

Age Concern Liverpool & Sefton

Age Concern Liverpool & Sefton Poppy Centre

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection of Age Concern Liverpool & Sefton Poppy Centre took place on 21 November 2017. The provider was given 24 hours' notice. This was because the service provided a domiciliary care service and we needed to be sure that someone would be available to assist with our inspection.

Age Concern Liverpool & Sefton Poppy Centre provides personal care and community support to adults living in Liverpool and Sefton. The service had previously operated from a different location and moved to its current location in August 2016. Not everyone using Age Concern Liverpool & Sefton Poppy Centre receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of our inspection, the service was providing personal care to six people living in their own homes or in sheltered accommodation in the community. These people funded their own care.

There was no registered manager in post at the service. The last registered manager left in October 2017 and the provider was making efforts to recruit a replacement. Appropriate interim arrangements were in place to manage the service in the absence of a registered manager. 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.

All of the people we spoke with who used the service told us they felt safe when receiving care and support from the staff at Age Concern Liverpool & Sefton Poppy Centre.

Staff schedules showed there was an adequate number of staff employed by the service to meet people's needs.

People told us that they enjoyed continuity of care in the form of a consistent team with whom they had built good relationships.

A breakdown of each person's call time stipulated how they wanted to be supported.

Risks were well accessed and information was updated as and when required.

The majority of people who used the service managed their own medication but received prompts and reminders from staff. People told us they were happy with the support they received with their medication. Staff had received training in the safe administration of medicines.

There were robust processes in place to ensure that staff were recruited safely. This included a satisfactory DBS check and two references.

Staff understood how to recognise abuse and how to report concerns or allegations. Staff had received training in 'Safeguarding of Vulnerable Adults.'

Staff were assisted in their role through induction, observations and an annual appraisal.

The head of service provided us with a staff training plan and this showed staff received training to ensure they had the skills and knowledge to support people effectively.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The service operated within the principles of the Mental Capacity Act 2005 (MCA). People told us that consent was sought and staff offered them choice before providing care.

Staff encouraged people's independence, in accordance with the provider's ethos, whilst providing assistance and prompts where necessary.

Staff monitored people's health and welfare needs and acted on issues identified. Health professionals were contacted on people's behalf when needed.

People who used the services of the agency were complimentary regarding staff; they told us all staff were kind and considerate and that they were treated with dignity.

Staff knew people well and understood how they wanted to be supported. Care plans did not always reflect this because there was limited information in some people's files regarding their likes, dislikes and social history.

A complaints procedure was in place and details of how to make a complaint had been provided to people who used the service. People we spoke with knew how to raise a complaint.

Staff spoke positively about the management structure at the service; describing the provider as 'approachable' and 'accommodating'.

People who used the services of the agency were able to provide feedback about the quality of the service. Quality assurance surveys were issued regularly to capture trends and improve the service.

Systems were in place to monitor the quality of the service provided. This included meetings with people to ensure they were happy with the care provided and observations of staff.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Risks to people's health, safety and wellbeing were assessed and managed in a manner that promoted both independence and safety.

Staff understood how to recognise abuse and how to report concerns or allegations.

The provider had completed the necessary recruitment checks to ensure staff employed were suitable to work with vulnerable people.

Is the service effective?

Good ●

The service was effective.

Staff followed the principles of the Mental Capacity Act (2005) and obtained people's consent before providing care and support.

Staff had a good understanding of people's care needs and were supported through induction, on-going training supervision and appraisal.

Care staff supported people who used the service with their meals as required and in accordance with their plan of care.

Is the service caring?

Good ●

The service was caring.

People and their relatives spoke positively about staff and the service provided by Age Concern Liverpool & Sefton.

People's wishes in respect of whether they wanted a gender specific carer were respected.

Staff worked with the aim of promoting people's independence.

Is the service responsive?

Good ●

The service was responsive.

Staff knew people well and understood how they wanted to be supported.

People and where appropriate their relatives, were involved in the assessment and planning of their care and support.

A process was in place for managing complaints and people knew how to make a complaint.

Is the service well-led?

The service was well-led.

There was no registered manager in post but recruitment was underway and appropriate interim arrangements were in place.

There were processes (checks) in place to monitor and improve the quality of the service.

There was a process in place to gather and analyse the views of people in the form of regular surveys and satisfaction checks.

Good ●

Age Concern Liverpool & Sefton Poppy Centre

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 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.

Before the inspection, the registered provider also completed a Provider Information Return (PIR). This is a form that we require providers to send us at least annually to give some key information about the service, what the service does well and improvements they plan to make. Information provided was used to inform the inspection.

The provider was given 24 hours' notice before our site visit and advised of our plans to carry out a comprehensive inspection of the service. This is because the location provides a domiciliary care service and we needed to be sure that someone would be in the office to assist with the inspection.

The inspection team consisted of an adult social care inspector and an expert by experience who made phone calls to people who used the service and their relatives. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

As part of the inspection we spoke with 4 people who used the service and two relatives. We visited the office and met with the chief executive, head of service and admin manager for the organisation. We spoke to two members of office staff including a team leader and five support staff. We also looked at six care plans for people who used the service, three staff personnel files, staff training and development records as well as information about the management and conduct of the service.

Is the service safe?

Our findings

People told us they felt safe receiving assistance from staff in their own home. One person told us; "I feel very safe that they come and see me." Another person's relative told us, "I feel [relative] is safe with the staff as they know their needs."

At the time of the inspection, there were six care staff employed by the service to deliver personal care to the six people who used the service. In addition, there were two team leaders who completed initial assessments and also undertook some personal care visits. We looked at the deployment of staff and electronic staff schedules. These showed there was an adequate number of staff to meet people's needs. Staff told us they had sufficient time to complete tasks and had the opportunity to chat to people during their visits. One staff member told us, "I don't want to be in and out rushing; I take time with the client."

People told us carers arrived on time and stayed for the allocated amount of time. Comments included; "They are on time" and "Timekeeping is good." People told us they enjoyed continuity of care and had built relationships with their carers. Comments included; "I have the same carers" and "Having a stable team is brilliant." Staff we spoke with also shared this view. Staff comments included; "Continuity is good, I have the same rota" and "Having the same clients is good for me and the person as I can get to know what they like and their dislikes."

We reviewed three personnel files of staff who worked at the service and saw there were safe recruitment processes in place including; photo identification, references and Disclosure and Barring Service (DBS) checks. DBS checks are carried out to ensure that staff are suitable to work with vulnerable adults in health and social care environments and enable employers to make safer decisions about the recruitment of staff.

Records showed and staff confirmed that medication training was provided. We saw guidance within people's care plans in respect of their medical history and allergies. Five out of the six people who received a service managed their own medicines but received prompts and reminders from carers to check that they had taken their medication. Comments included; "Care staff always prompt my meds, even though I self-medicate they always ask me."

We looked at the daily logs for the sixth person and noted a number of log entries which outlined 'meds given and taken'. We did not see any medication support plan in place for this person. We raised this with the head of service at the time of our inspection and were told that the carer, who was a trained nurse, had begun to provide greater assistance to this person by placing the medication in the person's hand for them to take. We reviewed the electronic records and saw that this person had been supported by the same staff member consistently and therefore the staff member knew about the change in the client's support needs. We received confirmation following our assessment that arrangements were being made to review and update the care plan following this change and implement the appropriate supporting documentation.

The care files we viewed showed that staff had completed risk assessments to assess and monitor people's health and safety. We saw that risk assessments were updated periodically and after any change in

circumstances. For example; one review identified that the client's mobility had deteriorated which meant that the risk of falls associated with ascending the stairs at the client's property had increased. The care plan review document demonstrated that staff had consulted with the client in respect of the increased risk and a decision was made in conjunction with the client that they would be supported to wash downstairs.

Staff were able to explain the course of action that they would take if they felt someone was being harmed or abused, this was reflected in the company's safeguarding policy. The staff training matrix showed staff had received training in safeguarding vulnerable people. We viewed the safeguarding policy the agency had in place and saw that it was regularly reviewed and encompassed the local authority's safeguarding procedure as well as the agency's own procedure.

We reviewed documentation which showed that staff were encouraged to report any incidents whereby they were unable to gain entry when visiting a client. Each person was given a copy of the terms and conditions which contained a clause outlining that staff would contact the client's GP, local hospitals and the police if they were unable to gain access for a pre-arranged visit.

We saw that an electronic folder was kept in order to record any accidents and incidents. At the time of our inspection, there had been no recent accidents or incidents.

We looked at the procedures in place for health and safety and how the registered manager assured the staff had a safe environment to work in. We saw that before each package of care commenced the assessor completed an environmental audit on people's homes. This included risks to staff such as smoking, inappropriate behaviour, household pets and lone working.

Staff were issued with personal protective equipment to promote good hygiene practices. The training matrix showed staff received training in respect of infection control, food hygiene, fire safety, health and safety and COSHH.

Is the service effective?

Our findings

People told us that they felt staff were well trained and felt their individual needs were met. People's comments included; "The staff know what they are doing, very happy" and "I can't fault the carers". People's relatives told us; "The overall care is excellent" and that the carers were "very efficient."

We reviewed the staff training records, learning and development policy and training plan. We saw that staff had received training in a variety of topics including; dementia care, mental capacity act and first aid awareness. Staff told us, "Training is first class" and "Training is very good and we have regular updates."

We saw that the staff induction was based around the requirements of the Care Certificate or for those staff that had been in post for some time, the previous principles known as the common induction standards (CIS). The Care Certificate is an identified set of standards that care workers have to achieve and be assessed as competent by a senior member of staff.

The provider's training matrix suggested that some staff required refresher training in some topics. The head of service advised us that it was compulsory for staff to complete training in topics considered mandatory for their particular job role. Additional training was also encouraged. We saw team meeting minutes which reminded staff that 'training matters' and which encouraged staff to use the computers at the office in order to facilitate training for community based staff.

The staff we spoke with told us they felt well supported within their role. Staff records showed staff received an annual appraisal and an onsite observation whereby any training needs or examples of good practice were highlighted. Staff told us they felt they could raise any concerns or issues both informally and formally. One staff member told us; "I feel very supported."

During this inspection we checked to see if the service was working within the legal framework of the Mental Capacity Act (MCA) 2005. The 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

The people receiving a service from Age Concern Liverpool & Sefton all had capacity in respect of their care and support needs. People signed their own support plans, care plan reviews, terms and conditions and their comments were clearly recorded on files. We saw that one person was unable to sign the care plan review due to physical disability and this was clearly recorded. People told us that staff ask for consent and inform them in the tasks that they are about to complete. One person told us, "The staff encourage me to make decisions."

People felt they were well supported by the staff in relation to having their nutritional needs met. One care plan documented that there was a risk to the person's health if nutrition was not provided and reminded

staff to assist with the person's weekly shop to ensure a varied diet. People who received support with their meals told us that staff always made sure that had enough to eat and drink before they left. Comments included; "I like all my carers and they always ask me what I would like to eat and drink" and "I'm always asked what I would like to eat or drink." We reviewed the daily logs which showed that staff had recorded what assistance staff had provided to people in respect of their nutritional intake each day.

People using the service were supported by staff and external health care professionals to maintain their health and wellbeing. We looked at the electronic system and saw staff contacted the relevant professionals when people were unwell or required medical attention.

Is the service caring?

Our findings

People spoke positively about the staff who supported them. People told us that the carers who visited them were all very caring and always asked them how they were feeling and what they would like help with. People told us both care staff and office staff treated them with respect. Comments included; "All staff are very caring and understanding", "[Carers] cannot do enough for me", "I'm really happy with my carers" and "Staff respect me and my home." A relative we spoke to was also complimentary about staff and told us the carers were "fabulous".

Staff understood the importance of preserving privacy and ensuring dignity whilst attending to people's personal care needs. Staff were also able to give us examples of how they offered support in a dignified way, for example; providing care in private, closing doors and ensuring people's modesty was protected when assisting with personal care. One staff member commented, "[Client] is very private, I always make sure I hold a towel in front of them when helping them to get washed."

Staff knew the people they supported well and had built good relationships with them. One staff member told us, "I've known [person] for over two years, we have a great relationship." Familiarity enables people to feel valued and helps ensure that staff are attuned to any change in people's well-being. We reviewed the daily logs and saw that staff had documented their interactions with people and included details on the person's mood and demeanour.

We noted that care plan review documents were designed to check client satisfaction with regards to staff approach to dignity and included a question; 'Does the client feel they are receiving a service based on dignity and respect?' We saw that clients had responded in the affirmative to this question and gave a variety of responses including; "Yes, very much so" and "Yes they supervise whilst I am showering to make sure I don't fall but let me wash myself."

We saw that people's preferred visit times and days were sought as part of the initial assessment and were told these were adhered to. We also noted that people's wishes for a gender specific carer were clearly recorded on care files and this was respected.

We reviewed the electronic system and saw that each person receiving a service had a section entitled 'relationships' which clearly outlined the client's keyworker and whether any other members of staff had previously supported the person. A team leader told us that in the event of sickness or holiday, they would aim to ensure that the same member of contingency staff covered to promote continuity of care. Consistency of carers helps people feel safe and enables a rapport to develop between people and staff members who support them.

We found that staff worked with the aim of supporting people to maintain their independence and offered support and encouragement when needed. Care plans focused on 'enabling' clients and 'hands off care' and assessments included reminders to staff to promote this whilst ensuring safety. For example, one care plan outlined that the person required support to get out of bed and into dressing gown but reminded staff to

'communicate with client and allow as much independence as is safe.' People appreciated this approach. One person told us, "Having the care staff encouraging me to do as much as I can is a good thing to keep me active."

All staff we spoke with were aware of their obligations in promoting people's independence in accordance with the provider's ethos. Staff were able to give examples of how they promoted people's autonomy when delivering support and demonstrated respect for the person and their home. One staff member told us, "I always ask if it's OK to turn on the lights or if they would like me to turn on the heat for them."

For people who had no family or friends to represent them contact details for a local advocacy service were circulated to all people using the service at the start of their care package. People could access this service if they wished to do so with or without staff support.

People's records were stored electronically in the main office. Computers were password protected. This helped to ensure that confidentiality was maintained. We reviewed the training matrix which showed that staff had received training in the principles of care and confidentiality.

Is the service responsive?

Our findings

People were involved in their care plans and were consulted as to how they wanted their support delivered. One person commented; "I was involved in the care plan and reviews." People described staff as being responsive to their needs and the organisation as being accommodating. People's comments included; "Staff and office staff listen to my needs" and "Staff always listen to me and try and help me."

People told us their care plans were regularly reviewed and updated as required with their involvement and that they held a copy of their care plan at their home for their own reference.

Through our discussions with people using the service, their relatives and staff, it was evident that staff knew the people they supported well and delivered a person centred service. One person told us, "My views and likes and dislikes are taken into to account." Some people's care plans reflected this and outlined people's individual likes; such as 'sitting in the garden' and dislikes such as 'lateness'. However, we found some care plans did not contain this information and sections on social history and likes and dislikes were blank. We spoke to a team leader who was responsible for completing the assessments who advised us that some people declined to share this information in their care files. We discussed ways of ensuring that the provider's efforts to gather this information were captured nonetheless to demonstrate that people were asked.

We were told that following the commencement of the care package, an initial two weekly review was completed to ensure the package of care in place was meeting the person's needs. Reviews were then undertaken on a six-monthly basis unless there was a change in the support required. We saw that reviews had been triggered due to a changed in people's circumstances, for example, a care plan was reviewed following a deterioration in a person's mobility. This helped to ensure the care plan reflected the person's current and changing needs.

The provider information return outlined that people's relatives were consulted if the person wished. We saw evidence of family member's details being recorded on files and evidence of liaison with family members. One relative told us; "I feel listened to", "The office keep in touch with me "and "I'm involved in the care plans and reviews."

People had access to a complaints procedure which was circulated to all people at the commencement of their care package. People who used the service and their family members told us they knew who to speak to if they had any concerns or complaints and had the office number. They told us that they felt their complaint would be listened to and acted upon. Comments included; "Any issues are dealt with", "Any concerns I would call the office", "Any issues I would tell my carer" and "Any complaints are dealt with." One relative told us, "Any issues I call the office and they resolve things." At the time of our inspection, there had been no recent complaints received.

We reviewed the care plan reviews, which contained an agenda item, "Does the client have any observations, suggestions, complaints, comments or compliments" to encourage people to share their

views on the service they received. We reviewed a variety of responses and noted that these were all positive.

Is the service well-led?

Our findings

There was no registered manager in post at the service. The last registered manager left in October 2017 and the service had not yet appointed a replacement. The provider had taken appropriate steps to recruit a replacement and had conducted interviews. 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.

There were appropriate implemented interim arrangements in place to oversee the management of the service in the interim. An admin manager was supporting the service alongside two team leaders. Age Concern Liverpool & Sefton Poppy Centre comprises part of a parent organisation, Age Concern Liverpool & Sefton. The provider information return highlighted the benefits of this which meant staff could access dedicated departments on site such as health & safety, administrative support and human resources. Staff we spoke with told us that things had gone smoothly since the last registered manager's departure and that there was always a senior member of staff who they could seek support from in their absence such as the chief executive, admin manager or human resources manager.

Staff told us they felt valued, supported and enjoyed working for the organisation. Staff described the management team as "very accommodating", "amazing", "supportive" and "approachable". Staff told us the management team were "always ready to listen to any concerns". One staff member commented, "I wouldn't work for anyone else".

Systems were in place to monitor the quality of the service provided. This included customer satisfaction checks in the form of regular care plan reviews, informal telephone calls and surveys to check if people were happy with the service provision. People confirmed they had been asked for their views on the service they have received. Comments included; "I have been asked for feedback" and "The office asks me how the care is."

We reviewed the latest satisfaction surveys results which showed that 100% respondents had confirmed they felt they were treated with dignity and respect by staff. The provider had also analysed the results and created a summary of both positive and negative comments.

Systems were in place to monitor the quality of the service delivered. We saw that senior staff completed observations of care staff to check their competencies in completing their role and responsibilities and in order to identify any support areas. We looked at the documentation in respect of these observations and saw that the record prompted the assessor to observe the staff member's interaction with the client and consider; 'Does the carer treat the client with respect' and 'Are any training needs identified?'

We reviewed a number of detailed policies and procedures in respect of topics such as health and safety, infection control, lone working and manual handling. These had all been reviewed in July 2017. Policies and procedures support decision making throughout the service and offer guidance to staff on how to manage

situations safely. A system was in place to ensure that policies and procedures were reviewed by an external consultancy service on an annual basis.

There was a whistle blowing policy in place and staff was aware of it. Whistle blowing is where a member of staff can report concerns of poor practice to a senior manager in the organisation, or directly to external organisations without the fear of reprisals.

The provider was aware of their obligations to notify the Care Quality Commission (CQC) of events and incidents that occurred at the service in accordance with our statutory requirements. This means that CQC are able to monitor risks and information regarding the service.