

Audley Care Ltd

Audley Care Ltd - Audley Care St Georges Place

Inspection report

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Date of inspection visit:
20 February 2019

Date of publication:
11 April 2019

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:

Audley Care St George's Place is a domiciliary care agency. It provides personal care to people living in a retirement village and their own houses and flats in the community. It provides services people living with dementia, older people, younger adults, people with physical disabilities and mental health issues. At the time of inspection eight people were receiving support.

Not everyone using Audley Healthcare receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

People's experience of using this service:

People using the service benefited from an outstanding caring service. People told us how staff were kind and caring and treat them with compassion and respect. We saw how staff were supportive and went the extra mile to care for people.

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.

People's healthcare needs were being met and medicines were being managed safely.

People were protected against avoidable harm, abuse, neglect and discrimination. The care they received was safe.

Care plans were up to date and detailed what care and support people wanted and needed. Risk assessments were in place and showed what action had been taken to mitigate identified risks.

People received personalised care and support specific to their needs and preferences. People's likes, preferences and dislikes were assessed. Care packages met people's desired expectations.

People were enabled to follow a variety of interests and activities. Ideas and events were initiated by people based upon their interests.

Staff were being recruited safely and there were enough staff to take care of people. Staff were receiving appropriate training and they told us the training was good and relevant to their role. Staff were supported by the registered manager and were receiving formal supervision where they could discuss their ongoing development needs.

There was a complaints procedure in place and people knew how to complain.

Everyone spoke highly of the registered manager who they said was approachable and supportive. The provider had effective systems in place to monitor the quality of care provided and where issues were identified, they acted to make improvements.

Rating at last inspection:

This was the service's first inspection.

Why we inspected:

This was a planned inspection based on when the service was registered.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

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

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

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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:

The inspection team consisted of one inspector.

Service and service type:

This service is a domiciliary care agency. It provides personal care to people living in their own apartments, houses and flats. It provides a service to older adults and people with physical disabilities.

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

Notice of inspection:

The inspection was announced. We gave the service three days' notice of the inspection site visit because we needed to be sure someone would be present.

We visited the office location on 20 February 2019 to see the registered manager and office staff; and to review care records and policies and procedures.

What we did:

We reviewed information we had received about the service. This included details about incidents the provider must notify us about. We assessed the 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 used all this information to plan our inspection.

During the inspection, we looked at three people's care records and records relating to the management of the service. This included including staff training records, audits and meeting minutes. During the inspection, we spoke with three people who used the service, three care staff, the registered manager, quality care supervisor and two regional managers.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

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

Systems and processes to safeguard people from the risk of abuse

- People told us the service was safe. Comments included, "There is a very good ambiance, we feel safe when the staff are here with us", "I feel very safe when staff visit me, they come several times a day. I have no worries at all, I'm well looked after."
- Staff told us they felt happy raising any concerns they had about people they were supporting and were confident they would be dealt with appropriately. One staff told us, "I would involve the person and explain to them that this couldn't go on and needed to stop. I would speak to my manager and report through the system, I know what the systems are."
- There was a safeguarding and whistleblowing policy in place which set out the types of abuse, how to raise referrals to local authorities and the expectations of staff.

Assessing risk, safety monitoring and management

- The service aimed to obtain as much information about a person before a new care package commenced. Before support was provided an initial assessment, form was undertaken to assess whether the service could meet people's needs.
- People's care files included appropriate assessment of risk which had been conducted in relation to their support needs. Risk assessments covered areas such as the home environment, mobility, personal care, medicines, equipment and manual handling.
- Care plans provided instructions to staff to reduce the likelihood of harm to people when being supported.

Staffing and recruitment

- Safe recruitment practices were followed, and appropriate checks were done on applicants, including checks with the Disclosure and Barring Service (DBS) to ensure applicants were appropriate to work with vulnerable people.
- The service was adequately staffed which ensured staff provided a person-centred approach to care delivery.

Using medicines safely

- People told us they received their medicines in a timely manner. One person told us, "They are very strict on time, and they keep a register of all medicines given. They are very good like that."
- Medicines were managed safely. Protocols were in place that clearly described when medicines prescribed for use 'as required' should be administered.
- Robust audits of medication records were completed and where records had not been completed clearly, action was taken by the management to remind staff of the importance of accurate record keeping.

Preventing and controlling infection

- Appropriate measures were in place to protect people from infection.
- Staff confirmed they had access to personal protective equipment, such as gloves and aprons and were using these appropriately.

Learning lessons when things go wrong

- The registered manager had a system in place to monitor incidents. They understood how to use accidents and incidents as learning opportunities to try and prevent future occurrences.
- Risk assessments and care plans were reviewed, and discussions took place following incidents to prevent re-occurrence.

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

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

- Assessments of people's needs were comprehensive, and outcomes were identified. Care and support were regularly reviewed.
- Support plans were tailored to the person's needs and contained detailed information about the person and how they wished to be supported.

Staff support: induction, training, skills and experience

- Staff were trained to be able to provide effective care. One staff member told us, "Training is excellent, medication training is top notch, more intense than what I've had before. It's was a challenge. I have a lot of experience. Interested to see I was learning something different. My competency was checked, double checked and checked again before I could do anything."
- When new staff joined the service, they completed an induction programme which included shadowing more experienced staff.
- Staff told us they felt supported in their roles and although they had regular supervision sessions they felt able to raise issues at any time. One staff member told us, "Every day I am asked if I am ok and how things are going. They check with the clients how things are going. Clients tell me when they have asked about me. (Person) told me today that 'I'm the best'. I'm going to be doing my level five managers qualification as well."

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

- The service supported and encouraged people to eat a balanced diet. One staff member told us, "I've just done a really fancy salad for someone's lunch. It's not just about plonking food on a plate, it's the way you prepare it, make it look tempting so that people want to eat it."
- Care records showed how people's dietary needs were assessed, such as their food preferences and how they should be assisted with their meal.

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

- The service had excellent relationships with other organisations involved in supporting the people they also supported.
- When people needed to go into hospital, and it was appropriate to do so, their regular support worker would go with them to hospital, so a familiar person was with them.
- Information was shared with other agencies if people needed to access other services such as GPs, health services and social services.

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

- 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 to receive care and treatment with appropriate legal authority
- We checked whether the service was working within the principles of the MCA. Records showed people's capacity was assessed and people signed to consent to the care they received. The registered manager was aware of their legal responsibilities under the Act.

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

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

Ensuring people are well treated and supported; respecting equality and diversity

- Without exception, people told us they received excellent care and support from staff. One person told us, "Staff treat me with dignity. Mind you I would tell them off otherwise. They provide lots of loving care." Another person told us, "The staff are very caring, they take their time with me, helping me get ready. (Staff member) is excellent, they really know what they are doing."
- One compliment read, 'The care provided by Audley Care has always been of a very high standard and well appreciated by both my (relative) and myself. The staff are always very caring and my (relative) looks forward to the visit - both from the perspective of care but always from a social/personal perspective. I feel (relative) is treated as an individual, with respect, care and consideration. The care and support provided is always of a high standard, professional and caring. An interest is taken of (relative's) wellbeing and how they can assist in or improving the care provided.'
- Staff we spoke with were extremely positive about their role. One staff member told us, "I would be happy for my family for to be here and receive care. I would recommend it to people over 55, if they can afford to buy an apartment, or to receive support in their own home. From when I started working, I've been welcomed and made to feel comfortable." Another staff member said, "I love working here, I'm happy. I'm surprised, the care that people get is very different from other companies I have worked for."
- Staff we spoke with demonstrated a good understanding of each person they supported and understood each person's different needs.
- The service has dignity champions who were role models to others and influenced colleagues by having conversations around the seven steps of dignity principles. We saw many examples of where staff had gone above and beyond their role to support people. For example, after celebrating a resident's 100th birthday, the service found someone else living at another service run by the same provider was also going to be a centenarian. This led to the provider arranging a trip to the other scheme and for the two people have an afternoon tea together hosted by Audley where they could reminisce about old times and to show one of the people around their old school.
- One staff member supported a person to attend two family funerals. The staff member had built a strong rapport with the person, so the person felt very comfortable having the staff member present at such an intimate occasion. Without this support the person wouldn't have been able to attend. The staff member offered to spend their own time with the person, so the person could speak to family who they hadn't seen for some time.

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

- People were supported to express their views and make decisions about their care. Following a fall which resulted in a person being in hospital, the service worked with the them to establish the type of support that would be needed for the person to feel safe and happy at home. It was also designed in a way that

maintained as much independence as possible. The service agreed to increase or decrease the package in line with the person's health. The person felt strongly that they only required a short call at night. However, the service had a policy of only offering a minimum of a one-hour visit. Together they looked at what was required of the visit and agreed that it would not affect the quality of the visit. The service changed its policy to reflect the person's choice. This also meant the support cost was reduced which had caused the person anxiety.

- People were supported to express their views and to be involved, as far as possible, in making decisions about the care and support they received. People told us they had completed surveys and attended meetings to share views.
- People's diverse needs were recorded. Staff we spoke with demonstrated a good knowledge of people's personalities, individual needs and what was important to them.
- When people had expressed their views about their preferences these were respected. Staff could tell us about, and records confirmed that people's views about how they preferred to be supported had been acted on to promote positive outcomes.
- People were supported to express their spiritual needs and people were accommodated when visiting the local church.

Respecting and promoting people's privacy, dignity and independence

- One person wanted to be able swim independently. However, they didn't have the confidence to use the leisure facilities independently. With support from care staff and leisure club staff, the person was now able to walk from their apartment to go for a morning swim un-aided. This had given the person a great sense of independence.
- One person's plan said, "I would like to brush my teeth and wash my face, hand me my towel as I usually hang this on the frame." The person confirmed that staff supported them this way.
- Respect for privacy and dignity was at the heart of the service's culture and values. Staff treated people with dignity and respect. Through our conversations with staff, they explained how they maintained people's dignity whilst delivering care. One staff member told us, "When I am washing people I keep them covered up, bathroom door and curtains closed. I think about how I would want to be treated. It's hard for people to accept they need this type of support. This is where I think I wouldn't like people leaving doors open. Keeping people's dignity, it's the most important things. I'm passionate about this."
- The service promoted people to live as independently as possible. Staff gave us examples about how they involved people doing certain aspects of their own personal care and day to day activities which supported them to maintain their independence.

Is the service responsive?

Our findings

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

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 told us they were involved with planning their care. Comments included, "The plan was put together with us. We were involved in all aspects of the plans including medication and matters of that kind."
- People's care plans were detailed and contained clear information about people's likes, dislikes, specific needs, their personal preferences, routines and how staff should best support them to live happy, contented lives. Staff were knowledgeable about people's preferences and could explain how they supported people in line with this information.
- Each person's plan was regularly reviewed and updated to reflect their changing needs. People confirmed they were involved with reviewing their care and support.
- The service had a strong commitment to putting the individual person at the centre of the support they provided. The commitment was evident in all staff we spoke with.
- People were enabled to follow a variety of interests and activities. Ideas were initiated by people based upon their interests. There were an abundance of life enhancing and interesting events and activities for people to become involved with. These included book clubs, art clubs, walking group, coffee mornings, trips into the local community, master classes for cooking, gardening club and a happy hour. Staff would encourage and support people to attend these to prevent them from becoming socially isolated.
- One of the benefits of being an Audley care customer is the access to leisure facilities. Several people have benefited from this by attending exercise classes which have improved people's strength, co-ordination, flexibility and balance. This in turn will help reduce the likelihood of falls and issues developing with mobility in the future. People have benefited greatly from the social aspects of exercise and meeting new people.
- People's communication needs were known and understood by staff. People's care plans included details about their communication needs. The service ensured people had access to the information they needed in a way they could understand it and were complying with the Accessible Information Standard.
- The paperwork, such as medication administration records, (MAR) care plans, risk assessments and scheduling were computer based. The different IT systems were interconnected and worked with each other. All staff had a work phone which accessed the various IT systems. This meant staff had immediate access to people's changing needs and the service was able to monitor that all calls were completed. Access could also be shared with other professionals such as GPs, so they had a full picture of the person.

Improving care quality in response to complaints or concerns

- There were known systems and procedures in place. People told us that they had no reason to complain and matters were always dealt with when they made suggestions and therefore they felt they did not need to formally complain.
- No complaints have been received. People said that they felt able to speak to the registered manager at any time. Staff were aware of resolving concerns at a lower level if possible.

- The service had received six compliments and positive reviews on an independent on-line review website during a 12-month period. They also received compliments direct in the form of thank you cards.
- Compliments included, 'The care for my (relative) has been excellent. (Relative) is not easy to please but doesn't have a bad word to say about the manager and their team. Each person has taken the time to get to know (relative) and they are all amazing with how they care for (relative). Thank you for everything.'

End of life care and support

- The registered manager informed us they were not currently providing care for people at the end of life. If this changed they would support people whilst working alongside other professionals to meet people's needs and wishes.

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

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 with openness; and how the provider understands and acts on their duty of candour responsibility

- There was an open and honest culture in the service. People who used the service and were complimentary about the registered manager. One person said, "(Registered manager) is always available for us, we see her around all the time. She is great." The quality assurance systems which were in place to monitor the service had been effective in identifying areas for improvement. When issues had been identified, an action plan was put in place and action had been taken to make improvements. Senior managers also regularly completed audits and checks

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

- There was a registered manager in post who provided leadership and support. They were supported by a care coordinator. We found the management team open and committed to making a difference to the lives of people living at the service.
- One staff member was a finalist at the national care awards for carer of the year.
- People who used the service received good quality person centred care.
- The service was caring and focused on ensuring people received person-centred care. It was evident staff knew people well and put these values into practice.
- The registered manager and provider knew people using the service and their relatives very well. We saw they were kind, caring and very knowledgeable about people's lives and personalities.

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

- People were engaged with the service. Staff meetings were held which staff told us they found useful. Staff met with the registered manager, deputy manager and more frequently with the senior care assistant on a one-to-one basis to discuss any concerns or receive any updates.
- People who used the service were involved in day to day decisions about what they wanted to eat and what social activities they wanted to take part in.
- People using the service, relatives and professionals had completed a survey of their views about the service. People's feedback had been used to continuously improve the service.
- The registered manager made themselves easily available to people using the service, relatives and staff.

Continuous learning and improving care

- The registered manager understood their legal requirements. They were open to change, keen to listen to

other professionals and seek advice when necessary.

- The registered manager demonstrated an open and positive approach to learning and development. Improvements were made following changes in policy and procedure to ensure regulatory requirements were met.
- Information from the quality assurance systems, care plan reviews and incidents were used to inform changes and make improvements to the quality of care people received.

Working in partnership with others

- The service worked in partnership with key organisations to support care provision, service development and joined-up care. For example, the manager told us the service had worked with clinical commissioning groups (CCG), social workers and Birmingham local authority. This provided the manager with a wide network of people they could contact for advice.
- The manager attended provider meetings held by Birmingham local authority.