

Audley Care Ltd

Audley Care Nightingale

Inspection report

Audley Nightingale Place
3 Nightingale Lane
London
SW4 9AH

Date of inspection visit:
14 October 2021

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19 November 2021

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 Nightingale is a domiciliary care service supporting people living in a purpose-built retirement village, as well as in the local community.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of the inspection, three people were receiving personal care.

People's experience of using this service and what we found

People using the service told us they were happy with the service provided and would recommend the service to others. They said they were supported by familiar staff who understood how to keep them safe and were caring and respectful towards them.

We found people using the service were supported by staff who were recruited safely, had appropriate training and were well supported by the management team.

People were kept safe and protected against the risk of avoidable harm and abuse. They received continuity of care from a small group of staff who were familiar with their support needs. Staff treated people with dignity and upheld their right to privacy.

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

People's care was planned around their wishes, preferences and needs. People and their representatives understood how to complain. They were confident that, if they contacted the office, the management team would respond to them promptly and resolve their concern.

Systems were in place to monitor the quality of care people received as well as their satisfaction with it. People, relatives and staff were encouraged to share their feedback.

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

Rating at last inspection

This was the first inspection of this service.

Why we inspected

This service was registered with us in May 2020 and this is the first inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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?

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.

Audley Care Nightingale

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. The service provides support to people living in a retirement village with purpose-built single household accommodation on a shared site as well as in the local community.

Notice of inspection

We gave the service a short period of notice of the inspection. This was because it is a small service and we needed to be sure that the provider or acting manager would be in the office to support the inspection.

What we did before the inspection

We reviewed the information we held about the service including any feedback from the local authority and notifications of significant events the provider had sent to us. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used this information to plan our inspection.

During the inspection

We spoke with three people using the service, the acting manager, the care operations manager and one staff member. We reviewed the care records for three people using the service and four staff files in relation to recruitment, training and supervision. We also looked at a range of records relating to the management of the service.

After the inspection

We received feedback via email from one staff member. We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff received training in safeguarding adults and children as part of their induction. This training was refreshed regularly as part of the on-going training programme.
- Staff were aware of their responsibilities and told us they felt confident about raising concerns. One member of staff said, "I believe that management would deal appropriately and effectively when dealing with allegations of any abuse or harm." Another member of staff said they felt confident in discussing any issues with the acting manager saying, "Yes I can speak to her."
- People using the service told us that staff were respectful and helped keep them safe and well.

Assessing risk, safety monitoring and management

- Before providing support, the service completed assessments which looked at any risks to the person and the staff supporting them. The assessments considered risks relating to people's health and well-being, any medicines being taken, their mobility and from their home environment. Records showed that care plans and risk assessments were reviewed regularly and updated when changes occurred.
- People told us that they received consistent care from a familiar staff member who knew their needs. One person commented, "It's generally the same staff. They do what's required." We saw that care plans were personalised, comprehensive and fully addressed the care tasks required by each person.

Staffing and recruitment

- There were enough staff to support people safely. People told us they received support at the planned time and for the right length of time. One person said, "They are generally on time."
- Staff told us they had enough time to support people and did not feel rushed. One member of staff told us, "I get enough time." Another member of staff commented, "Yes I do think we have enough time between calls which allows us to carry out each clients call to the best standards."
- We spoke with the acting manager who told us that recruitment was currently challenging but the service had sufficient staff to support people. The acting manager helped cover any shortfalls herself and staff cover could also be sought from other Audley Care retirement villages.
- The service carried out recruitment checks on care staff to ensure they were suitable to work in people's homes. This included Disclosure and Barring Service (DBS) and identity checks along with references to confirm they were of good character.

Using medicines safely

- The provider used an electronic medicines administration system with detailed information available to guide staff. People's care plans and risk assessments included information such as any allergies they may

have, what support they required, the dose and timing of medicines and any possible side effects.

- Staff received training prior to administering medicines and competence was regularly reviewed through spot checks.
- The acting manager and senior staff also completed regular medicines audits. We saw that any medicines errors had been appropriately investigated with action taken to minimise future risks. For example, additional training and extra support and supervision put in place.

Preventing and controlling infection

- People were protected from the risk of infection. Staff were trained in preventing infection and using Personal Protective Equipment (PPE) effectively to reduce the risk of infection. One staff member commented, "Management ensured that we had all the necessary PPE to carry out our roles effectively. Training regarding PPE and infection control was rolled out across the team when we started with Audley and again in the midst of the pandemic."
- People told us staff used appropriate PPE when they provided care. We saw the service had ensured they had appropriate protective equipment, such as face masks, disposable gloves and aprons throughout the pandemic.

Learning lessons when things go wrong

- The provider had systems to identify and learn from any incidents. This included sharing the learning from incidents with the staff team to further improve the safety of the service.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant 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 care needs were assessed before the service started to provide their support and these assessments were used to inform people's individual care plans. People and their relatives were invited to participate in the assessment process to help staff to further understand people's needs.
- People's care needs were routinely reviewed, as well as in response to any changes that occurred. For example, we saw care plans were updated when there was an increase in the level of support required by a person using the service.

Staff support: induction, training, skills and experience

- People told us staff had the right skills and knowledge to support them effectively. One person said, "They seem to know."
- Care staff received a comprehensive 'on-boarding' induction and were expected to attain the Care Certificate. The Care Certificate represents a nationally accepted set of standards for workers in health and social care. The induction training included 'The Audley Way', dementia, medication, moving and assisting and emergency first aid at work with E-learning courses provided to support staff learning.
- Records showed staff received annual refresher training, had access to specialist training from the Audley training academy when required and were supported by their managers through documented supervisions and appraisals. One staff member told us, "I have done a lot of training. I am just completing my Care Certificate."

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

- People's dietary needs, preferences and routines were recorded within their care plans in detail. This meant staff were aware of people's habits and mealtime preferences. For example, we saw one person's favoured breakfast included in their plan along with their liking for a particular fresh fruit.

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

- Where required, the service worked with health professionals to help meet people's needs, including an in-house physiotherapist, community health services and the person's GP. A gym and swimming pool were available to people in the retirement village. Staff were observed to be assisting people with their health appointments on the day we visited.

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 when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA

- Prior to providing support, consent was obtained by the acting manager or senior staff. The provider used consent forms, which made it clear who had consented to the care provision. It was understood that consent could be given by the person or if they were unable to, an appropriate legal representative such as a family member with a relevant Lasting Power of Attorney for health and welfare decisions. Alternatively, there were policies and processes in place to support managers to make a best interest decision where the person was not able to consent themselves and did not have an appropriate legal representative.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant 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

- People told us they were always been treated with kindness and respect. One person said, "They are really nice. We have a joke together. They are caring."
- Staff provided people's care in a manner that promoted their equality and diversity. People's cultural and spiritual needs and wishes were documented and staff took account of them when delivering care. Staff had access to information about what mattered to people's identity such as their history and cultural heritage.

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

- People told us that the agency worked well for them and were happy with the support provided. Comments from people using the service included, "Very good" and, "Fantastic."
- Records showed that people were asked for their views about their care. The small size of the agency meant that people received a personalised service and the acting manager clearly knew people well.
- People told us care staff treated them well, were polite to them and their dignity was always maintained.
- Care staff received training about the importance of maintaining people's privacy and dignity and knew the people they supported well. Personalised care plans also helped them know each person's individual preferences and how people preferred to be cared for. One staff member gave us examples of how they upheld people's dignity by "Ensuring to close curtains/blinds before starting personal care, by ensuring to knock and announce myself before entering an owner's property, by actively listening and giving a response, by not judging anything they say."

Respecting and promoting people's privacy, dignity and independence

- Staff told us that promoting people's independence was part of their job role. For example, one member of staff told us, "We try our best to ensure all service users have as much say as possible when it comes to care planning. I have helped with creating care plans and for me asking as many questions as possible helps to create a bigger picture. It allows our service users to highlight likes/dislikes."
- Records were kept electronically. Staff had access to these for information and received training in confidentiality and data protection as part of their induction. This meant people's personal information was protected.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care reflected their needs and wishes. People using the service told us that staff knew them well and listened to them. One person said, "They are caring. They leave you alone if you want them to."
- Care plans and risk assessments were detailed and included information about the support people required, as well as information about them as a person. For example, about their background, their family and friends, interests, past jobs and places they had lived or visited throughout their life.
- Both people and relatives could share information about daily routines and preferences, either in assessments before support commenced or via care reviews and on-going feedback.
- Each person's care plan documented the things they could do independently, as well as what they required support with.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were met. Staff were provided with information about people's communication preferences and guidance on how best to communicate with them. People using the service told us staff communicated with them well and understood how they wished their care to be provided.
- The provider ensured people were provided with information in a format they understood them in line with AIS. For example, in large print.

Improving care quality in response to complaints or concerns

- The people we spoke with did not have any complaints, but they knew how to complain and felt confident their issues would be resolved if they did. One person told us, "I have no problems."
- The service had a written complaints procedure and this was made available to people using the service and their relatives or representatives. All complaints were investigated by the management team and any learning was identified.

End of life care and support

- Where appropriate, people's end of life wishes and contacts were known and recorded for staff to refer to.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The organisation promoted a positive culture and set of values that informed the support provided by the service. They were committed to the provision of a high quality care service and ensured their staff shared their vision and values. A welcome guide was provided to people using the service detailing their rights including respect for their values, beliefs and chosen lifestyle.
- An acting manager was in post who would be registering with CQC once their probationary period had ended.
- People using the service told us they received good quality care from staff with the right knowledge and skills to perform their roles and responsibilities well.
- Staff were positive about the quality of support provided. One staff member told us, "Everything is fine." Another staff member commented, "I think that the values that Audley have put in place are amazing."
- The acting manager understood the requirements of the duty of candour, that is, their duty to be honest, open and apologise for any accident or incident that had caused or placed a person at risk of harm.

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

- People and staff spoke positively about the way the service was managed. One staff member said, "They're the best." Another staff member commented, "All office based staff are approachable and will do what they can to help."
- There were robust quality assurance systems in place. Records showed that the management team completed regular audits of important areas such as medicines administration, care plans and staff records. The provider also undertook regular audits to help ensure the quality of service.
- Action plans were developed in response to any findings of audits or following receipt of other feedback about the service. These were overseen by the provider.
- The service had detailed business continuity plans in place, which covered a variety of possible risks such as staff sickness, use of agency staff, adverse weather conditions or utilities failures. Plans included relevant contact details for internal staff and other agencies, as well measures that could mitigate the risks identified.

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

- People and their relatives had opportunities to provide feedback about the service through their care reviews and annual surveys. Due to the small size of the service, the acting manager knew people well and worked alongside staff to provide support when necessary.
- Staff had regular contact with the acting manager and leadership team. One member of staff told us that the "Management carry out effective audits and supervisions to help in assessing the quality of working practices."
- The provider had an equality and diversity policy, which detailed a commitment to ensure staff with any of the legally defined protected characteristics did not experience inequality or discrimination. Protected characteristics are specific aspects of a person's identity defined by the Equality Act 2010 which includes protection from discrimination due to factors such as age, gender, sexual orientation, religion and disability.

Continuous learning and improving care

- People using the service told us that they felt listened to and communication within the service was good.
- Any incidents or accidents were investigated by the acting manager with support from the provider. Investigations were conducted in two parts, with the first part focusing on the incident and any immediate actions required. The second part was focused on learning lessons and identifying measures to reduce any future risks.
- Action plans were developed and followed in response to any issues identified through audits or feedback from people and their relatives.

Working in partnership with others

- We saw examples of the service working with local GP practices and other healthcare agencies to ensure that people had access to medicines and equipment as necessary.