.

People had care plans that enabled staff to provide care that was responsive to people's needs. Care plans were specific and personalised. Where possible, people were supported to do things they wanted to do. People knew how to make complaints and were comfortable doing so. People told us the service was well managed.

Staff and people thought highly of the registered manager. Staff knew their roles and could align their values to that of the service. People and staff were engaged and involved in the service. There were adequate quality assurance measures in place. The service was well linked locally.

Rating at last inspection: Good – published on 21 April 2016.

About the service: Age UK Redbridge, Barking and Havering Ltd is a bathing and reablement service that is registered to provide personal care to people in their own houses. At the time of the inspection there were sixteen people using the service.

Why we inspected: This was a planned inspection based on the rating of the last inspection.

Follow up: We will continue to monitor the service through the intelligence we receive until we return 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 remained safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service remained effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service remained caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service remained responsive.

Details are in our Responsive findings below

Good ●

Is the service well-led?

The service remained well-led.

Details are in our Well-Led findings below.

Good ●

Age UK Redbridge, Barking & Havering Home Support 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: This inspection was carried out by one inspector.

Service and service type

Age UK, Redbridge, Barking and Havering Ltd provides a bathing and reablement service and are registered to provide personal care.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Notice of inspection

The inspection took place on 26 October 2018. We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed

to be sure that they would be in.

What we did:

Before the inspection we reviewed the information we already held about this service, including details of its registration, previous inspection reports and any notifications of significant incidents the provider had sent us. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We contacted the local authority with responsibility for commissioning care from the service to seek their views.

During inspection:

- we spoke with the registered manager.
- We reviewed four people's care plans and all documentation relating to their care.
- We checked the providers policies and procedures
- We looked at staff files including supervision notes
- We looked at minutes of meetings the service held
- We looked at quality assurance and monitoring systems in place

After the inspection:

- We spoke with five people who received care from the service.
- We spoke with three staff. All were carers who visited people in their homes.
- The registered manager sent us information we asked them to provide

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes

- People were safeguarded from abuse. One person after being asked whether they felt safe with the carers said, "Yes, very much so." One staff member said, "Safeguarding is to prevent abuse... I would record and document abuse and inform my manager and if necessary involve social workers and police."
- The service had a safeguarding policy in place that categorised different types of abuse so staff knew what abuse to look out for. There was an easy to follow safeguarding flow chart for staff to use should they suspect abuse. Staff at the service had received safeguarding training and knew what to do if they suspected abuse. This meant that people at the service were safeguarded against abuse as staff understood what abuse was and what to do should they suspect it.
- The service recorded safeguarding concerns appropriately and shared them with the local authority where necessary. This meant that if people were being abused, the service did what they were supposed to do to ensure that abuse was investigated appropriately by the right people.

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

- People's risks were assessed to keep them safe. The registered manager told us, "[We have] holistic risk assessments that covers the client and their premises."
- Staff completed risk assessments to identify risks to people. Risk assessments assessed people's mobility, risks with moving and handling them, their skin tissue viability and their personal self-care among other things. Where a risk was identified, a mitigating factor was recorded to assist staff in reducing the risk. This meant that the service assessed risks in order to keep people safe.
- Incidents to people were recorded. When something went wrong, for example an accident or incident in someone's home, staff recorded these on incident forms and placed them in people's care plans. These were then discussed at team meeting. This meant that the staff could learn lessons when things went wrong.

Staffing levels

- The service had robust recruitment checks and processes. Employees provided references, identification and employment histories so that the provider knew they were who they said they were, that they were able to work in the UK and that they had the right experience to fulfil their roles. The provider also completed Disclosure Barring Service (DBS) checks with employees. DBS certificates identify whether people's criminal history indicate whether they pose a risk when working with vulnerable people. This meant the provider kept people safe by employing the right type of staff.
- There were enough staff to support people. All people told us staff were punctual and spent enough time with them. One person told us, "Always spot on time every time" and another said, "Yes – they wait for me to get dressed and I have to sign the form." We saw the staff rota and saw that staff had enough time to work with people. Staff usually worked with the same people, which helped build positive relationships. This

meant the service employed enough staff to support people.

Using medicines safely

- People were supported safely with prescribed creams. One person said, "She dries me and puts some cream on my heels." A staff member told us, "We do apply pressure sore cream, if it's prescribed, and we record it."
- The service had a medicines policy in place that permitted staff to support people with cream application. Where people were supported with creams, charts were in place to record the cream being used, where it was to be applied, when it was applied and who applied it. This meant that, after bathing, people who needed cream applied were supported to do so.

Preventing and controlling infection

- The service had infection prevention measures in place. A person said, "She does wear an apron and gloves." A staff member told us, "We are provided with all the Personal Protective Equipment."
- Infection prevention and control measures were covered in staff induction and documented in the service's Health and Safety hand book. The service provided gloves, aprons and hand gels to staff to support their work with people.

Is the service effective?

Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before they used the service. This was so the service could ensure they could meet people's needs adequately. One staff member we spoke with said, "The assessment is done with the client not on the client. We discuss what their needs are and how we can fulfil those needs."
- Assessments recorded people's physical health needs, their medication and allergies and their mobility. The assessments also recorded environmental factors where people lived, their social circumstances and formulated an action plan of whether a service could be provided and then this was summarised making it easy for people and staff to know what was to be provided. This meant the service knew what people's needs were and planned how to work with them.

Staff skills, knowledge and experience

- People told us staff had the right skills and knowledge for their roles. One person said, "I'm very confident in [staff]– they are very helpful." Staff received an induction into their employment and training for their roles. One staff member told us about induction, "I was briefed about everything and I was given the necessary folders regarding policies and procedures and do's and don'ts and things I need to know and then I started doing shadowing." Another person told us about their training, saying it covered, "First aid, health and safety, food hygiene... and Health and Social Care level two [National Vocation Qualification]."
- Staff at the service received a comprehensive induction when starting in their roles, this included reading policies and procedures, basic training and shadowing experienced staff. Staff received ongoing training in their roles and completed mandatory training set by the provider. There were development opportunities for staff to be supported to receive nationally recognised vocational qualifications. This meant that the provider ensured staff had the right skills and knowledge to meet people's needs.
- Staff received regular supervision and appraisals. One staff member said of supervision, "Yes, every three to six months... no problem going to [registered manager] with anything." Records showed that supervisions took place regularly and was increased if a staff member needed further support. Appraisals were completed annually. This meant staff were supported in their roles.

Staff providing consistent, effective, timely care

- Staff communicated effectively. One staff member said, "We talk to each other all the time."
- Staff completed notes to record visits. Notes were sufficiently detailed to pass on relevant information. Reviews were also completed every six months or as and when necessary. We saw that there was a buddy system in place and staff would contact each other at the end of shifts to pass on any relevant information and let their buddies know they had finished for the day. We witnessed the manager and staff being in regular contact with each other. This meant that people were cared for by staff who knew their needs.
- People told us they usually always worked with the same carers. One person said, "She is the same one –

all the time – only time they change is when she goes on holiday." We saw from the daily notes and rotas that staff were paired with the same people all the time. Where staff were on planned or unplanned leave, people were offered the choice of receiving a service from a buddy team member, often known to them, or waiting till the regular carer returned from leave. This meant people knew the staff who worked with them.

Healthcare Support

- People were supported with healthcare needs where necessary. One person told us, "They would ring a doctor if I was poorly." A staff member said, "I will call the GP for home visit." Another staff member said, "I'll ring the GP and get a referral if I have concerns." We saw evidence of people being supported with health care needs and staff contacting healthcare professionals to support people. We also saw that the service was well linked in with GP surgeries and healthcare professionals and staff knew who to talk to if they had concerns. This meant if people were unwell or had health issues the service would support them.

Adapting service, design, decoration to meet people's needs

- The service recommended equipment that would support people's needs. We saw evidence in assessments where recommendations had been made to improve people's bathing experience. This meant that people were supported to have better experiences getting their needs met.

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.

- We found the service was compliant with its legal requirements. People's consent was sought before provision of care. One staff member told us they sought consent to care, "All the time" whilst another said, "If there's something I need to do [I seek consent]." Staff had received training on mental capacity and mental capacity was covered in the providers safeguarding policy. This meant people experience capacity issues had their rights protected.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- People were treated kindly and compassionately. All the people we spoke with told us the staff were kind and caring and they were happy with the care and support they received. One person said, "Yes they are very helpful." Another person said that they were, "Very happy - I've had them eight years." The registered manager said that they supported staff to develop positive caring relationships with people through, "Giving them time... some staff have cared for people for ten years."
- People knew the staff. We saw evidence that showed some people had been with the service for multiple years and in some cases had the same staff working with them throughout that time. This meant staff knew the people who they cared for and knew their likes and dislikes.
- Staff had concern for people's wellbeing. We read staff supervision notes and team meeting minutes that demonstrated the empathy and concern staff had for people. We saw evidence of people being referred to social services and healthcare services out of concern for their wellbeing. This meant that people were cared for by staff who wanted to treat them well.

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

- People were involved with decisions about their care. People told us they were involved in decisions about their care and support. One person said, "Yes, I'm capable of that!" Another staff member told us, "We sit down and talk." Assessments and reviews were all signed by people or their relatives. This meant that people had choices about the care they received.

Respecting and promoting people's privacy, dignity and independence

- People told us staff treated them, their homes and their families with respect and dignity. We asked staff how they treat someone with dignity, one staff member told us, "To respect the persons values, culture, talk to them nicely." Another staff member said, "I put myself in their shoes, whenever I visit the clients I envision myself or my mother and would we want this to happen to us."

Records demonstrated people were treated with respect. Each person received regular reviews from the service. One of the questions asked at review was, 'Do you feel treated with respect?' The responses we saw were all positive and reflected what people told us. We also saw supervision and meeting minutes that showed people were respected. This meant people were treated how they wanted to be treated.

- People's independence was promoted. People told us that staff supported them to remain independent. One person said, "If they weren't here to make sure I had a shower once a week I wouldn't be able to cope." Another said, "I couldn't do all they do for me." A staff member told us, "We try to get them mobilising in a simple way by giving them chair based exercises, then get them standing up." The registered manager and staff viewed the promotion of independence as part of their roles given the service offered reablement. One of the service's aims in their statement of purpose was 'to promote independence whilst offering

appropriate support.' Assessments and care plan reviews looked at people's independence and how this can be maximised for people. This meant that people were supported to do what they wanted to do.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

People's needs were met through good organisation and delivery.

How people's needs are met

Personalised care

- People received care that was responsive to their needs. People told us staff knew them and gave them what they needed. Staff told us they knew what people wanted because it was in their care plans or people told them. One staff member said, "Before you attend a client you have the care plan... you talk to them."
- Care plans were specific and personalised. They held information about the individual that assisted staff to complete their jobs. They included initial assessments, risk assessments, reviews, prescribed cream administration records and visit information notes. Whilst care plans were limited to the specific care the service provided, bathing and reablement, they sought to meet people's needs and address their wishes within their scope. For example, one care plan review we saw stated, '[it will] take a while to do her walk as she needs to rest often.' The care plan then gave account of the walks that the person completed and exercises they did. This meant that people worked with staff who knew their individual needs and worked with them towards their specific goals.
- People were supported to do things they wanted to. Within their remit as an reablement service, staff sought to promote people's independence as much as possible. We saw records that indicated people were supported to attend the shops and go to the park, often when this was seen as a challenge given people's mobility. This meant that people were supported to be active and do things that might not do were it not for the service.

People were provided with information that was accessible. People told us that service provided information that they could understand. One person said, "[The service provided me with] various bits and pieces, easy to understand." Another added, "Yes leaflets and things, packet sent to me." The registered manager told us that if someone had issues understanding information they would work to ensure they could by providing information in a different format. This meant people could understand what the service could do for them.

Improving care quality in response to complaints or concerns

- People knew how to raise complaints and concerns and felt comfortable doing so. One person said, "If I wanted to make a complaint I'd make it to the carers, and if they made me do something I didn't want I would ask to see the manager." Another person said, "I would ring up and make a complaint but I've never had to." A staff member said if they received a complaint, "I will ask people whether they would like me to escalate it – I will try to sort it."
- The service had a complaints policy and procedure in place. We were told complaints leaflets were left in people's homes. We saw that the service had a compliments complaints and feedback book. We saw that when complaints had been made about the service the registered manager had responded appropriately and worked with people to address their concerns. This mean that people knew how to raise concerns and

when they did they were responded to.

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Leadership and management

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- People told us the service was well managed and they received the care they wanted. One person said, "There is nothing extra they can do." We saw numerous compliments about the service that highlighted they had met people's needs and they felt they had received a good service.
- There was a clear vision for the service. There was a statement of purpose that set out a person-centred vision for the service with clear aims and values that staff agreed with. This meant that people received care from staff who knew what they supposed to do and felt their values aligned with those of the provider they worked for.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- There was a registered manager. Staff spoke highly of the registered manager. One staff member said of the registered manager, "They are a good leader." Another staff member said, "[Registered manager] is really understanding and supportive." The registered manager was aware of their responsibilities and worked in tandem with the organisations management team to ensure that staff provided quality care to the people they worked with.
- There was clear staffing structure. Staff knew their roles and felt supported within them.

Engaging and involving people using the service, the public and staff

- People were involved in the service. People told us they had completed surveys or fed back to the management team. One person said, "They come here once a year to make sure I'm happy with the service." We saw records of people's involvement, team meeting minutes and analysis of the surveys. The analysis created from surveys was discussed at the team meeting with a view to improving the service. This meant people had a voice and were engaged.
- Staff were involved in the service. Staff told us they felt listened to. One staff member said, "When we do have team meetings everyone raises their issues." We saw team meeting minutes that reflected what staff told us. Minutes covered numerous topics including new staff, annual leave, training and lone working to name but a few. Staff supervision records also demonstrated that staff could raise their concerns with management. This meant that the staff had places to speak up and were listened to.

Continuous learning and improving care

- The service completed audits on the quality of care staff provided. The registered manager attended people's homes and completed spot checks on staff. The registered manager also completed reviews with people. This gave the provider the opportunity to see the care staff provided and get feedback about the care from the people receiving it. This meant people were receiving care that was monitored with a view to improving it where necessary.

Working in partnership with others

- The provider was able to refer to other parts of its own organisation. The Care Quality Commission only regulate the bathing and reablement service within Age UK Redbridge, Barking and Havering (Age UK RBH). The organisation had other services that provide support for older people within their local area. These services included a telephone befriending service, an advice and information service, an activity centre, a dementia early intervention service and a care-navigation service. This meant that the service was strategically well placed to refer people to other services they might need.
- The provider had good links and partnerships with other local agencies. Age UK RBH had strong links with other agencies in the local area, with ties to social services, health services and other charitable agencies that provide care and support to older people. This meant the people using the service could be signposted or referred to other agencies that could support them.

Continuous learning and improving care

- The service completed quality audits of the care staff provided. The registered manager attended people's homes and completed spot checks on staff. The registered manager also completed reviews with people. This gave the provider the opportunity to see the care staff provided and get feedback about the care from the people receiving it. This meant people were receiving care that was monitored with a view to improving it where necessary.
- Staff received spot checks and people received reviews. These checks and reviews provided the opportunity for the provider to ensure that staff were doing their job properly and treating people kindly. The reviews and checks we saw were positive and highlighted that people appreciated the support they received and though they were well treated.
- The registered manager also regularly audited people's care plans and staff files. Whilst there was no formal paperwork for these audits, something we told the registered would be beneficial, it was clear through the consistency of the plans and files that they were maintained to a good standard.

Working in partnership with others

- The provider was able to refer to other parts of its own organisation. The Care Quality Commission only regulate the bathing and reablement service within Age UK Redbridge, Barking and Havering (Age UK RBH). The organisation had other services which provide support for older people within their local area. These services included a telephone befriending service, an advice and information service, an activity centre, a dementia early intervention service and a care navigation service. This meant that the service was strategically well placed to refer people to other services they might need.
- The provider had good links and partnerships with other local agencies. Age UK RBH had strong links with other agencies in the local area, with ties to social services, health services and other charitable agencies that provide care and support to older people. This meant the people using the service could be signposted or referred to other agencies that could support them.