

16Age Concern Liverpool

Age Concern Liverpool and Sefton

Inspection Report

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Summary of findings

Overall summary

Age Concern Liverpool is a domiciliary care agency which provides personal care and community support such as shopping and domestic duties to adults. The main office for the agency is located in Southport and provides a service to people in Sefton and Liverpool.

At the time of our inspection the agency provided personal care for nine people while the remaining people received domestic duties and personal shopping.

There was a registered manager in post who was supported by a Board of Trustees, a Chief Executive Officer (CEO) and a team of senior managers. We found that there was a stable staff team that provided care and support to older, vulnerable people.

All the people who used this agency were fully assessed before the service started and each had a care plan that was regularly updated to reflect any changing needs.

The staff recruitment process was robust with all the legal checks completed before staff started to work in the home. This ensured only suitable people were employed to provide care for vulnerable adults with differing needs. All new staff completed a full induction programme and were assisted with their professional development through supervision and a staff training programme.

Details of medication were recorded and administered in line with the organisation's policy and procedure. Staff were trained in safe handling of medication.

We found that there were sufficient experienced and/or qualified staff to provide appropriate care and support to older people in their own homes.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

People who were supported by Age Concern Liverpool and Sefton were kept safe from any form of abuse because the agency had appropriate policies and procedures in place. Staff were trained in how to ensure the protection of older people and were aware of their role and responsibility to keep people safe.

During the induction programme all staff received training in understanding The Mental Capacity Act 2005 MCA (2005) and what it meant for the people they supported. The MCA (2005) is designed to protect people who lack the ability to make decisions for themselves due to mental capacity difficulties. At the time of our visit all of the people who used this agency had family members to assist them to make any necessary decisions.

We found that there was a robust recruitment and selection procedure in place. This made sure that only suitable people were employed to provide care to people in their own homes. Staff rosters confirmed that there was sufficient people employed to provide regular and appropriate care and support to those using the agency.

All the people using this agency had a person centred care plan that was updated every three months or more often to reflect any changing needs. Risk assessments were also completed covering every aspect of people's property. This ensured that people supported by the agency and the staff who worked there were protected at all times.

Staff were supported in their roles by staff training and personal development and an understanding of the organisation's underpinning values.

There was a robust recruitment and selection process for new staff so that only suitable people were employed to work in this agency.

Are services effective?

We reviewed the records of the people who received personal from this agency and found they all had their needs fully assessed prior to the service starting. Also discussed were the number of visits and the times they would take place. This information was to ensure the agency had the number of staff with the appropriate skill to provide the support.

Summary of findings

Each person had a personalised plan of care containing as assessment of their needs and details of the risks that had to be managed. The care plans were reviewed and updated every three months unless there was a change to the assessed needs when they would be updated immediately.

Staff assisted people with their medication and updated the relevant documentation at the end of their visit. Referrals were made to health care professional if staff thought this was necessary providing the person concerned was in agreement.

Training had been completed in nutrition as in some cases support staff prepared meals. Staff told us they were aware of the importance of good nutrition and hydration.

Systems to support and develop staff were in place through regular supervision with their line manager and annual appraisals were in place

Are services caring?

During our inspection we spoke to people who used this agency to ask if the staff were polite and treated them with respect. Their replies were all positive and they said the staff were lovely and that they could not manage without them. Some people only had one visit a week but said the staff were always on time and had a friendly and warm attitude towards them.

When we spoke on the telephone to members of the support staff team we discussed with them how they defined 'caring'. The four staff we spoke to all told us they treated the people they supported as they would a member of their own family. They also confirmed that their visits were sufficiently long enough to spend time talking to people instead of having to rush everything.

The agency had policies and procedures in place to promote staff's understanding of the principles of good care and the importance of respecting privacy, dignity and human rights of the people they supported.

Are services responsive to people's needs?

At the initial meeting people were given an information pack about the serviced containing enough information to enable them to make an informed choice about the agency. Relatives were invited to this meeting with the person's permission but the manager stressed to us the final decision rested with the person concerned.

People's care plans and records indicated attention was paid to making sure people were supported to decide what they wanted for themselves and about things that affected their welfare. We saw that

Summary of findings

care plans and risk assessments were regularly reviewed in order for the care provided to be appropriate and responsive to people's individual needs. Even though some people only had one visit each week they were involved in the assessment process and decided exactly what they wanted and when.

Staff training in the MCA 2005 had been completed and discussions about the Deprivation of Liberty Safeguards had taken place during staff Supervision. The Deprivation of Liberty Safeguards (DoLS) are part of the mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom and that this is only done when it is in the best interests of the person and there is no other way to look after them.

The manager confirmed that, at the time of our visit, there was nobody supported by the agency that lacked capacity or needed an advocate to act on their behalf. Advocacy services were available if required.

Members of the management team visited people in their own homes to ask about the quality of the service provided and in between these visits administrative staff made telephone calls to people to ask for their opinion of the staff. These visits and calls were supplemented by annual survey questionnaires as part of the internal quality monitoring system.

Are services well-led?

Age Concern Liverpool had been registered with The Care Quality Commission (CQC) since 2012 and the manager had been registered with CQC since that time. All other registration conditions were met at the time of registration.

We spent time in the office talking to the registered manager, the senior Human Resources manager and the administrator. We also spoke to four members of the support staff team and four people who used this agency. We could see from all our conversations and observations in the office, the culture within the agency was open and very much focussed around the people using this service.

There was a full set of policies and procedures including subjects such as privacy, dignity, safeguarding and whistleblowing, infection control and health and safety. When we spoke to the support workers that told us they would not hesitate in reporting anything that gave them cause for concern. They were confident the registered manager and their line manager would support them and deal with the situation.

Summary of findings

There was a robust recruitment and selection process for new staff so that only suitable people were employed to work in this agency.

Staff were supported in their roles by regular one to one supervision and annual appraisals which gave opportunities to discuss their personal and professional development. There was a full staff induction and training programme in place and the registered manager provided a copy of the current training plan.

We looked at and discussed any complaints that had been made about the agency and the manager confirmed that there had been one issue that had been brought to the attention of the senior staff. This had been dealt with appropriately and in accordance with the complaints procedure.

Internal quality audits were completed with risks managed through a risk assessment process.

Summary of findings

What people who use the service and those that matter to them say

Age Concern Liverpool provided personal care for nine people in the Liverpool and Sefton area. Some of the calls were only 'once a week' visits but no call is shorter than one hour.

We were able to speak to four out of the nine people the agency supported and all their comments were positive. They were all keen to point out how kind and considerate the staff were and how they felt safe and relaxed when receiving personal and intimate care. People told us, "The girls that visit me are really very pleasant and always on time", "I like that the agency send me the same staff all the time apart from holidays and I realise everyone has to have a break" and "I have an early call for my shower and they are never late. That is the good thing about being the first visit"

We were able to speak to one relative about the care provided to their family member. They said, "I am the main carer but some things I can't manage by myself. The ladies that come are marvellous and I could not manage with their visits".

We spoke to four members of staff and they all told us that Age Concern Liverpool was a nice place to work. They said they had regular supervision with their line manager and all had completed the induction

programme. They also said they shadowed more experienced staff for some visits until they felt confident to work alone which was important to people who had not worked in the care sector previously.

Staff were happy working at the agency and told us, "I am very happy working in this agency and we all get very good support from the manager and the senior managers", "I like working here because I have regular clients to visit. This has given me the opportunity to get to know them really well "and "I meet with my supervisor regularly and get the chance to chat about the people we support. The manager also visits while we are working to ask people about the care they get".

We also spoke to the business administrator who worked in the office who had worked there for 10 months. She told us she was very happy and undertook most of the administrative duties such as the switchboard and organising team meetings. Comments included:

"This is a really nice place to work and the registered manager trusts me to do things by myself. I meet with her every three months but she is nearly always around to speak to anyway. I am hoping to stay on after I finish college".

We did not hear any negative comments at all about this agency either from the staff who worked there or the people the staff supported.

Age Concern Liverpool and Sefton

Detailed findings

Background to this 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 was planned to check whether the provider is meeting the regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process under Wave 1. The inspection team consisted of one inspector.

Age Concern Liverpool is a domiciliary care agency which provides personal care and community support such as shopping and domestic duties to adults. The main office for the agency is located in Southport and provides a service to people in Sefton and Liverpool.

Before our inspection we reviewed the information we held about this service but were unable to speak to any social workers or health care professionals. Although this agency provided a service for over 40 older people only nine of those people received personal care.

We visited the service on 30 April 2014 and spent time with the registered manager and one of the senior managers who had delegated responsibility for Human Resources. We also spoke to the administrative assistant who outlined her role and responsibility with the agency office.

We looked at care records including care plans, medication records, staff files, policies and procedures and staff training records. We spoke on the telephone to four of the people who received care and three members of the staff team who provided care and support.

At the last inspection visit in November 2013 we found that this service met all the national standards we looked at. Since then there has only been one incident, not relevant to the provision of care that needed investigation. This was dealt with within the set timescale and letters of apology were sent.

Are services safe?

Our findings

We spoke to four of the nine people who received care and support from this agency and people were very complimentary about the service they received. One person said, "I always have the same lady and the manager in the office tells me if there is a change it is because she is not well or on holiday".

We looked at, in detail, at the care documentation for the people we spoke to and saw that everyone had a full assessment of their needs before the service started. The assessment of needs and any potential risks was completed at the initial visit when the manager met with the person who required the care. People were always asked what kind of care they wanted and the level of support they preferred. We saw that detailed information was collected about the person's health and care needs, social and cultural needs and contact information about other people involved with their care.

We saw that the care plans were personal to each person and reflected the level of care people wanted from the agency. Health care needs were clearly documented so the support workers became familiar about what to do in an emergency.

All newly appointed staff completed an induction programme based on the Skills for Care Common Induction standards 2010. These are designed to enable care workers to demonstrate their understanding of how to provide high quality care and support. The support staff we spoke to were aware of their roles and responsibilities in ensuring the people they cared for were kept safe at all times.

Staff told us they knew about the different forms of abuse and what signs to look for. They told us they would not hesitate to report anything they were concerned about and were confident their managers would deal with their concerns quickly and appropriately.

Part of the induction process also covered the Mental Capacity Act 2005 (MCA 2005). The MCA (2005) is designed

to protect people who lack the ability to make decisions for themselves due to mental capacity difficulties. When we spoke to members of staff they showed an understanding of the act and what it meant for the people they supported. The manager did point out that none of the people that used this service were without family members to speak on their behalf if this was ever necessary.

Risk assessments in respect of people's property were completed and recorded on the care documentation. This ensured that people who were cared for and the staff that provided the care were kept safe as far as possible. All risk assessments were reviewed at the same time as the care plans unless there were changes to the environment in which the staff worked.

We looked at the staff personnel files and saw there were safe and effective recruitment processes in place. We saw records to show staff had had checks completed with the Criminals Records Bureau (CRB) or with the Disclosure and Barring Service (DBS) by the provider before commencing in working with people. This checked they were not barred from working in care services and that they did not have any criminal convictions which would make them unsuitable to provide care and support to people in their own homes. These measures evidenced that only suitable people were employed to safely support vulnerable people in their own homes.

Newly appointed staff completed the induction programme and shadowed experienced staff during which time their competency was assessed by the registered manager. When the staff and the registered manager considered they were competent they were allowed to work on their own.

Those using this service were given a copy of the weekly roster to ensure they knew which member of staff would be supporting them that week.

All the measures put in place ensured that as, far as possible, people supported by this agency and the staff that worked for the agency were kept as safe as possible.

Are services effective?

(for example, treatment is effective)

Our findings

We found that each person who requested support from this agency was fully assessed prior to the service starting. During this assessment the manager discussed the level of support required as well as the times and length of the visits. These details were necessary because there had to be sufficient staff to undertake the visits at the time and for the length people wanted.

When we spoke to people who used this service we asked them if they were able to discuss their health needs with the staff that provided their care. They told us that it was never a problem, "I can talk to the girls about anything at all because there is always time for a chat".

People told us they had a plan of care in the house although they said, "I don't read the care plan but I know the girls write in the daily record every time they visit me". Care plans were checked by the registered manager or senior carer during 'spot checks' that took place in peoples' homes. These visits also gave opportunity to speak to people about the quality of the care and support provided and ask if they had any concerns they would like to discuss.

We saw that the care plans were personalised to each individual and reflected the level of care people wanted from the agency. Health care needs were clearly documented so the support workers became familiar about what to do in an emergency.

During our visit to this agency we discussed medication and the registered manager confirmed that staff had completed 'on line/distance learning' in regard to the safe handling of medication. This was checked by the registered manager to ensure the training has been appropriately completed by all staff. A copy of the certificate confirming the training was held on the staff files. The service had a

policy and procedure in place that all the staff had read and signed to say they were familiar with the contents. Apart from one person who was responsible for taking their own medication the staff assisted the other people and then signed the documentation to confirm that medication had been taken. This was also recorded in the daily log together with details if, for any reason, people did not take their medication.

Staff told us that, if ever it was necessary, they would make a referral to health care professionals and the registered manager providing they had permission from the person they supported. This was always discussed prior to any referral being made and this was recorded on each of the care plans.

The registered manager confirmed that all staff completed training in nutrition and hydration to ensure staff were aware of the dangers of a poor diet and lack of hydration. Staff told us they were mindful of the need for a well balanced diet and often spoke to people about this. Details of the food prepared were written on the daily notes, copies of which were filed in the office. There had been no need for referrals to the dietician or speech and language therapist but the manager confirmed advice would be sought if ever this was necessary.

Care plans were person centred and reviewed every three months or more often if there was a change in

in people's needs. Risk assessments were in place covering aspect of the home environment. This ensured that people who were supported by or worked for the agency were kept as safe as possible.

There were systems in place to support staff through supervision and annual appraisals. This meant that people were cared for and supported by an effective workforce who provided care in the most appropriate way.

Are services caring?

Our findings

We spoke to four of the nine people who received personal care and support from this service. We asked them for their opinions about the staff that supported them and if they felt well cared for. Their replies included, "I have three visits each day and it is always the same girls that visit me unless they are on holiday. Everything is fine I have no complaints at all.", "I just have one visit a week to help my husband with his shower. The girls are always on time and I could not manage without them." and "I find the staff very caring indeed, in particular when they are helping me with my personal care".

There were details on the care plans showing the individual needs of each person and these gave staff sufficient information to be able to meet people's care and support needs. The registered manager said that staff training contained the principles of implementing the duty of care to the people they supported. Also included was the need to establish and maintain the trust of the people they supported.

Staff told us that most of the people who used this service were quite independent and only required minimum support. Where people needed more help staff told us they encouraged them to retain as much of their independence as possible. Staff also told us they appreciated the length of time they were allowed for each call. There were no visits under one hour which usually gave the opportunity and time for a chat with people when they were in their home.

We saw that the agency had policies and procedures in place to promote staff's understanding of the importance of respecting privacy, dignity and human rights of the people they supported.

The registered manager told us that continuity in the provision of care was very important. This was achieved by using the same team of support workers who were able to build up meaningful relationships with people they supported.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

During the initial assessment visit people who wished to use this service were given an information booklet outlining what services the agency was able to offer.

The registered manager confirmed that people were encouraged to take part in the assessment by outlining what care and support they wanted and how this was to be provided by the agency staff. If people wished for family members to be present or this was necessary the agency staff respected this but the registered manager pointed out the final decision rested with the person who would be receiving care.

People were given time to decide if they wished to use the service although current trends indicated that people had usually made up their minds providing the agency had the staff to visit and the time slots available. This agency did not undertake call that lasted less than one hour which gave staff time to provide care in a timely and relaxed manner.

Staff had completed training in the MCA 2005 and they were aware of the need to be mindful if people lacked capacity or were unable to make decisions for themselves. Advocacy services were available

through Age Concern although at the time of our visit none of the people had need of this service.

The registered manager or team leader visited people who used this service every six months or more often should this be necessary and in between people were contacted by phone. The visits and calls were to monitor and evaluate the service provided. Questionnaires were sent out to people and their families annually asking for their opinion about how the agency operated.

There was a process in place to review people's care and support needs to confirm the care provided was appropriate and in line with the initial assessment. If the registered was informed of any changes a further review was organised and the care plan updated as necessary.

The majority of people who used this agency were able to lead an active life and so were not in danger of becoming isolated. The agency had links with a social club and befriending service and people were given the opportunity to join in these activities if they wished.

Age Concern Liverpool and Sefton had a complaints policy and procedure in place and details of all concerns raised were held electronically. There had been only one recent complaint which had no bearing on the delivery of care. This matter was dealt with immediately by the senior Human Resources manager and the registered manager.

Are services well-led?

Our findings

This agency was registered with The Care Quality Commission (CQC) in 2102 and the registered manager had been in post since the date of registration. All other conditions of registration were met.

From our observations during our time in the office, speaking to staff to and people using the service we found that the culture within this agency was inclusive and focussed on the support of people that used the agency.

We saw that the agency had a full set of policies and procedures that covered topics including dignity, privacy, safeguarding and whistleblowing. We spoke to staff about the whistleblowing policy and they were familiar with it. They told us they would not hesitate to report anything they thought was not right and were confident the matter would be investigated and dealt with.

We spoke to members of the staff team who worked in the office and also those who provided care and support. We spent time with the registered manager and also the senior manager with delegated responsibility for personnel matters. They advised us that the agency was run with a board of trustees, the members of which were very keen to provide a good service to the people who were supported by the service. Trustees were chosen because of their various skills both personal and professional and were actively involved in the running of the agency.

When we spoke to the staff we asked if they felt supported by the registered manager and other members of the senior team. They told us they had regular supervision with their line manager during which they were able to discuss their own professional development and any problems or concerns they had. Staff meetings were also held and we were given a copy of the minutes from the latest meeting held at the beginning of April. We could see from the minutes that a variety of topics were discussed including training and personal development and the quality of the service provided by the agency.

We discussed complaints and concerns with the manager and their line manager and saw that there was a policy and procedure in place with an electronic record kept. The registered manager told us they always try to make any concerns raised a learning opportunity and the chance to improve the service. There had been only one since the last inspection which was not relevant to the provision of

personal care. It was a problem caused by lack of communication and this was dealt with by the senior manager as soon as the concern was voiced. The need for good communications was now discussed during supervision and if necessary during staff meetings.

The manager told us they also keep a record of minor complaints or concerns which the agency termed as 'grumbles' which if not dealt with as soon as they were voiced could become complaints. When we spoke to people who used this agency were told, "I only have to mention something and no matter how small it is dealt with immediately. I have never had a real complaint and don't think I ever will but if I know it will be listened to".

The team leader had overall responsibility for keeping the staff rosters up to date and to ensure all the home visits were completed. Care was taken to ensure staff had home visits close to where they lived as this helped the staff to move between visits with the minimum disruption to the schedule. Travel time in between the visits was in place and this guaranteed that people who used this service received the full amount of time agreed in their care plan.

Staff training was ongoing and staff we spoke to confirmed that they had completed their full induction programme. They also confirmed that they had completed training in moving and handling, safe handling of medicines, infection control and nutrition.

The registered manager was very much hands on and worked closely with the senior manager for Human Resources to make sure the agency operated in accordance with the values of the organisation. Resources and financial support were made available by the Chief Executive and the finances manager to implement any changes that would result in a better service for the people supported

This agency was still in its infancy and the registered manager and team leader were working hard to promote the provision of care and increase the number of people supported by Age Concern Liverpool and Sefton.

Quality audits and health and safety audits of the service were completed by a senior manager and any risks were planned for and managed through an appropriate risk assessment process.

Are services well-led?

We found that the recruitment of staff was robust with the registered manager working closely with the senior manager for human resources to make sure only suitable people were employed to care for and support vulnerable people.