

Austen Allen Healthcare Limited

Austen Allen Healthcare Ltd T/A Austen Allen Homecare

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

About the service:

Austen Allen Homecare, Dartford, is a domiciliary care agency registered to provide personal care for people who require support in their own home. The Dartford office is one of two locations the provider has registered with CQC.

CQC only inspects the service being received by people provided with 'personal care' and 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 supporting 55 people, all of whom received some element of personal care. Austen Allen Homecare provide care services mainly to people living in the Dartford and surrounding areas.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions, Safe and Well-led, to at least Good. We found that the provider had undertaken actions in their action plan.

People's experience of using this service:

- People told us they felt safe with staff. People when asked if they felt safe said, "Yes, I do feel safe", "Yes I do, they are doing it right", and "I do when regular carers come."
- People had good relationships with staff, who were knowledgeable of their physical and emotional needs, as well as likes, dislikes and interests. Staff were responsive to changes in people's health needs. If needed, they sought advice from relevant professionals.
- People felt included in planning their care. Care plans were person centred, achieved good outcomes and showed people were offered choice and involved wherever possible.
- People's rights and their dignity and privacy were respected. One relative said, "Staff respect their relative" and another relative said, "Staff are caring and compassionate."
- Staff supported people to maintain a balanced diet and monitor their nutritional health.
- Medicines were stored and managed safely in people's homes. There were policies and procedures in place for the safe administration of medicines. Staff followed these policies and had been trained to administer medicines safely.
- People received care from staff who were well supported with induction, training and ongoing supervision.
- People knew how to complain and that any concerns would be listened and responded to by the provider. Actions were taken as a response to complaints.
- Feedback from people and relatives was sought and used to make improvements.
- The provider had made changes to improve the service for people. An electronic care planning and monitoring system had been implemented to make sure that people's needs were being met and people told us that they had been involved with this.
- Quality monitoring systems included audits, checks on staff practice and checks on people's satisfaction with the service they received, using questionnaires.
- The provider has systems in place to ensure they kept up to date with developments in the sector and

changes in the law.

- Lessons were learnt and used to make improvements.
- The service was led by an experienced, competent manager who understood their role and responsibilities, as did staff. The service had a clear management structure and people had confidence in the manager and provider.

Rating at last inspection: This service was rated, 'Requires Improvement' at the last inspection on 19 February 2018. This was because processes were not fully in place in relation to robust medicine recording, recruitment process and auditing systems

At this inspection, we found that improvements had been made and the service met the characteristics of Good in all domains.

Why we inspected: This was a planned comprehensive inspection to follow up on the issues raised at the last inspection.

Follow up: We will continue to monitor the service through the information we receive.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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
Details are in our Safe findings below.

Is the service effective?

Good ●

The service was Effective
Details are in our Effective findings below.

Is the service caring?

Good ●

The service was Caring
Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was Responsive
Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was Well-led
Details are in our Well-led findings below.

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Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) 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 Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

One inspector and one expert by experience carried out this inspection on the 5 and 11 April 2019. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience telephoned people that used the service to gain their feedback.

Service and service type:

Austen Allen Homecare, Dartford, is a domiciliary care agency providing personal care to people in their own homes. 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.

The service had a manager registered with the Care Quality Commission. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the registered manager 48 hours' notice of our inspection as Austen Allen Homecare, Dartford, is a community based service and we needed to be sure the registered manager and staff would be available. The expert by experience made calls to people and relatives of people that used the service on the 5 April 2019. We visited the office location on 5 April 2019, to see the registered manager and office staff; and to review care records, staff records and policies and procedures. We spoke with members of staff on the

telephone on the 11 April 2019.

What we did:

We reviewed information we had received about the service since the last inspection, in February 2018. This included details about incidents the provider must notify us about, such as abuse or serious injury. Due to a technical difficulty we did not ask the provider to complete a 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.

During the inspection,

- we spoke with three people;
- 11 relatives of people that used the service;
- six care staff, the registered manager; care advisor; the lead co-ordinator; the training manager and a trainee assistant.
- We reviewed a range of records.
- This included six people's care records and medicine records.
- We also looked at five staff files recruitment, assessment and supervision and support.
- We reviewed records relating to the management of the service, staff training and policies and procedures.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm. People told us they felt perfectly safe when being supported by the staff employed by Austen Allen Homecare, Gravesham.

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse.

- Staff knew how to identify different types of abuse and were confident that any concerns they had would be managed appropriately by the management team.
- Training was regularly updated so staff could keep up-to-date with changes to legislation and best practice. The registered manager liaised with the local authority safeguarding team when required.

Assessing risk, safety monitoring and management

- The risks involved in delivering people's care had been assessed to keep people safe. Risks to people and the environment were assessed before people started to receive a service. The assessments always took place in people's homes.
- When risks were identified, staff were provided with guidance on how to reduce those risks. For example, for one person instructions to staff were clear in relation to supporting a person with mobility aids. The care records included instructions on what action to take if any changes in mobility was noted.
- Individual moving and handling assessments were carried out for those who required it. These included, how people were supported to walk or get out of bed, if they needed to be assisted by equipment such as a hoist.

Using medicines safely:

- Processes were in place to make sure people received their medicines safely. Not everyone needed support with their medicines. People's ability to manage their own medicines was assessed before the service began. One relative told us that the person started to use an inhaler. The office staff phoned and asked the relative about it and the staff were now helping the person with the inhaler as required.
- People able to administer their own medicines made it clear this was their decision and choice and it was recorded in their care plan.
- Processes were in place to safeguard people and staff when medicines were being administered. Staff supporting people with medicines had undertaken medication training.

Learning lessons when things go wrong

- A system was in place to record accidents and incidents. Incidents, accidents and near misses were reported by staff in line with the provider's policy. The registered manager took steps to ensure that lessons were learned when things went wrong. For example, implementation of electronic system, so that there are no 'missed calls' as the office is alerted if member of staff does not attend an allocated call.

Preventing and controlling infection

- There were gloves and aprons available to staff when these were needed. There was information in

people's care plans about how to reduce the risk of infection such as thorough hand washing.

- Staff told us they had access to as much equipment as they needed.
 - Infection control training was provided to staff on their induction into the service and regularly updated.
- People told us the staff use gloves appropriately when providing personal care.

Staffing and recruitment:

- We found a breach of the regulations at the last inspection as the provider had not carried out sufficient checks to explore the staff members' employment history to ensure they were suitable to work with people who needed safeguarding from harm. We reviewed five staff files and evidenced that a robust recruitment procedure was in place. Pre-employment checks were carried out for all new staff. Staff completed Disclosure and Barring Service (DBS) checks before they began working with people. DBS checks identified if applicants had a criminal record or were barred from working with people that need care and support. The application form was amended whilst we were visiting the office to make sure that a full employment history was provided by all new applicants. Staff files were being audited as part of the quality monitoring systems process and staff were being recruited safely.
- The provider employed enough staff to provide the care and support people had been assessed as needing. There were enough staff to meet people's needs.
- A staff rota provided staff with the details of the hours they were working and the people they were supporting. Staff were paid for the time they spent travelling between visits. This meant that people always received their full allotted support time. One relative told us, "Yes, we are lucky that the majority of regular carers are very good." People told us staff arrived on time. If staff were late due to traffic, they would inform the next person to be visited by phone. People and staff were supported out of office hours by an on call system manned by senior staff.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

Good: ☐ People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

- People's needs and choices had been assessed before they received any care, so that care achieved effective outcomes in line with national guidance. One relative told us, that the person's initial assessment was reviewed when the person recently came out of hospital.
- Assessments considered any needs the person might have to ensure that their rights under the Equality Act 2010 were fully respected, including needs relating to people's disability or religion.

Staff support: induction, training, skills and experience

- People were supported by staff who had the skills, knowledge and experience to deliver effective care. A member of staff said that they had a moving and handling refresher training, two other members of staff said that they had recently completed training about a specialist feeding regime.
- Newly recruited staff received a three day induction programme and then gained experience by shadowing more experienced staff. Staff we spoke to all told us that when they started work they shadowed a more experienced member of staff.
- Established staff received a mix of online and face-to-face training, including subjects such as first aid, basic life support, moving and handling theory and practice and health and safety. When people had specific health conditions, staff were provided with specialist training in order to effectively care for them. Specialist training was available or sought out by the registered manager if it was required. One relative told us, "Staff are well trained", and another relative said, "I think they are trained to a certain standard. Staff use equipment properly."
- Staff received supervision and an annual appraisal and told us they felt well supported. Staff had the support they needed to enable them to develop into their role with the skills and confidence required to support people well.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care.

- Staff were skilled in making sure people had access to support from health and care professionals when needed.
- People were encouraged and supported to be as independent as possible managing their own health, for example ringing for GP or district nurse appointments. If people were not able to manage their appointments, their family carers would usually do this, with staff supporting when necessary. Staff recorded any concerns around people's health, and if appointments had been requested or made. Some people did not have family to help them and in this case, staff would always support when necessary, making sure their health needs were taken care of.
- All staff made contact with health and social care professionals when needed for routine health issues,

such as district nurses or the GP. People's medical conditions and how they managed them were thoroughly documented in their care plans.

- Staff supported people by arranging assessments for specialist equipment that might enhance their lives, such as specialist beds or mattresses.

Supporting people to eat and drink enough to maintain a balanced diet

- Most people were supported to eat and drink by their family members. When needed, other people were supported by competent staff who were trained in, for example, food hygiene. The care plan gave guidance and instruction for staff to follow.
- Some people were supported with their meals, in some instances staff made a whole meal and at other times pre-prepared meals, dependant on the wishes of people and their families. One relative told us, "Staff prepare breakfast, make a sandwich and snack, and about 4.00pm they cook a meal. Staff are good at that."

Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 with appropriate legal authority.
- We checked whether the service was working within the principles of the MCA and found that they were. Completed mental capacity assessment forms were seen as part of the care planning documentation.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect. One person said, "Staff very polite, they are lovely." One relative told us, "Staff are caring and kind. We have not had anybody who is not."

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People were treated with kindness and compassion in their day-to-day care. Staff told us they knew people well because rotas allowed them to support people consistently. One relative told us, "Sometimes person can be challenging, the regular carers know the person and adapt to the person mood. They are patient."
- Staff sought accessible ways to communicate with the people they supported. For example, using gestures and facial expressions that the person understood. Staff told us that they would communicate with people about what they were going to do before they did it. This was detailed in care plans which explained when people needed reassurance.
- People were asked about how they wanted to be supported to meet their equality and diversity needs such as support relating to their religion or sexuality. No one wanted any support with these needs at the time of the inspection.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to express their views and they and their relatives were involved in making decisions about their care and support.
- Staff invited people and their relatives to the person's initial assessment and subsequent reviews of their care.
- People were involved in the review of their care plans and risk assessments and able to voice their opinion if things were not working for them. People told us about their review meetings and said they felt able to speak up. They had signed their assessments and care plans to say they agreed with the content.
- If people did not have relatives to support them, the management team would refer to external advocates for support. Advocates are people who are independent of the service and who can support people to make decisions and communicate their wishes.

Respecting and promoting people's privacy, dignity and independence

- People were supported by staff to be as independent as possible. Care plans considered people's strengths and abilities, such as how they take part in making decisions about their care, or what aspects of the care they can complete themselves. One relative said, "If person is having a rough day, staff take their time."
- People had their dignity and privacy respected. Staff said this might include shutting doors when providing intimate support and covering the person with a towel during personal care. One relative said, "Definitely treated with respect. Staff have got to know the person, staff are very pleasant."
- The registered manager made arrangements to ensure that private information was kept confidential. Care and staff records containing private information were stored securely at the office when not in use.

Computer records were password protected so that they could only be accessed by authorised members of staff. Staff told us they would not share information about a person without their consent.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received support which was based around their needs, choices and preferences. Each person had their own individualised care plan which detailed the support they needed, and how staff were to provide that support. The plans were written in a personalised way.
- Family and friends who were important to people were recorded in the care plan. For example, different family members such as sons and daughters and grandchildren as well as close friends who played an important role in people's lives. Support networks were clearly set out so that staff knew the relationships and who to contact when.
- Care plans were regularly reviewed and any change in information updated immediately on the electronic system.
- Care plans were drawn up with people, taking into consideration information and advice from health professionals such as district nurses and occupational therapists.
- The provider met the principals of the accessible information standards 2016 (AIS). AIS applies to people who use a service and have information or communication needs because of a disability, impairment or sensory loss. When people were assessed, their communication needs were taken into account. Many people had complex care needs and lived with relatives. However, care plans described people's individual care needs and choices. The care plans enabled people or their relatives to check they were receiving the agreed care. One relative told us, "Two staff operate the mobility equipment and this is written in the care plan, they (staff) are careful with my relative."

Improving care quality in response to complaints or concerns

- The complaints procedure was detailed, giving the information needed if people wanted to make a complaint. Guidance was given about where to take their complaint if people were not satisfied with the response, such as the Local Government Ombudsman (LGO).
- People and their relatives told us they knew how to make a complaint and felt any concerns they had would be treated seriously by the registered manager. One relative told us, "I did make a formal complaint a while ago, they (management staff) carried out an investigation and reported back on why it had happened and what would be done to make sure it did not happen again." One person using the service said, "I did have to complain about one particular member of staff and that was addressed."
- Information on how to make a complaint was held in care records at each person's home. This information included details on what to do if the person or relative was not happy with how the complaint was responded to, such as contacting external organisations.
- The service had received five formal complaints in 2018. Complaints had been responded to in a timely manner and all had been resolved.
- Four compliments had been received already this year 2019, complimenting members of staff when supporting people in the community. One relative complemented the staff saying, "Staff were brilliant last

night." The relative stated that they were more than grateful for the quick response by staff."

End of life care and support

- People were supported at the end of their life to have a pain free and dignified death.
- Staff worked closely and sensitively with involved health professionals to make sure people received the right support. One relative told us, "The regular carers are brilliant, they will tell me (relative) if there are any issues."

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The provider had a statement of purpose which set out their vision and values for the service. This was available to people and staff if they wanted a copy. Staff had a good understanding of the values that were expected of them and agreed that a good quality service was what they all strived for.
- The management team checked if staff followed the values held by the provider by discussing them in supervisions and checking at spot checks in people's homes. Staff told us, "We get regular unannounced visits by management and they observe us to make sure we are doing what we should."
- Staff told us they thought the culture at the service was transparent and open, and senior staff were available if they had queries or concerns. People said the service was well led. One relative told us they found the manager and office staff helpful and responsive.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a registered manager in post. 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.
- It is a legal requirement that a registered provider's latest Care Quality Commission inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. The registered persons had conspicuously displayed their rating on their website and within their offices, which were accessible to the public.
- Services that provide health and social care to people are required to inform the Care Quality Commission of important events that happen in the service. This is so that we can check that appropriate action has been taken. The registered persons had submitted notifications to Care Quality Commission in an appropriate and timely manner in line with our guidelines.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Arrangements had been made for the service to learn, innovate and ensure its sustainability.
- The registered manager carried out a number of audits and checks to make sure a safe and effective service was provided. Additionally, the views of people, their relatives and staff were gathered in order to help improve the service. For example, management staff made sure that early calls were made to people

attending a local day centre.

Continuous learning and improving care

- Regular staff meetings were held and staff told us they were able to speak out if they wanted to. A staff member said, "I am very happy working here, it is better for me than jobs I have had in the past." Staff were supported by a management structure with various ways of gaining feedback and the opportunity to develop.
- Staff felt they were well supported by the management team. For example, at staff request the management team implemented changes to the working rota to cluster care calls so that staff did not have to travel as far.

Working in partnership with others

- The registered manager and staff helped people to be part of their community, using local resources and keeping close contact with health and social care professionals to make sure people had access to joined up care when necessary. For example, working closely with the community nursing team for one person who was receiving treatment for pressure area care.