

Audley Care Ltd

Audley Care Ltd - Darley Dale

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 took place on 29 June 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure someone would be in the office. The service provided domiciliary care and support to people living in Darley Dale in Derbyshire and also into St Elphins Extra Care Housing Scheme. At the time of our inspection there were 49 people using the service, 45 people living in the community and four living in St Elphins Extra Care Housing Scheme.

There was no registered manager at the service. However, the manager had applied for registration with the Care Quality Commission and this process was underway. 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.

People told us they felt safe with the staff team from Audley Care. Staff members had a good understanding of the various types of abuse and knew how to report any concerns.

People had consistent staff who supported them. People told us staff arrived on time but if they were running late for any reason they received a telephone call to inform them of this. Staff confirmed they had regular people they visited and had opportunities to talk to people on their visits.

People were supported by staff that had received appropriate training to assist them to meet people's needs. People were supported to take their medicines safely.

The manager and staff understood the principles of the Mental Capacity Act 2005 (MCA) and their responsibilities around this. People using the service told us that staff always obtained their consent before they provided their care and support. Staff members confirmed this and they were aware that people would communicate with them in different ways to give their consent.

Care staff had a good understanding of people's dietary needs. They were aware of people's food allergies and we found there was sufficient information about people's likes and dislikes with regard to food in their care plans. The staff team ensured that people's well-being was supported and maintained.

Staff members were kind and caring. Staff respected people's privacy and dignity and promoted their independence.

People contributed to an assessment of their needs and received care that met their needs and preferences.

People felt able to speak to the management and support staff at the service. They felt they were open and approachable. People felt able to raise concerns with the service and they were satisfied with the way the service responded to their concerns.

The staff team had an understanding of the purpose of the service and worked together to support the needs of people they visited.

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.

People were supported by staff who had a good understanding of the various types of abuse and knew how to report any concerns.

People had regular staff and received their calls at the time they agreed.

People were supported to take their medicines safely.

Is the service effective?

Good 

The service was effective.

People were supported by staff who had sufficient skills and knowledge to meet their needs.

The staff team understood the principles of the Mental Capacity Act 2005 (MCA). People's consent was obtained before their care and support was provided.

People were supported to access appropriate health care when this was required.

Is the service caring?

Good 

The service was caring.

People told us the staff team were kind and caring.

Staff knew the people they supported and knew about their personal preferences.

Staff respected people's privacy and dignity.

Is the service responsive?

Good 

The service was responsive.

People contributed to the details of their care plan.

People received care that met their needs.

People felt able to raise concerns with the service. People were satisfied with how the service responded to their concerns.

Is the service well-led?

Good ●

The service was well led.

People told us the service was well managed and the management team and staff were open and approachable.

Quality monitoring of people's care was undertaken on a regular basis.

The manager and staff were aware of their responsibilities and were involved in improvements to the service.

Audley Care Ltd - Darley Dale

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.

This inspection took place on 29 June 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. The inspection was carried out by one inspector.

Before the inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what it does well and improvements they plan to make. We looked at all the key information we held about the service which included notifications. Notifications are changes, events or incidents the provider must tell us about.

We spoke with four people who used the service. We spoke with the head of care and operations, the manager and four carers. After the inspection we spoke with three professionals who were involved with people who used the service.

We looked at care records of four people who use the service and other documentation about how the service was managed. This included policies and procedures, three staff recruitment records and records associated with quality assurance processes.

Is the service safe?

Our findings

People who used the service, and their relatives, told us they felt safe when staff were supporting them. People also told us they felt safe because they knew that a carer from the service was going to visit them. One person said "They come three times a day and they are always on time". They went on to tell us this was why they felt safe. Another person said "They always turn up" and a third person told us they felt safe with them [carers] because "It was a wonderful team."

People were protected from avoidable harm by staff who had received relevant training relating to safeguarding. Staff had a good understanding of the various types of abuse and knew how to report any concerns. The provider had a safeguarding policy in place with information about the various types of abuse and where to get guidance on reporting any concerns. Staff also told us they were confident any concerns they had would be acted on. Staff were aware of the Whistleblowing policy and when to use this.

The manager told us they used assessments from health professionals to inform the care plans to help keep people safe. We saw that risk assessments in relation to people's care had been carried out. They were specific to people's needs and identified hazards and any actions that staff needed to take to reduce the associated risks for the person using the service. For example, one person who used the service regularly went out visiting friends and going to the local shops. However, they often forgot to turn off the fire and lock the back door, so staff had put a notice on the front door to remind them to do these things before they left home. In this way staff were using simple actions to help ensure the safety of people they were supporting. One member of staff told us they would never leave a person at home alone in the house unless they believed they were safe..

People told us they had regular staff and they received their calls at the times that were agreed with the service. One person told us "They never not turn up". Another person told us "I'm satisfied with the carers", they went on to tell us they get the same regular carers and they were happy with this. We spoke with the manager about the staffing levels. They explained how, before they agreed to provide a new service for a person, they ensured they had regular staff to cover their needs. They also had an extra member of staff undertaking administrative responsibilities in the office who could be called upon if there was a staff shortage. This showed the service planned to have enough staff working in the right place at the right time to meet the needs of the people who used the service.

Staff told us about the recruitment process they had been through. This included completion of an application form, an interview and the carrying out of pre-employment checks prior to them starting work. We looked at the recruitment files of three people who worked at the service. We found that all of the required pre-employment checks had been carried out. These included Disclosure and Barring Service (DBS) checks. These checks help to ensure people are kept safe by only employing staff of good character as carers in the agency.

People told us that staff reminded them to take their medicines when this was part of the care plan. One person who required assistance with taking their medicine said "They give pills; they always give the right

pills". Staff confirmed they prompted people to take their medicines when this was required and they ensured information about what medicines had been taken were recorded in their care plans. One member of staff told us "I can't sign the MAR chart unless I've seen them [person] take them [medicines]". The medication administration records) are a way of recording what medicines people take and when they are given. There was clear information in care plans for staff about how to support individuals with their medicines. We saw from records that staff had received training in medicine awareness and this helped to support them to ensure the safety of medicines for people.

Is the service effective?

Our findings

People told us that staff knew how to meet their needs. One person said "They are so capable". When we spoke with one person about the skills of the staff who cared for them they said "Oh, yes they're very good".

New staff were undertaking the Care Certificate which is a way of training staff, based on their competency which helps to ensure they have the right skills to undertake their caring roles. Staff also told us about their induction into their role and how they shadowed a more experienced member of staff before starting to work alone.

One member of staff told us that, although they had worked in care before, they still received training before they started work. We saw records that confirmed this. One member of staff told us that training was "Quite comprehensive". They also said "I think Audley want to keep you [staff] up to date with training".

Staff also told us about the different ways they received their learning, on line, through one to one sessions and from each other. One member of staff told us it was a "Brilliant" way of learning. Another member of staff told us that when they were learning how to assist people with moving from a bed to a chair using a hoist the staff got in the hoist to see how this felt. Staff told us they felt well supported in their caring roles due to the training and induction they had undertaken. By experiencing different forms of training staff were gaining skills to support them in their role of supporting people in a knowledgeable way. They also said they felt they had completed enough training to enable them to carry out their roles in a skilled way. The records we saw confirmed this was the case.

Staff supervisions were undertaken every three months and this gave them the opportunity to talk about their role and responsibilities with their line managers. They said they sometimes talked about individual people but it was also an opportunity to talk about their professional development. Staff also told us they had regular team meetings where they could learn from one another, sharing experiences and ideas for improving the way they worked with people. In this way staff were continually learning and improving their skills to support people in a more effective way.

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 the 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA and found they were. Staff told us how they always gained people's consent prior to supporting them with any care. The manager had a good understanding of the MCA and was able to tell us about the action they would take if they had any reason to believe that a person did not have the capacity to consent to anything relating to their care. This included referring people for a MCA assessment which could lead to a

best interest decision for the person, if required. One member of staff said "Questions are addressed to them [people] if they lack capacity or had cognitive issues", they went on to say "I still address the person". Another member of staff said "Just because they [people] can't verbalise their decision doesn't mean they can't make one". Staff talked about the different ways they would communicate with people to ensure they had their consent to provide care. This shows staff were aware it was important to communicate with people directly, even when their understanding and decision making may be limited.

People told us they felt supported to eat meals of their choice. They told us they were offered a choice of food from what was in the fridge and cupboards and staff would prepare what they asked for. One person said "They cook my food when I ask them". Care staff had a good understanding of people's dietary needs. They were aware if people had food allergies and told us they had sufficient information about what people liked to eat within their care plans. Staff also told us they would gently encourage someone to eat if they were not eating their meals. We saw that information about people's dietary needs and preferences were recorded. The manager told us if there were any concerns about a person's diet a chart was introduced into the person's home and the member of staff would write what the person had been offered to eat and what they had refused. In this way people's nutritional health could be monitored and referrals made to healthcare professionals if this was required.

One person told us if they felt unwell they would tell the member of staff from the agency who would call the doctor for them. This was confirmed by a professional who is involved with people who use the service. One member of staff told us the staff in the agency had a "Really good relationship with GPs and they respect what we say". Staff told us GP's responded quickly to any calls and concerns about the people the staff were supporting. Staff also told us that if they felt they needed extra support from the manager to contact GP's then this was forthcoming. Staff told us they would dial 999 if they came across a situation where this was required.

Following the inspection we spoke with professionals involved with people who used the service. One social care professional said they had "No concerns and the documentation was always up to date". They also said the agency were "Very good" at contacting them if they had any information to share or any concerns to raise. The health professional told us if there was anything to be done, for example, supporting someone with taking a medicine, then this was always done.

Is the service caring?

Our findings

People spoke positively about the staff who supported them. One person said "They're very kind" and "I am ever so happy with them". Another person said "I can't praise them too much" and went on to say "They're a wonderful team". One person told us how they were very impressed with the staff who came to support them and asked me to tell the service and their staff that they were "Very impressed with them".

Staff told us they usually had the time to talk to people when they visited them and felt it was important to build up a bond with the people they supported. They said it was important to get to know the people they supported and provide the care in the way they wanted it. Staff told us they were able to visit the same people regularly and people confirmed this. This gave staff the opportunity to get to know people helped them to provide care for them in the way they wanted to receive it. Staff were able to tell us about people's likes, dislikes and preferences and information about people's life histories. Staff said they had time for short conversations on their visits so they could get to know the people they were caring for.

People told us they made the decisions about how they received their care and how they wanted their support to be given. For example, one person told us they liked their breakfast prepared in a particular way and this was done. People also told us they were supported to be as independent as they wanted to be and, on the days they required more or less support than usual, this was respected. When we looked at care plans we could see they contained detail about people's likes and dislikes and how they preferred to receive their personal care. This meant people were receiving the support they required in the way they preferred it..

People told us they had no concerns about their dignity being compromised when they were receiving personal care from the staff at the service. One person said the staff ensure "There is no-one floating around" when they are receiving their personal care. Another person said "For a young woman to give me a shower you'd think it would be a tricky situation but it's not". They went on to say they always felt treated with dignity and respect. People told us where they only required supervision with their personal care the staff would wait outside the bathroom in case they were called. In this way the dignity of people receiving care was maintained.

Staff told us they treated people with dignity and respect when they were providing personal care by ensuring doors and curtains were closed when this was appropriate. One member of staff told us it was important to be "Tactful, calm and respectful" when supporting people in order to give them confidence in what was happening. Staff also said they talked to people while they were supporting them with their care so that they understood what was happening. One member of staff said "It's all about respect isn't it?" They went on to say this was how they made people feel comfortable when they were supporting them with their personal care. They also said it was important to "Really listen to people" so they were providing care in a way people wanted. One member of staff told us "We put the client at the heart of what we do". By working in this way staff were helping to support people in a caring and compassionate way.

Is the service responsive?

Our findings

People told us that before the support started they were visited by a member of staff who talked to them about what they wanted help with and how they wanted this help to be provided. For example, one person told us they did not require any support with personal care. However, they did want help with domestic tasks such as taking the rubbish out and helping prepare meals and this support was provided. People also told us that if they wanted to be supported by a different carer this was arranged. For example, one person was unhappy with the member of staff they were supported by and when they talked to the manager about this a different person was sent instead. People also told us that if they wanted to receive their care at different times then the service did their best to accommodate this.

We saw people's care plans included information about people's likes and dislikes and preferences with regard to how they wanted their care and support provided. They also included the tasks the staff team were required to carry out on each visit. This provided staff with the information they needed in order to provide the care and support that people preferred. We also saw evidence in the care plans of people being signposted to an advocacy service, dementia friends and frozen food meals. In this way staff were responding to people's needs by referring them outside of the service where this was required.

People told us they always received the care they needed. One person said "If I want anything doing, they'll do anything for you". They went on to say if they wanted help with the shower this was provided or other personal care needs they had. People told us that when they required support with hospital appointments and other visits this was provided. Staff also told us they assisted people to go to the local polling station at election time. In this way the agency was responding to the needs of people when they required support in social activities and appointments.

When we spoke with staff they talked about the people they supported in a caring and sensitive way. Staff told us they got to know people initially by learning about their life history and what they liked and didn't like. They also talked to them about their relatives and visitors so they could understand what family support people had. In this way they got to know how isolated or lonely people were and could offer extra support by chatting to them. By talking to people about their interests and getting to know them as individuals staff were able to respond to people in a way that supported their individual choices.

People told us they would contact the office if they had any problems. For example, one person told us they raised a concern about a member of staff and this was dealt with immediately. They told us the service was very quick to act and to help ensure the situation didn't arise again. The service had a complaints policy and which included information about how to make a complaint. When we looked at records we saw that complaints had been investigated appropriately.

Is the service well-led?

Our findings

People told us they felt able to approach the management team with any queries or concerns. One person told us they received telephone calls from the manager when they first started to receive the service to make sure they were happy with the support they received. They were very impressed with this and thought it was a good way of checking they were receiving the correct support. People also told us how pleased they were with the service overall and were happy with the way the service was managed. One person told us they believed the manager was doing "A good job". People also told us they were happy with the care they received from the staff.

There was no registered manager at Audley Care. However, a new manager had been recruited to the service and had applied to become registered with the Care Quality Commission. The manager told us they were well supported by the Head of Care Operations and felt positive about their contribution to running the service. The manager had regular contact with people and when we spoke with them [people] they were aware there was a new manager in post. The staff told us they had confidence in the new manager. One member of staff said "[manager] was very good". Another member of staff said "[manager] knows what needs doing". A third member of staff said the manager was "Doing a good job".

Staff we spoke with told us the manager listened well and was easy to talk to. One member of staff told us they felt able to talk to their manager about any concerns and said they "Wouldn't turn you away" if you had something to discuss or something they were worried about. Another member of staff told us they had received the training to assist people with medicines but they still did not feel confident to do this. When they spoke with their manager they were given an alternative rota so they did not have to undertake this responsibility. This meant the service supported staff in a way that kept people safe and allowed staff to work to their best strengths.

Staff told us they felt valued and their views were listened to. For example, staff and the people they supported were involved in the production and reviewing of care plans. Staff were aware of the Whistleblowing policy and had been sent information recently with the telephone number so they could contact someone if they had any concerns about the way people were supported and cared for. Team meetings were undertaken on a regular basis and staff told us they felt comfortable raising any issues for discussion and one member of staff said "Camaraderie is really good" and "There's a good team behind you".

Staff told us there had been improvements in the way that work was planned recently which meant people had fewer changes of staff who were supporting them. Staff told us this was of real benefit to them and the people they cared for as this supported them to build relationships with individuals and get to know them better. This is an example of how the service was reviewing and improving the way they undertook their responsibilities to give the best outcome for people and staff.

We looked at records of how staff supported people in their own homes and could see that staff had recording the support they were providing to people. The manager told us one way they monitored quality

to ensure people were receiving their medicines appropriately was by undertaking audits of the MAR charts on a monthly basis. This was to ensure people were receiving the correct medicines. We saw the records that confirmed this.

Another way the manager monitored the quality of the service provided was by visiting all the people who received support from them six months after commencement of their service. A questionnaire was completed and any issues followed up to help ensure service provision was of the quality people expected. The service had also introduced an electronic system to manage staff rotas. Staff carried a handset which meant the manager knew where staff were when they were out on calls. If it was noted carer was running late the office could then ring the person to let them know this.

The manager also they carried unannounced 'spot checks' on all staff at least once every three months to help ensure they were working in a skilled way when delivering care and support. By monitoring the support given to individual people the manager could look to see if there were any mistakes that were happening regularly. They could then arrange extra support and training for the staff involved if this was required.

The manager attended branch manager meetings where they met with other management colleagues on a monthly basis. They told us how useful these were and said it was a really good way of learning from other managers' experiences

Audley Care had strong links with the providers of the extra care accommodation. There is shared transport and this is used by people who live in the local community as well as the people who live in the extra care accommodation. All employees of Audley Care are insured to drive the company car which is owned by the extra care facility so they can assist people with transport when this is required. By maintaining the links with the extra care facility Audley Care is providing an enriched service to the people they support.

The manager at the service was aware of the requirements and responsibilities of their role. Policies and procedures to guide staff were in place and we saw that complaints had been investigated appropriately and feedback given appropriately. Staff had a good understanding of the policies which underpinned their role including safeguarding, medicines and health and safety. The service was well led and delivered good quality care.