

Audley Care White Horse Ltd

Audley Care - Inglewood

Inspection report

The Care Office
Inglewood
Kintbury, Hungerford
Berkshire
RG17 9AA

Tel: 01488687020
Website: www.audleycare.co.uk

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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?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

This was an announced inspection which took place on 06 April 2018.

Audley Care - Inglewood is a domiciliary care agency. It provides care to people living in their own homes in a purpose built village setting and in the community. Not everyone using the service receives a regulated activity. Approximately 97 people receive a regulated activity. The Care Quality Commission (CQC) only inspects the service being received by people provided with personal care, help with tasks related to personal hygiene and eating. The agency provides a service to older adults.

At the last inspection, on 14 June 2016, the service was rated as good in all domains and therefore overall good. At this inspection we found the service was still rated as overall good but the responsive domain had improved to outstanding.

The service did not have a registered manager running the service. However, the current manager had applied to be registered by the CQC and the application was being processed. 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, staff and visitors remained as safe as possible whilst in the office or being provided by a service. Staff had been trained in safeguarding vulnerable adults and health and safety policies and procedures. Staff knew what action to take if they identified any safety concerns during the course of their work. General risks and risks to individuals were identified and action continued to be taken to reduce them, as far as possible.

Medicine was administered as safely as possible. Care staff followed the medication procedure, completed medicine care plans and recorded medicine administration. People benefitted from being provided with adequate and skilled staff. The service did not accept a package of care unless they were able to provide staffing to meet the individual's needs safely. The service followed a recruitment process which ensured staff were recruited safely.

Staff continued to be well trained and well supported to make sure they could meet people's varied needs. Care staff met people's needs effectively and as described in plans of care. The service worked closely with health and other professionals to ensure they were able to meet people's needs, in the best way possible.

People were supported to have maximum choice and control of their lives and care staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

People continued to be supported by a committed and enthusiastic staff team who delivered care with kindness, respect and understanding. They built caring relationships with people and were able to meet

their needs sensitively. The service and care staff were aware of people's equality and diversity needs and endeavoured to meet them.

The service was exceptionally person centred, flexible and responsive to people's individual's needs. It adapted and changed care packages in response to people's choices and specific needs. People's needs were regularly reviewed to ensure the care provided was up-to-date. Care plans included information to ensure people's communication needs were understood.

The manager and the management team ensured the service was very well-led. The manager, management team and office staff were described by staff as exceptionally supportive, open and approachable. The manager and the staff team were committed to ensuring there was no discrimination relating to staff or people in the service. The quality of care the service provided was continually assessed, reviewed and improved.

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 remains safe.

Is the service effective?

Good ●

The service remains effective.

Is the service caring?

Good ●

The service remains caring.

Is the service responsive?

Outstanding ☆

The service has improved to outstanding.

The service is exceptionally responsive to people's individual needs.

The service is committed to responding to people and trying to achieve the outcomes they wish.

The service is extremely person centred and flexible in their approach to assisting individuals to solve their lifestyle issues.

The staff team fully understand discrimination, equality and diversity and how these areas are addressed in their daily work.

Is the service well-led?

Good ●

The service remains well-led.

Audley Care - Inglewood

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.

The inspection was announced and took place on 06 April 2018. The service was given 48 hours' notice because the location provides a domiciliary care service. We needed to be sure that the appropriate staff would be available in the office to assist with the inspection. The inspection was completed by one inspector.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us to give us some key information about the service, what the service does well and improvements they plan to make.

We looked at all the information we have collected about the service. This included the previous inspection report and any notifications sent to us. A notification is information about important events which the service is required to tell us about by law.

We looked at paperwork for eight people who receive a service. This included support plans, daily notes and other documentation, such as medication records. In addition we looked at records related to the running of the service. These included a sample of health and safety, quality assurance, staff and training records. We looked at seven staff recruitment files for staff who had been appointed in the preceding 12 months.

We visited people in their homes on the day of the inspection visit and requested information from eight people who use the service or their agreed representatives. We received three responses. We spoke with three staff members, on the day of the visit and requested information from a further ten. We received two responses. We requested information from nine professionals, including the local safeguarding team. We received responses from three. On the day of the inspection we spent time with two regional operations managers as the manager was not available.

Is the service safe?

Our findings

The staff team continued to keep people safe and protect them, as far as possible, from any form of abuse. People said, "I always feel safe and my care group are lovely." Another commented, "Yes I definitely feel safe and trust the carers." A family member complimented a staff member by saying of her, "[name] is a lovely lady" they further thanked her for ensuring their relative's safety and wellbeing.

There had been two incidents identified (by other professionals) as safeguarding in the preceding 12 months. These had been dealt with appropriately and all necessary agencies had been notified. However, these were not substantiated. Additionally, the service had made referrals to the local authority safeguarding team to protect people who may be at risk from abuse from others who lived in the community. Care staff fully understood their responsibilities in relation to keeping people safe and were confident that the management team would respond immediately to any safety issues. The local authority safeguarding team told us they had no concerns about the service. The service had an allocated safeguarding champion who disseminated information about safeguarding to care staff.

People and staff continued to be kept as safe from harm as possible. Health and safety training was provided regularly and safety was addressed by generic health and safety, environmental and individual risk assessments. Generic risk assessments included infection control, environmental risk assessments and areas such as the use of electrical equipment and moving and positioning people. The service had an allocated infection control champion who offered advice and guidance to care workers with regard to this aspect of their work. Individual's risk assessments and risk management plans included issues such as continence and emotional well-being. Risk assessments informed care plans which advised staff of the safest way to provide care.

People's safety was further promoted because the service learned from accidents and incidents. Accident and incident reports recorded what had happened. However, they did not identify if the person received a regulated activity and what action was taken to minimise the risk of recurrence. There was clear evidence in care plans, staff meeting records and notes in weekly newsletters that learning and actions were taken from accidents and incidents. The service had identified this area for improvement and had developed a lessons learned template form to use with accident and incident forms, going forward.

To keep people safe in emergencies the service had developed an emergency contingency plan called a business continuity plan. This was a risk rated emergency plan which included lone working, adverse weather conditions and high staff turnover. There was a specific emergency risk management plan for people. In recent inclement weather it had been used and people's care was delivered safely. There was a twenty four 'on-call' system which people could access, if necessary.

People continued to be supported to take their medicines safely. The service had an appointed medication champion trainer. Medicine administration records reflected whether medicines had been given at the right time and in the right quantities. Care plans contained detail about how the person was to be supported to take their medicines safely. People were supported by staff who were trained and competency tested to

ensure they were able to administer medicines safely. Competency assessment records were kept which showed they were repeated at six monthly intervals, as a minimum.

People continued to be supported by staff who were safe and suitable to work with them. The recruitment processes were rigorously followed. They included safety checks such as Disclosure and Barring Service (DBS) checks to confirm that employees did not have a criminal conviction that prevented them from working with vulnerable adults and application forms were fully completed.

The service remained appropriately staffed to meet people's needs safely. Care packages were only activated if the service had enough appropriately skilled staff in enough numbers to meet the individual's agreed needs.

Is the service effective?

Our findings

People continued to be provided with effective care by staff who were well trained and had acquired the skills to meet people's diverse and changing needs. Specialised training to meet people's diverse needs was provided as necessary. This included fluids and nutrition and multiple sclerosis. Staff told us they had very good training opportunities and were supported with their professional development. Staff were provided with induction training and completed the nationally recognised care certificate.

People were provided with good care by staff who felt they were very well supported by the manager, senior and office staff. Staff received four one to one supervisions a year. Additionally they complete reflective supervisions (to look at any particular issues or problems), as necessary. Reflective supervisions are recorded in a particular format which includes an action plan for the staff member. People were involved in staff supervisions and completed eight feedback forms a year so that senior staff could relate staff supervision to their impact on the people they care for. Care staff told us they could ask for help or assistance at any time.

People's rights were upheld by a staff and management team who understood issues of consent and decision making. Care plans included information with regard to people's ability to make decisions about their care. Any documents to demonstrate people's decision making such as consent forms and living wills, were held on people's files. Additionally evidence of the right of others to make decisions on people's behalf such as power of attorney for finances and /or health and welfare, was included in people's files.

The service understood the Mental Capacity Act 2005 (MCA). The 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 when this is in their best interests and legally authorised under the MCA. In the community people can only be deprived of liberties if agreed by the Court of Protection. The service did not offer a service to anyone whose liberty was restricted. However, they were fully aware of the action to take should it become necessary.

People, their families and other relevant people, with the individual's permission and as appropriate were included in the assessment process and decided what care they wanted and needed. Additionally people chose how they wanted their care delivered. A new care planning system provided very good quality, exceptionally detailed and informative individualised care plans which enabled staff to provide the required care.

People continued to be supported to meet their health and well-being needs, as specified on individual plans of care. The service worked closely with community health professionals to ensure health needs were met in the best way possible, if appropriate to the support being offered. For example, in severe weather the service invited district nurses and/or other health providers to share their four wheel drive transport to

ensure people received the appropriate healthcare. T

Care staff continued to support people with their nutritional requirements, if this was an identified need. Care plans and risk assessments provided the necessary information to enable staff to offer people the right amount of help to eat and drink. Daily records were kept, if necessary. Staff received fluids and nutrition training if they were supporting people in this area.

Is the service caring?

Our findings

People told us care staff were, "Lovely and make sure of my privacy and dignity." They said, "They always treat me with respect." Another person said, "They treat me with respect and preserve my dignity at all times." Staff expressed views that demonstrated their care and compassion for people. Examples included, "When I am assisting people with washing/going to the toilet, I am very aware of their vulnerability and dignity and treat them with respect." A person complimented the service by thanking everybody for the kindness and patience shown to her since they had been having care calls. A relative commented, "Many thanks to all the staff at Audley for all your help in providing some super care for my [family member] over the last 18 months or so and for all your understanding in what that entails."

Care staff continued to establish positive working relationships with people. Relationship building was encouraged by each person receiving care from a core staff group. Care was provided by the same people as consistently as possible. One family member commented, "[Relative] is now familiar with many of the carers but generally has visits from the same core few. This is something that has improved." Care staff spoke and wrote (in daily notes) very respectfully about people. They interacted very positively with people during their visits and people appeared delighted to see them.

People's diverse physical, emotional and spiritual needs were met by staff who were provided with appropriate, detailed information to enable them to meet their identified needs. New care plans included people's life history, religion, culture and lifestyle choices, as appropriate to the care package they were receiving. The service matched people, as far as possible, with care staff who had the skills, training and characteristics to meet their individual needs.

People were encouraged to maintain as much independence as they were able/chose to. The new care plans clearly noted how independent people were in specific areas of their care and how staff should support maintenance and development of independence as much as possible. Risk assessments supported people to be as independent as they were able to be, as safely as possible. Examples included personal care and mobility.

People continued to be given information about the service via leaflets, service agreements, on-line systems and face to face contacts. People were encouraged to give their views of the service in various ways. Examples included, senior staff completing 'spot checks' on care staff and asking people's opinion of the care they received. Regular service reviews were held and surveys were sent to people and other interested parties every year.

Personal information relating to people was kept securely and confidentially in the care office. People kept their own records in their home in a place of their choice. The provider had a confidentiality policy which care staff understood and adhered to. The service fully understood the Data Protection Act and were preparing for the application of the new General Data Protection Regulation.

Is the service responsive?

Our findings

The registered manager and staff team were exceptionally responsive to people's preferences, choices and wishes. One person commented, "They always listen and help us." Another said, "They always respond to my wishes and preferences and were very quick to increase my calls after a stay in hospital." A family member said, "I have found the team courteous and helpful when I have needed to call and they have been very tolerant and supportive as [relative] has had periods of calling very frequently to cancel their visits."

The service presented examples of excellent responsive and innovative practice. These included, assisting a person to visit their family over a holiday period. The service was willing to be involved in complex arrangements to meet the person's request. This included recruiting a specific, suitable staff member to provide 24 hour care to the same standard as they would have received in their own home. The visit went ahead successfully and fulfilled the families and person's wishes.

Where appropriate, people's families and those important to them were involved in their care and support. A person became very ill and needed a personal carer to work with the service's care staff. The personal carer who was employed privately by the person was not trained to the same standards as the agencies carers. The service therefore encouraged the personal carer to attend their training and complete the care certificate, free of charge. This meant that the person benefitted from always being cared for by an appropriately trained person.

People benefitted by being supported by people who knew them well and spent time ensuring that their support was truly person centred. A person was assisted by a care staff member to fulfil a long held wish. They researched the possibilities, organised the appointment and accompanied the person to the establishment to complete the procedure. The person was delighted with the amount of work the care staff member had done to meet their aspiration and with the result of the procedure.

Staff took time to ensure that people were provided with care that supported and encouraged them to regain and maintain their independence as much as possible. An independent and fully ambulant person fell and was hospitalised. This caused the person to lose confidence and they struggle to complete any tasks independently. The care staff assisted them with their mobility when they returned from hospital. Staff helped and encouraged the individual to complete the exercises the occupational therapist had recommended, on a daily basis. After several months the service was able to reduce the morning call from one hour to half an hour. The person is more able to mobilise independently and on occasion visit the facilities in the care village. They are much more independent with daily living skills and have become more confident and able to enjoy their lifestyle, again.

The service ensured they could meet people's individual requirements. Senior staff completed an initial assessment of needs with people, their families and/or friends and other professionals, if relevant and appropriate. The care package was accepted if the service could meet those needs and had staff with the necessary, training, skills and characteristics available. On some occasions people waited for their care package to begin, until the service had found suitable staff and/or trained and up-skilled existing ones. An

exceedingly person centred care plan was, under normal circumstances, developed from the detailed assessments within 48 hours.

The service had improved their care plans to ensure they were totally person-centred and responsive. The new plans were of a very high standard and evolved as the service's knowledge of people grew. They included a 'care at a glance' page, a summary of care and an emergency information sheet. This enabled care staff and /or others in emergencies to identify what care people needed and how it was to be provided, very quickly. The plans also included a detailed personal profile which described the person, their history and their likes and dislikes.

People's care continued to be reviewed frequently. The daily notes were reviewed by senior staff every month, care plans were reviewed with people six monthly and the care package was reviewed once a year, as a minimum. If people's needs changed their care package was reviewed as often as necessary. Examples included people whose health was deteriorating, people who fell and people whose life situations changed (such as the death of a spouse.)

The service had developed IT systems to improve the service to people. Most of the paperwork, such as care plans, risk assessments and scheduling were computer based. The different IT systems were inter-connected and worked with each other. All staff had a work phone which accessed the various IT systems. The IT meant improvements for people such as staff having immediate access to people's changing needs and the service being able to monitor that all calls were completed.

The service retained a robust complaints procedure which had been enhanced during the past year. Complaints were recorded on individual files and a service 'log'. All complaints were investigated and were recorded in detail. Four specific letters were sent to complainants, which kept people up-to-date with the stages of the investigation. The final letter was a follow up letter to check people were happy with the outcome of the complaint. Additionally a template to record lessons learned from the contents of the complaint had been developed. The service had received one complaint in the preceding 12 months (nine months ago). People told us they knew how to make a complaint, but 'the office' was very quick to respond to any issues so they had never needed to do so. The service had received eight compliments and positive reviews on an independent on-line review website during a 12 month period.

Discrimination was understood by the registered manager and the staff team. They knew how to protect people from any form of discrimination and were knowledgeable about equality and diversity with regard to the protected characteristics. Staff training covered these principles.

The service continued to recognise the value of diversity within the staff group and used staff differences to the benefit of people who use the service. They 'matched' people, as far as possible, to people's preferences and life experiences. They understood different cultures and the needs of people within cultures and with different life choices. For example, they matched a person who used the service and staff member because of a common language and culture. They told us this had been very successful as they had, "A lot in common and a lot to talk about." The service currently had no male carers. The management and recruiting team were attempting to rectify this.

The service continued to ensure 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. The service used appropriate methods of communication, such as braille and large print, when necessary.

Is the service well-led?

Our findings

People continued to benefit from an extremely well-led service, even though there was not a registered manager in post. The manager was experienced in care, qualified in care and management and had applied to the Care Quality Commission (CQC) for registration to manage the service. The manager was supported by senior managers of the Audley Care organisation.

Staff told us the management team were, "Very open and approachable" and, "It is a very flexible service with regard to staff needs." Examples of the manager being flexible to support staff with family matters were given. Another said, "The new manager is very supportive but is also very focussed on the people who use the service."

People and staff were given opportunities to express their views and opinions of the service. Staff told us they felt their, "Views, ideas and experience was valued" and they were, "Listened to and involved in developing the service." The service ran several schemes to acknowledge how valuable individual staff were to the company. Examples included thank you cards (such as for their work in the severe weather), vouchers and flowers. Additionally the organisation has a best carer and star carer award scheme, locally and nationally. Staff attended staff meetings, office meetings and regular supervision meetings. Minutes showed they were able to present their views and opinions at these. Up-date news sheets were sent to staff on a weekly basis. Care staff told us they felt comfortable to discuss any matters with the management team. Care staff said the office staff were, "Wonderfully supportive and they all worked together and formed a good team."

People continued to be encouraged to tell the service what they thought about their care by a variety of methods. These included involvement in staff performance monitoring by being an integral part of the supervision process, full involvement in their care reviews and completing regular quality reviews of the service. Additionally people were invited to activities and care surgeries in the Audley Care village. The surgeries were developed to encourage people to raise any concerns or discuss any issues. These were mainly attended by people who lived in the village but everyone who received a service was invited.

People received good quality care which continued to be reviewed, maintained and improved, as necessary. A number of quality assurance systems were used to review the service. For instance, the manager completed monthly auditing of all areas of the service. Additionally a full audit of the service was completed twice a year by a regional operations manager. The operations manager completed a full report under the CQC domain headings which noted any actions needed and an action plan to meet them. The IT systems, now in place, automatically audited various areas of the service. These included call times, staff training, accidents, incidents and service failures. The system then 'flagged up' any particular problems, trends or repetitions, risk assessed them and alerted the appropriate senior staff member. The staff member then had to take the relevant actions to ensure the necessary improvements were made.

The service continued to make improvements, as necessary and develop to offer the best service they could. Actions were taken as a result of the auditing systems and listening to the views of people, staff and other

interested parties. Examples included, developing and extending the IT systems to support 'best care' and improving care plans to ensure they were person-centred. Additionally they introduced a complaints and accidents and incidents lessons learned document to enable them to minimise the risk of recurrence and keep people happier and safer.

The service continued to work with other community professionals to ensure people's needs were met and they were provided with the best possible care. The service engaged with community health professionals and other care providers with regard to individual's needs.

People's individual needs were recorded on exceptionally good quality, up-to-date care plans. They informed staff how to provide care according to their specific choices, preferences and requirements. Records relating to other aspects of the running of the service such as audit and staffing records were, accurate and up-to-date. All records were well-kept and easily accessible. The service had developed and was continuing to extend the use of IT systems which supported staff to provide up-to-date quality care.

The management team took steps to meet the requirements of all relevant legislation including any new acts or mandatory guidance. For example they were preparing for the new General Data Protection Regulation and were fully aware of the requirements of the Duty of Candour regulation and the Accessible Information Standard. Notifications (a notification is information about important events which the service is required to tell us about by law) were sent to us, if necessary and in a timely and appropriate manner.