

Audley Care Ltd

Audley Care Ltd - Audley Care Chalfont Dene

Inspection report

Chalfont Dene
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 16 and 18 April 2018. It was an announced visit to the service.

Audley Care Ltd - Audley Care Chalfont Dene is a domiciliary care service which provides support to people living in their own home. The office is located with the Audley Chalfont Dene retirement village. At the time of our inspection fourteen people received the regulated activity of personal care, some of whom lived within the retirement village. The agency provided additional support to people. However the type of service provided did not need to be registered with the Care Quality Commission (CQC). For instance, support with shopping and social visits.

The service did not have had a registered manager in post at the time of the inspection. 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. A new branch manager had been appointed and an application to register was in process.

We found medicines were not always management safely. The records relating to what medicine were required and when was not always accurate. We found gaps in medicine records as staff had not recorded they had given the prescribed medicine.

Providers and registered managers are required to notify us of certain incidents or events which have occurred during, or as a result of, the provision of care and support to people. One notifiable event is when abuse is suspected. The provider had notified the local authority of two allegation of abuse however they did not notify CQC.

The provider had clear processes for the management and supported expected to be given to staff. However we found gaps in the records relating to support staff were offered. We also received mixed feedback from staff on how regularly they were offered one-to-one meetings. We have made a recommendation about this in the report.

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. However we found assessments of people's mental capacity to make a specific decision were made when they were not always required. We have asked the provider to ensure it supports people in line with the code of practice for the Mental Capacity Act 2005.

People told us they were happy with the level of support received comments from people included "They [Staff] are very nice people, caring in every way" and "They [Staff have made such a difference." "Another person told us "They [Staff] really do care." Throughout our inspection we observed staff treated people with kindness and respect.

People told us staff treated with them with dignity and respect. It was clear how staff spoke about the people they supported they enjoyed working with them. Staff were aware of how to protect people from abuse.

Staff told us they felt valued. There was a clear vision within the organisation and a commitment from the provider to drive improvements within the service. Risks were management effectively.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and one breach of the Care Quality Commission (Registration) Regulations 2009. You can see what action we told the provider to take at the back of the full version of the report.

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 not always safe.

The management of medicine required improvements.

People were protected from harm because staff received training to be able to identify and report abuse. There were procedures in place for staff to follow in the event of any abuse happening.

People's likelihood of experiencing injury or harm was reduced because risk assessments had been written to identify areas of potential risk.

People were supported by staff who had been recruited through robust processes

Requires Improvement 

Is the service effective?

The service was effective.

People were encouraged to make decisions about their care and day to day lives.

People were cared for by staff that were aware of their roles and responsibilities.

People were supported to maintain their health.

The provider worked with others effectively to support people in the best way.

Good 

Is the service caring?

The service was caring.

Staff were knowledgeable about the people they were supporting and aware of their personal preferences.

People were treated with dignity and respect.

Staff had developed good working relationships with people.

Good 

Is the service responsive?

Good ●

The service was responsive.

People were able to identify someone they could speak with if they had any concerns. There were procedures for making compliments and complaints about the service.

People had detailed care plans in place which captured their life histories.

Where end of life care was provided this was done so in a dignified manner.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

The service did not always notify CQC of events it was legally required to do so.

People were supported by staff who felt valued and feedback was regularly sought from them.

The provider had a clear vision to drive improvements to people's wellbeing.

Audley Care Ltd - Audley Care Chalfont Dene

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.

This was the first inspection at the service since it was registered with CQC.

The inspection was carried out by one inspector.

We gave the service 48 hours' notice of the inspection visit because it is small. We needed to be sure that someone would be in.

We visited the office location on 16 and 19 April 2018 to see office staff. Whilst at the office we looked at some of the required records including four people's care plan documents. We looked at seven people's medicine records and to review policies and procedures. On the 18 April 2018, we visited one person who received daily support. On 19 April 2018 we spoke with one person on the telephone. Prior to the inspection we sent out questionnaires to people, their relative's staff and community professionals. We have used the feedback from them in our judgement.

Before the inspection the provider completed a Provider Information Return (PIR). 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 reviewed notifications and any other information we had received since the last inspection. A notification is information about important events which the service is required to send us by law.

Is the service safe?

Our findings

People gave us positive feedback about how the staff helped them to stay safe. One person told us "They [Staff] have made the biggest difference for us moving in here." Another person told us They [Staff] have never failed to turn up."

People who required support with managing and taking their prescribed medicines had this detailed in their care plan. A risk assessment was conducted to identify the level of support required. Medicine management was not always recorded correctly, as we found gaps in the records where staff should have recorded they had administered medicines. Some of the gaps were due to people cancelling their visits and we confirmed this with the office staff and looked at the system used for recording this. However we found examples where care visits had been made and no signature had been added to the medicines administration record (MAR).

We found some records had been written by care staff. We found the detail written on the MAR lacked some important information. This had the potential to cause confusion and put people at risk. No medication errors had been identified by the provider. One MAR we looked at staff had recorded six tablets were given some days and seven on five another days. We could not check how many tablets should have been given. We found another two records where information was not clear and could not be cross referenced. The provider had a "medication management policy" which stated "The customer must have a clearly written or typed MAR. It must state the name of the medication to be given, the dose of the medication to be given, the time for the medication to be given and space for the signature of the person administering the medication." We found the time of administration was routinely missed from the MAR. We discussed this with office staff and the impact this potentially had for people supported. The office staff sent a senior member of staff out to look at the medicine management to ensure the charts had been completed correctly.

We found the medicines listed within the care plan did not routinely reflect the MARs. For instance one person was prescribed Metformin 500mg once a day. This was detailed on the MAR, however the care plan stated the dose should be 5mg. This could have resulted in a medicine incident. The provider responded to our concerns on the day and amended the records concerned.

We found people who were prescribed medicines for occasional use (PRN) did not always have additional guidance for staff to follow on when and how the medicine should be given. We provided this feedback to the office staff.

We found people were prescribed topical creams to be applied. The provider had body charts available to show staff where the creams should be applied. However the creams were not routinely entered onto the MARs which meant staff were not signing that they had administered it. We discussed this with a regional manager who told all prescribed medicine should be written on the MAR. We found this was not routinely this case. One person had purchased a food supplement following advice from a healthcare professional. However we found this was recorded on the MAR for staff to administer. On one MAR it stated it should be given up to six times a day and on another MAR it stated it should be given twice a day. We checked the

advice on the bottle and the suggested dose varied depending on an individual condition.

These were all breaches of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. As medicines were not routinely managed safely.

Following our feedback to the service we received an action plan on how the provider would make improvements. This included re-training of staff and only senior staff would be responsible for completed MARs. We acknowledged the prompt action taken by the provider to ensure improvements were made on managing medicines.

People were supported by staff with the appropriate experience and character to work with people. The service operated robust recruitment processes. Pre-employment checks were completed for staff. These included employment history, references, and Disclosure and Barring Service checks (DBS). A DBS is a criminal record check.

Staff told us they had enough time to meet people's needs. One member of staff told us, "I always report back to the office if I feel enough time is required." Another member of staff told us, "Calls are delivered on time rotas are sent to clients." Feedback provided to the service confirmed people and their relatives were happy with the call times. One relative had recently told the service "Well done to you and the team for managing to get out to the clients last week despite the awful weather. I was half expecting a call to say someone was unable to get to [Name of person] but not so – the girls did a fabulous job." The provider monitored care calls and an alert would be made if a care worker was running outside of the expected time. People who completed a questionnaire told us their care worker stayed the required length of time and completed all tasks required.

People were protected from the risk of abuse. The service had a safeguarding procedure in place. Staff received training on safeguarding people. Staff had knowledge on recognising abuse and how to respond to safeguarding concerns. People we spoke with stated they knew who to speak with if they had any concerns. Where concerns were raised about people's safety or potential abuse, the service was aware of the need to report concerns to the local authority. However they had not reported the concerns to CQC as they were legally required to do so.

Incident and accidents were recorded. Systems were in place to support staff to understand their responsibilities to report events. The provider had identified that not all incidents were reported in a timely manner. A new system was pending implementation. We spoke with a regional manager about this and they had confidence incident reporting would improve. There was oversight from the provider's management team on any trends in patterns accidents. The provider had systems in place to learn from care delivery did not meet the expected levels. On our second day in the office a regional manager handed us a lesson learnt document from our feedback about the management of medicines. The provider also produced a weekly update for staff. This included learning and useful information about well-known health concerns such as Parkinson's disease as an example.

Risks posed to people as a result of their medical condition, home environment or level of support required were assessed. Risks assessments were written for a variety of elements of providing care and support to a person. For instance, when a person had been identified as requiring support to move position the level of support was clearly assessed. Risk were managed at the branch and board level. Each branch was expected to complete a weekly report and the once a month a report was written for the board to consider risk and how they could be managed. Consideration was given to staff safety, for instance, lone worker or working in a poorly lit area.

We found the provider reviewed the systems they used to store records. We were advised a new secure system had been set up which all staff had access to. However, only staff with the right permission were able to access to whole system.

The risk posed to staff as a result of the use of household chemicals was assessed. All staff were issued with appropriate personal protective equipment. This included, gloves and aprons. On day one of our inspection a care worker attended the office to collect a stock of equipment. All staff were required to carry out infection control training prior to working alone with a person.

Is the service effective?

Our findings

Prior to people being supported by the service an assessment was made by a senior member of the care team. The assessment was based on what level of support the person felt they needed. A "needs assessment and care support plan" was drawn up. There was clear evidence the person was fully involved in the assessment. A wide range of topics of a person's life were explored in the assessment. The provider was aware of National Institute for Health and Care Excellence (NICE) guidance and used them to develop best practice.

People were supported by staff that had access to initial training and on-going support to ensure they kept their skills relevant. All new staff were supported to study the Care Certificate. The Care Certificate is a set of nationally recognised standards all care staff needs to meet. The standards include communication, privacy and dignity; equality and diversity and working in a person centred way as examples. Staff told us their induction had prepared them for the role. The provider kept a record of training completed by staff and arranged new training as required. One person told us "They [Staff] are all very well trained."

We noted there were some gaps in the support offered to staff on a one-to-one basis. We discussed this with the provider. They advised us they had identified this as an area which required improvement. We noted the progress was being monitored through an action plan. One member of staff we spoke with could not recall the last one-to-one meeting they had had. We checked their record and found it was 10 October 2017, however a supervisor had checked the quality of their work on 26 January 2018. We noted the provider had a mixture of support for staff, including mentoring for new staff while they studied the Care Certificate. These included direct observations of care delivered, one-to-one meetings, six monthly competency assessments and an annual appraisal of their performance. We were advised a new branch manager had been appointed and the provider was confident the support for staff would improve. Staff who completed questionnaires gave us mixed feedback on the level of support they received. One member of staff told us "I feel unsupported by my managers and communication in the care department is very poor." However two other staff told us "Very nice company to work for" and "I am enjoying working for Audley Care and am confident that any concerns I have will be dealt with appropriately. I also am told of any changes in customers' care and told of the new care they need."

We recommend that the service continues to support staff in line with the company policy.

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.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Applications to deprive a person who is supported in their own home need to be made to the Court of Protection (CoP). The staff received training on the MCA. At

the time of the inspection no-one who was supported had been referred to the CoP. We found the provider sought regular consent from people about their care and support. However we found an assessment of a person's mental capacity to make a certain decision was not always made in line with the code of practice for the MCA. This was because we found an assessment was made for a person where there was no indication they could not make the decision. The MCA code of practice has five core principles. Principle one is "A person must be assumed to have capacity unless it is established that he lacks capacity." We have referred this back to the provider to ensure the processes in place follow the core principles of the MCA code.

Where people required support with eating and drinking this was detailed in their care plan. People's preferences of food were highlighted. For instance one person's care plan stated, "I like cereal, toast and marmalade for breakfast." One person told us "They [Staff] come in and support me with my porridge."

The care team worked effectively with other staff within the retirement village. A member of staff from the care office attended a morning meeting with other departments. The meeting gave opportunities for concerns about people who received support with personal care to be discussed. Where people moved between the support provided by Audley Care Ltd - Audley Care Chalfont Dene and other services, for instance, to an acute hospital. The service ensured important information was available. Each person who was supported had an emergency information sheet, which included information about medical conditions and any known allergies as examples.

People were provided with information on how to stay healthy and keep safe. A newsletter was sent to each person who was supported. It included information about events going on in the retirement village. Staff also had access to a wide range of information on how to support people stay healthy. Where required the service worked with external healthcare professionals to support people to live in their own home. One member of staff told us, "I work alongside DNs(district nurses) and OTs (occupational therapist) in the area who also support me in my role. I have nearly been with Audley 1 one year and already have gained so much knowledge from the company and experienced so much." We saw evidence where the service had identified the need for a person to be seen by an occupational therapist. It was clear from the records a prompt referral was made and equipment had been provided to support the person move position safely.

Is the service caring?

Our findings

People we spoke with and who completed questionnaires told us they were happy with the support care workers gave to them. Comments included "They [Staff] are very nice people, caring in every way" and "They [Staff] have made such a difference." "Another person told us, "They [Staff] really do care." Throughout our inspection we observed staff treated people with kindness and respect. We observed this in a telephone when staff were talking about the people they supported. Staff spoke fondly about people and it was clear they enjoyed working with them. One member of staff told us "The people I work with and the owners I care for. I love working for Audley and get great satisfaction in doing my work. I have been working for Audley for 18 months now so I've got to know all the staff and owners really well." Another member of staff told us "I would not work for anyone else! I love my clients and team members we all work as well together helping one another out when we can."

People told us the staff were supportive towards them during emotional and stressful situations. One person told us "They [Staff] have crushed the blow" [Of moving into the retirement village]. Relatives had provided feedback to the service that the service had helped their relative stay at home. One relative told the service "I would like to take this opportunity to thank [The carers] for the excellent care given to my mother over the last three years. I have to say the level of care given by the carers is excellent, and has meant she was able to stay in her own flat longer than would otherwise have been possible. Please pass on my thanks to all the carers." Another relative had told the service, "To all the Audley carers, just a short note to all at Audley care to thank you for the care you gave my late wife [Name of person] over the last 18 months or so. I know that [Name of person] came to look on all those staff who came to the house as both carers and friends." Another person had written to the provider to give their thanks to the staff. They commented, "Please give my sincere thanks to all the carer who have helped me – all now good friends- I am very grateful."

People told us they were supported to be as independent as they could be. One person told us "I only just mentioned to the carer, I wish I could work the microwave. Without hesitation they set about writing some easy read instructions and now I can use it myself. Anything you need doing they are just there."

People told us they were always treated with dignity and respect. All the people who completed a questionnaire told us they involved in decisions about their care and felt involved. One person had advised in the completed questionnaire that "The district nurses have complimented the carers on the care they are giving me." A relative had provided feedback to the provider, that they were very happy when their family member had problems with home utilities. They said, "She is a lot happier as put weight on and the carer go above and beyond in looking after her... with a prime example of when the electric went and there was a minor water leak. You made sure she was in bed safe."

The service ensured that people had access to the information they needed in a way they could understand it and were complying with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. All the people who

completed a questionnaire told us they received information in a format with was easy to understand. We noted people's care plans contained information on how they communicate and if any aids were used.

Is the service responsive?

Our findings

People told us they received a personalised service which responded to their needs. Care plans were written with the person, giving them opportunities to share their life experiences. One member of staff told us about a person who had lived abroad for most of their life. When we met the person it was clear the member of staff had got to know them and their life history.

Care plans included information about important events in people's life. For instance if they celebrated any festivals, if they had any other chosen languages and if any support was required to make communication easier.

The service used a one page profile to capture key areas of a person's life. One person lived with their pet dog and they were unable to fully care for the dog independently. It was very important to the person that care worker supported them with this. We noted the daily routine for the dog was included in the care plan.

People were also supported to keep in contact with key people in their lives. For those people living in the retirement village this included support to get to social events if required. The service celebrated each person's birthday and ensured a card was purchased for them.

Where required people's needs were re-assessed. We noted that care workers had provided feedback to the office that there had been a change in condition and they were struggling with supporting a person from bed. A review of the person's care needs was undertaken and appropriate onward referrals to healthcare professionals were made. The provider had reviewed the paper-work used to ensure it supported staff to capture what was important to people.

Feedback was sought from people on a regular basis. This was carried out at branch level, regional level and by an annual survey. A regional manager made telephone calls to check the quality of care people received when they visited the service on monthly basis. We looked at the last survey results in which the service received positive feedback.

The provider had a compliment and complaint policy. Systems were in place to respond to concerns about care and support. The complaints procedure involved an acknowledgment letter after 48 hours followed by a seven day holding letter. We asked the provider to share how they had responded to complaints. We found complaints had been responded to appropriately. Following a complaint being resolved the provider also sought feedback from the person to learn from the complaint and how it was handled. This demonstrated a commitment from the service to learn from complaints.

Where people were supported with end of life care this was provided in a dignified and sensitive manner. Feedback from relatives was complementary. One relative had told the provider, "Thank you for the all care and kindness you have shown ...over the past months...and support you gave us over the last twenty four hours of dad's life. He thought you were all lovely and so gentle."

Is the service well-led?

Our findings

Providers and registered managers are required to notify us of certain incidents or events which have occurred during, or as a result of, the provision of care and support to people. One notifiable event is when abuse is suspected. The provider had notified the local authority of two allegations of abuse; however they did not notify CQC.

This was a breach of Regulation 18 of The Care Quality Commission (Registration) Regulations 2009.

In addition we had not been notified of changes made in the management of the service. The provider ensured this was provided prior to the end of our inspection.

There is a legal requirement for providers to be open and transparent. We call this duty of candour(DOC). Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014, states when certain events happen, providers have to undertake a number of actions. We checked if the service was meeting the requirements of this regulation. The provider had a clear policy in place and knew the requirements and which events would trigger DOC.

People, their relatives, staff and community professional told us they thought the service was well-led. Comments from people included, "There is always someone in the office I can speak with" and "If needed someone from the office will come and see us."

Staff told us they valued by the organisation. Comments included, "I believe we all work well. Audley is a lovely place to work, I know I can rely on my co-workers and employers to help and support me through any situation I may come across. As a team and support each other in every situation," "I have always been made feel welcome and as part of the team" and "I know I can call the office at any time, the management are always responsive." The provider had a staff recognition scheme. This involved regular feedback to staff and incentives for introducing new staff. It also involved a yearly recognition award named 'Star of the year', nominations and feedback were sought from people who were supported.

Each member of staff was provided with a 'staff handbook', which gave staff a clear picture of the provider's values and vision. The company had a growth strategy in place. It set out how many staff would be required for the number of hours of care delivered. There was clear senior managerial oversight at provider level. The care director we spoke with told us, " We are quite 'top heavy' with senior management compared to other companies." There were clearly defined roles and expectations on staff. The provider had developed 'care champions'. This was a member of staff dedicated to share learning and knowledge with colleagues. Topics included dignity and dementia as examples.

There were systems in place to monitor the quality of the service provided. These included surveys, audits, staff observations and contact with people who use the service. There was a commitment from the provider to drive improvement.

The provider had processes in place to work with the community where they were based. Audley Care Ltd - Audley Care Chalfont Dene worked with local universities to share the visions and values to the students. There was a commitment to make local links within the wider community. For instance, staff were 'Dementia Friends' and had signed up to be dementia champions. The care team facilitated coffee mornings within the retirement village, however all the people who were supported could attend. In addition other events were hosted by the care team. If required the care team supported with transport for people to lived away from the retirement village so they could attend the event.

There was a regular programme of communication with staff and people to share learning, knowledge and gain feedback to drive improvement in the experience people had of the service. Each staff member was given a weekly update and the care team featured in the monthly retirement village newsletter.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|--------------------|--|
| Personal care | Regulation 18 Registration Regulations 2009 Notifications of other incidents The provider has failed to notify CQC of all the events it was legally required to do so. |
| Regulated activity | Regulation |
| Personal care | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The records and processes around the management of people's medicines required improvement. |