

Almond Care Limited

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## 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 

### Overall summary

This inspection took place on 21 May 2015. The inspection was announced. The provider was given three days' notice of our inspection. This was to ensure the registered manager was available when we visited the agency's office, and staff were available to talk with us about the service. At the last inspection in November 2013 we found there were no breaches in the legal requirements and regulations associated with the Health and Social Care Act 2008.

Care Services is a small domiciliary care agency which provides care for people in their own homes. Some people received support through several visits each day,

some received support for a few hours each week, and some people received support 24 hours a day. On the day of our inspection the agency was providing support to 15 people.

A requirement of the provider's registration is that they have 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

# Summary of findings

associated Regulations about how the service is run. At the time of our inspection there was a registered manager at the service. We refer to the registered manager as the manager in the body of this report.

People and their relatives told us they felt safe using the service and staff treated them well. Staff understood how to protect people they supported from abuse. People and their relatives thought staff were kind and responsive to people's needs.

The management team carried out regular checks on care staff to observe their working practices and to ensure records were completed accurately. There was an out of hours on call system in operation, this ensured management support and advice was always available for staff.

Staff were well trained and could meet the complex needs of people they cared for.

Management and staff understood the principles of the Mental Capacity Act 2005 (MCA), and supported people in line with these principles. Where people had been assessed as not having capacity, best interest decisions had been taken on their behalf.

People told us they knew how to make a complaint if they needed to. They were confident that the service would listen to them and they were sure that their complaint would be fully investigated and action taken if necessary.

Staff, people and their relatives felt the management of the service was open. Positive communication was encouraged and identified concerns were acted on quickly.

There were procedures in place to check the quality of care people received, and where systems required change the provider acted to make improvements.

# Summary of findings

## 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.

People felt safe with staff. People received support from a consistent team of care workers, who understood the risks relating to people's care and supported people safely. Medicines were managed safely and people received their prescribed medicines.

Good



### Is the service effective?

The service was effective.

People were supported by a team of care workers who received training and good management support to help them undertake their work effectively. The rights of people who were unable to make important decisions about their health or wellbeing were protected. People were supported to access healthcare services to maintain their health and wellbeing.

Good



### Is the service caring?

The service was caring.

People felt supported by staff who they considered kind, caring and professional. Staff ensured people were treated with respect and maintained their dignity at all times.

Good



### Is the service responsive?

The service was responsive.

People and their relatives were fully involved in decisions about their care and how they wanted to be supported. People were given support to access interests and hobbies that met their preference, and to maintain links with their local community. The management team dealt with any concerns raised immediately.

Good



### Is the service well-led?

The service was well-led.

Managers supported staff to provide a high level of care which focused on the needs of the individual. Staff felt fully supported to do their work, and people who used the service felt able to contact the organisation and speak to management at any time. There were good systems to ensure people received quality care.

Good



# Almond Care Limited

## 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 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.

The inspection visit took place on 21 May 2015 and was announced. The provider was given four days' notice because the agency provides care to people in their own homes. The notice period gave the manager time to arrange for us to speak with people who used the service and staff who worked for the agency.

We asked the provider to send to us a Provider's Information Return (PIR). The document allows the provider to give us key information about the service, what it does well and what improvements they plan to make. We were able to review the information as part of our evidence when conducting our inspection.

We visited the agency's office and looked at the records of four people who used the service and looked at a sample of three staff records. We also reviewed records which demonstrated the provider monitored the quality of service people received.

We spoke with the manager and four members of staff. We spoke with one person who used the service, the relatives of two people and two advocates. An advocate is a designated person who works as an independent advisor in another's best interest.

We reviewed information we held about the service, for example, notifications the provider sent to inform us of events which affected the service. We looked at information received from commissioners of the service. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority.

# Is the service safe?

## Our findings

People told us they felt safe because they received care from staff they knew well and trusted. One person told us, “I feel safe, the staff are very helpful.” One relative told us, “My family member feels completely safe and happy, and confident enough to ask for anything they need.” Another relative told us, “Almond Care offer great service to my family member which puts us at ease.”

The provider protected people against the risk of abuse and safeguarded people from harm. Staff attended regular safeguarding training. Staff told us the training assisted them in identifying different types of abuse, and they would not hesitate to inform the manager if they had any concerns about anyone. They were confident the manager would act appropriately to protect people from harm, and protect staff members if they raised any concerns. All the staff we spoke with knew and understood their responsibilities to keep people safe and protect them from harm. Records showed concerns about abuse had been appropriately reported and action taken by the manager to keep people safe.

Staff told us and records confirmed, suitable recruitment practices were followed. Before staff started work, checks were made to make sure they were of a suitable character to work with people in their own homes.

The manager had identified potential risks relating to each person who used the service, and plans had been devised to protect people from harm. For example, one person was at risk of developing damage to their skin. Risk assessments detailed how the person should be cared for, and that two members of staff needed to re-position the person every two hours. We saw staffing was arranged so two members of staff were always available to assist moving the person. Records confirmed the person had been moved every two hours in accordance with their risk assessment. This minimised the risk of harm.

The provider had contingency plans for managing risks to the service which minimised the risk of people’s support being delivered inconsistently. Emergencies such as fire or

staff absences were planned for. For example, there was a daily procedure to backup records and files, so any disruption to people’s care and support was minimised in the event of a fire.

There were enough staff to care for people safely. Before people began using the service, the manager conducted detailed assessments of whether the service could meet people’s health, care and support needs. Initial assessments detailed people’s individual needs, and each aspect of their health and care requirements. The manager explained this helped the service decide whether they could provide effective care to people before they began supporting them. This ensured the correct staffing resources were in place.

People told us there were enough staff available to meet their needs. People and records confirmed staff visited people at the right times, and for the correct period of time, in accordance with their care plans. One person said, “Staff always come on time and stay for the right amount of time.” People told us the same staff visited them regularly. One advocate told us, “We have familiar carers now. If anyone new comes they are introduced to us.”

Staff administered medicines to people safely. Staff had received training specific to each person who used the service. Medicines training included checks on the competency of staff. The care records gave staff information about what medicines people were taking, why they were needed and any side effects they needed to be aware of. The manager told us they or senior staff undertook regular checks to ensure medicines were managed safely. This was confirmed by staff, one of whom said, “Medicines are audited every week.” Staff knew to contact the manager if they had made a mistake with medicines, and told us they would feel supported to do so.

Accidents and incidents were reported to the manager when they occurred, which included any immediate actions taken. Where required staff contacted senior staff immediately for advice and support, including out of office hours. Accidents and incidents were reviewed by the manager, who took any further actions needed to reduce risks.

# Is the service effective?

## Our findings

People we spoke with told us staff had the skills they needed to support them effectively.

One relative told us, “Because of our complex care needs, we needed a specialist agency to meet our needs, and we chose Almond Care. The staff are well trained and committed.” Another relative said, “The staff are highly skilled and are capable of delivering the care and medical support required.”

Staff told us when they started work at the agency they received an induction into the service that met people’s needs. The manager explained the service used a recognised induction programme designed by Skills for Care, which is an organisation that provides information to employers, and sets standards for people working in adult social care. Staff told us in addition to completing the induction programme; they had a lengthy probationary period and were regularly assessed to check they had the right skills and attitudes for the people they supported.

The manager and the other senior manager at the service were both healthcare professionals. They had experience of working in healthcare settings, and brought their knowledge and skills with them to support people. They maintained their professional registration with the Nursing and Midwifery Council and the Health and Care Professions Council (HCPC). This meant they kept their skills up to date and continued to develop their knowledge. The manager told us maintaining their professional qualifications, and keeping up to date with working practices meant they could share their knowledge with staff at the service and promote high quality care.

The service had a comprehensive programme of staff training to ensure staff kept their skills up to date, and could meet the specific needs of the people they cared for. Senior managers were qualified trainers, and trained staff in how care should be delivered. The manager also used locally sourced trainers to access training that was role specific. For example, some members of staff were trained in supporting people with complex care needs such as diabetes, and tracheostomy care.

Staff said the manager encouraged them to attend regular training sessions. We saw the manager kept a record of staff training and when training was due, so that attendance was monitored. One member of staff told us, “The training

is good. We are also supported to attain nationally recognised training qualifications.” Staff told us the manager observed their practice following training to ensure they used their knowledge effectively.

Staff were supported using a system of supervision meetings and yearly appraisals. Staff told us regular supervision meetings provided an opportunity for them to discuss personal development and training requirements. Regular supervision meetings also enabled the manager to monitor the performance of staff, and discuss performance issues. The management also undertook regular observations on staff performance to ensure high standards of care were met. The manager told us senior staff regularly went to people’s houses at different times of the day to ensure staff were delivering the care expected. This was confirmed by the relatives and staff we spoke with.

The rights of people who were unable to make important decisions about their health or wellbeing were protected. Staff understood the legal requirements they had to work within to do this. The Mental Capacity Act 2005 (MCA) set out these requirements that ensure where appropriate; decisions are made in people’s best interests when they are unable to do this for themselves. Staff demonstrated they understood the principles of the MCA. For example, staff understood people were assumed to have capacity to make decisions unless it was established they did not. They gave examples of when they had applied these principles to protect people’s rights, for instance, asking people for their consent and respecting people’s decisions to refuse care where they had capacity to do so.

Staff told us they had had an opportunity to read care records at the start of each visit. The care records included information from the previous member of staff as a ‘handover’ which updated them with any changes since they were last in the person’s home. Staff explained this supported them to provide effective care for people because the information kept them up to date with any changes to people’s health. One relative we spoke with confirmed records were always kept up to date. They said, “The service are stringent with record keeping.”

Staff and people told us the service worked well with other health and social care professionals to support people. An advocate for one person told us, “The carers call the district nurse or the doctor if there’s a problem.” The service

## Is the service effective?

supported people to see health care professionals such as the GP, dentist, and nutritional specialists. This showed the provider worked in partnership with other professionals for the benefit of the people they supported.

Staff supported people with specialist dietary needs. For example, one person needed to have their food pureed because they were at risk of choking. Staff had received specialist training in how to prepare the food, and the service had worked with the Speech and Language Team

(SALT) to support the person with their needs. People told us staff supported them by preparing meals, so they had access to nutrition that met their health needs. Staff explained how they encouraged people to make healthy choices and to vary their diet by supporting them to prepare a range of foods, for example, foods with low sugar content for people who had diabetes to help maintain a healthy diet.

# Is the service caring?

## Our findings

People and their relatives told us staff treated them with kindness and compassion. An advocate of one person told us, “The carers are very attentive to [Name].” A relative told us, “The staff always treat my family member with respect and dignity, plus care and compassion.”

Everyone we spoke with told us they were introduced to staff before they provided support to them, and they were happy with the care they received. Staff were proud of the care they provided to people. It was important to them to do a good job and get to know the people they provided care and support to. One member of staff told us, “Because you have regular clients you build up relationships with them.”

People told us staff listened to them, and supported them to maintain their independence. One member of staff explained how they supported one person. They told us they made sure the person was encouraged to do what they could themselves, and the staff member only supported them with tasks they could not manage.

People expressed their views and were actively involved in making decisions about their lives. For example, one

person told us they were able to decide which members of staff gave them the support they needed. Staff explained how they supported people in respectful, positive ways using their preferred name and asking people’s opinion and preference before supporting them with tasks.

People and their relatives were involved in planning and agreeing their support. We saw that most people had a relative involved in care review meetings. Some people who did not have relative involvement, had the support of an advocate. An advocate told us how the service involved them in supporting people to express their views when decisions were made about their future. For example, they were involved in regular review meetings with one person to help plan support that met the person’s individual needs.

Staff understood how to provide care to people whilst retaining dignity and privacy. People said staff always explained what they were doing and ensured doors were shut for privacy. People told us staff offered them support discretely when they needed assistance with their personal care. One relative told us, “The staff are professional, they treat [Name] with respect and dignity.”



# Is the service responsive?

## Our findings

People who used the service and their relatives told us they knew how to make a complaint if they needed to. The provider had a written complaints policy, which was contained in the service user guide which each person had in their home. The provider logged complaints and feedback, and analysed the information for trends and patterns. Complaints were investigated and responded to in a timely way. The provider made improvements to the service following complaints. For example, following a recent complaint the provider had introduced new accident recording protocols. People told us they felt confident about raising any concerns they had with the manager. One person told us, "I have no complaints." A relative said, "The service acts quickly to sort out any problems we have."

We found people who used the service and their relatives were involved in planning and agreeing their own care. Care plans were comprehensive and had been written in partnership with people and their relatives. Records detailed people's likes and dislikes, their needs, preferences and choices. People told us all their likes and dislikes were discussed so that their plan of care reflected what they wanted. We saw these differed from person to person meaning people's individual needs were listened to and supported.

People's preferences were met by staff. Staff we spoke with had a good understanding of people's needs and choices. Staff knew all about each person, their likes and dislikes, interests and hobbies, what each person could do independently and when they needed staff support. We saw that the information staff told us matched the information in people's care records. For example, one person had been asked whether they preferred male or female care staff and their decision was respected. Staff knew the person's preference and calls were organised accordingly.

Care plans were up to date and reviewed regularly. People and their relatives told us, the manager regularly checked with them that the care provided was what they wanted, and was changed if required. Formal reviews had taken place for each person.

Staff encouraged and supported people to follow their interests and take part in social activities. Staff knew people well, and could describe the different activities people enjoyed. For example, one person was supported to attend classes in their local community. One staff member told us, "People can be supported to go on holidays with 24 hour support." Another staff member told us, "We support people with going out and about in their local community. People decide what they want to do, and we try to encourage people to take part in activities they enjoy."

# Is the service well-led?

## Our findings

People who used the service, relatives and staff told us the service was well led. People described the manager as being open and honest. An advocate told us, "They are open." Another advocate told us, "The service have been really supportive, on the whole we have been really pleased." One relative told us, "I have been very impressed." Another relative told us, "I think the manager's hands on approach and nursing background is of real benefit to us. I would have no hesitation in recommending the service to others."

The service had identified its aims and values and communicated them to people who used the service. We saw the aim of the organisation was clearly stated in the service user guide. The aim of the organisation was to provide personal care and support in ways which had positive outcomes for people and promoted person centred care, putting the person at the heart of what they did. Staff told us the values of the service were communicated to them through training which gave them a clear guide about how care should be delivered to people consistently.

The manager was in day to day charge of the service. Other managers were also available for staff to speak with if they needed to. The service was owned by the manager, however, an additional senior manager worked alongside them. Staff told us the management team worked together to support staff and each other.

Staff told us the manager had high standards for staff and the quality of care provision. There was a clear management structure in place to support them, and staff said the manager was always approachable and led by example. One staff member told us, "The manager is very approachable, I can ask anything."

Staff told us they received regular support and advice from managers via phone calls and face to face meetings. Staff felt managers were available if they had any concerns. Out of office hours' staff had access to advice and support from senior staff at all times via a telephone on call arrangement. Staff could also access each person's care records via an electronic system so they had up to date information and could document any changes to care and support arrangements.

Staff were encouraged to challenge and question practice and were supported to change things that weren't working well and try new approaches with people. Staff had regular meetings with the manager and other senior team members, to discuss how things could be improved. For example, a recent meeting showed staff discussed the needs of people in their care, and how procedures could be improved.

Recruitment of staff was designed to ensure people were cared for by staff who were of a high calibre. Recruitment tested staff competencies, but also their values, and whether potential staff had a caring attitude. Staff were recruited and trained to support specific people and meet their individual health and care needs. People were involved in the recruitment of staff for their care. The manager explained no external agency staff were used at the service, which meant people were provided with support by trained and competent staff who knew people well. There were good systems in place to ensure continuity of care when staff were sick or on annual leave as managers and senior staff were available to cover staff absence.

Staff told us the manager supported them by giving them the time they needed to complete their work. We saw staff were allocated to each call for the appropriate amount of time, and time was allowed for staff to travel from one call to the next. This ensured staff had the time they needed to support people.

The provider was a member of the United Kingdom Home Care Association (UKHCA). UKHCA is the professional association of home care providers in the UK. They promote high standards of care, and can provide advice and support to members. We saw the manager used the advice they received from UKHCA to conduct audits and investigations at the service. The manager explained that, as they were not a large organisation, the service gained advice from other sources to keep their policies and procedures up to date, and to reflect sector standards in quality assurance.

The provider worked with different support organisations within local communities. This was to support people in accessing practical advice and support about activities and amenities they could enjoy. For example, the provider sought advice from ASPIRE. Aspire is a national charity that

## Is the service well-led?

provides practical help to people with a spinal cord injury so they can lead fulfilled and independent lives in their homes, with their families, in work places and in leisure time.

People were asked to give feedback about how the service was run. The provider monitored the quality of the service by regularly visiting and speaking with people, to ensure they were happy with the service they received. We also saw people were asked to take part in regular quality assurance surveys. We viewed a recent survey where a high percentage of people had described the service as excellent or very good. Feedback was analysed for any trends or patterns in the information received. Where issues had been identified in feedback, we saw the manager took action to continuously improve the service.

The provider used a range of systems to monitor the quality of the service provided to people. Locally, staff undertook a range of daily and weekly checks which included medicines and care records checks. All checks were documented and showed corrective actions were taken such as following up

on any missing information in records. Senior staff members and the manager also undertook regular 'spot checks' on the performance of staff to ensure people received good quality care.

Quality assurance audits were performed by the provider to make sure procedures were followed, and care was delivered consistently. Where issues had been identified action plans were put in place to make improvements. Action plans were monitored to ensure actions had been completed. This ensured that the service continuously improved.

The manager had sent notifications to us about important events and incidents that occurred. The manager also shared information with local authorities and other regulators when required, and kept us informed of the progress and the outcomes of any investigations. Where investigations had been required, for example in response to accidents, incidents or safeguarding alerts, the manager completed an investigation to learn from incidents. These investigations showed the manager made improvements, to minimise the chance of them happening again.