

Audley Care Ltd

Audley Care Stanbridge Earls

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

Audley Care is a domiciliary care service providing care to people in their own homes. Audley Care supports people living in a purpose-built retirement village, as well as in the local community. The service is registered to support people under or over the age of 65 who may be living with dementia, physical disabilities or sensory impairments.

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, 12 people were receiving personal care.

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

People received support at the right time and for the right length of time. The service had systems in place to identify, monitor and manage risks to people and staff, including processes to prevent and control the risk of infection. Staff had been recruited safely. People received their medicines as prescribed from staff who had received appropriate training.

Staff received a thorough induction and regular supervision. Staff were positive about the training available to them and felt well supported. The service worked collaboratively with people, their family members and health professionals. 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.

We received consistently positive feedback from people and their relatives about how they were treated by staff and their involvement in making decisions about their care.

People had individualised care plans, which provided staff with detailed information about them as a person and their support needs. The service had supported people to develop and maintain relationships throughout the pandemic by arranging a variety of events and on-going activities. The registered manager investigated complaints thoroughly and, where appropriate, implemented changes in response to these.

We received consistently positive feedback from people, their relatives and staff about the management of the service. There were robust systems in place to monitor the quality of the service and drive improvements. People, their relatives and staff had opportunities to give feedback about their care, which was listened to and actioned.

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

Rating at last inspection

This service was registered with us on 17 December 2019 and this is the first inspection.

Why we inspected

This was a planned inspection based on the previous rating.

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?

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 ●

Audley Care Stanbridge

Earls

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. This service also provides care to people living in a retirement village with purpose-built single household accommodation on a shared site. The accommodation is bought and is the occupant's own home. CQC does not regulate the premises used; this inspection looked at people's personal care service.

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 registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since registration. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. 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 all of this information to plan our inspection.

Prior to making the visit to the office, we spoke with three people's relatives who lived with or supported a person receiving support from the service. We received feedback from five members of staff. We reviewed the service's policies and procedures.

During the inspection

During the inspection we spoke with the registered manager and reviewed a range of records. This included five people's care records and one person's medicines administration record. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including quality assurance records were also reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with one further person using the service.

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. As well as annual refreshers the provider had made mandatory, staff were encouraged to complete a more in-depth safeguarding course with an online learning provider.
- Staff were aware of their responsibilities and told us they felt confident about raising concerns. One member of staff said, "I'd report anything like neglect or self-neglect, if they've got a lack of food... I think I report more than I should... I like to keep on top of things."
- Records showed staff were mindful of risks to people they supported and concerns had been appropriately raised with the relevant agencies to ensure that people were protected from the risk of abuse.

Assessing risk, safety monitoring and management

- Prior to providing care, the registered manager, or senior staff completed thorough assessments which considered any risks to the person and staff. Assessments considered risk relating to physical and mental health and well-being, medicines, falls, money management, activities and environmental risks related to the home or area where the person lived.
- Records showed that care plans and risk assessments were reviewed regularly and updated when changes occurred.
- At the time of the inspection, the service was not supporting anyone with significant risk that required additional monitoring or safety measures. However, the service had tools available that could be used should this be required, for example, body maps to record any concerns relating to a person's skin or charts to record a person's repositioning requirements.
- The registered manager explained that when these had been used to monitor risks to people, staff maintained oversight throughout the week and raised any concerns to the leadership team. At least once weekly, any paper records were brought to the office so that the leadership team could review these to identify any changes or concerns and liaise with professionals as required.

Staffing and recruitment

- People's relatives told us that their family member usually received support at the planned time and for the right length of time. One relative said, "They always arrived within a minute or so, on one or two occasions more recently if they'd left at the right time they'd have left me in a mess, so they stayed until they'd finished what they were doing, they'd make a quick call to the office to say they'd been held up and very occasionally it happened the other way around... but they were usually on time."
- Staff told us their rotas were well planned, so they had enough time to support people and did not feel rushed. One member of staff said, "This company is the best I've worked for for care call times, you have time to do everything and more."

- One member of staff told us it had been challenging at times to take annual leave, because the team was small, and it could be difficult to cover absences. We spoke with the registered manager who told us that recruitment had been challenging. However, they had recently successfully appointed several new staff and continued to recruit. Overall, staff told us they had enough breaks and felt they had pulled together as a team when needed.
- There was a robust process in place for recruitment. Appropriate checks were completed to ensure that people were protected from being cared for by staff who were not suitable.

Using medicines safely

- The provider used an electronic medicines administration system that staff accessed on their work mobile telephones. Not many people received support with medicines; however, where they did, there was 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 possible side effects.
- For topical medicines such as prescribed creams, the system allowed staff to mark on a body map where and when the medicine had been applied.
- Staff received training prior to administering medicines and competence was regularly reviewed through spot checks.
- There were robust quality assurance systems in place. The leadership team had set up the electronic system to alert them of certain events, such as if a person had declined to take their medicines or if a medicine had been administered at the incorrect time. This meant appropriate action could be taken to address any concerns identified. The registered manager and senior staff also completed weekly medicines audits and daily checks whereby a selection of electronic medicines records (eMARs) were reviewed to identify any errors.
- Records showed medicines errors had been appropriately identified and investigated and action taken to minimise future risks. For example, reflective supervisions had been carried out with staff to consider how the error had occurred and any support the member of staff required.

Preventing and controlling infection

- People's relatives told us the service's approach to infection prevention and control (IPC) meant they had felt safe during the pandemic. One relative said, "They wore the full kit, apron, masks, gloves, plastic face shield."
- Staff told us they were confident about their responsibilities in relation to IPC and had received training. One member of staff said, "We've had endless supplies of [personal protective equipment] being sent to us, we've been extremely lucky."
- The provider had introduced additional spot checks focused on IPC practice, whereby the registered manager or a senior member of staff attended care visits without giving the care worker notice. This meant they could check staff were taking appropriate precautions and address any additional training needs or concerns.

Learning lessons when things go wrong

- Very few safety related incidents had occurred; however, the provider had systems and processes in place to support the registered manager to take appropriate action to manage and reduce any identified future risks.
- The management team undertook reflective supervisions with staff and used team meetings and regular communications as opportunities to share learning.

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

- The registered manager or senior staff completed detailed assessments prior to confirming they could meet a person's needs.
- People's care needs were routinely reviewed, as well as in response to any changes that occurred.

Staff support: induction, training, skills and experience

- People's relatives told us staff had the right skills and knowledge to support people. One relative said, "I know that, because they've helped me shower [person] before and they know what to do... it's obvious they know where to stand and how to support [them]."
- Staff spoke very positively about their induction experience and the training available to them. One member of staff told us, "It was good, very good... everyone was really friendly... did all the training online first, then I went in and had a few shadow visits and then I was supervised, so I had someone watch me and make sure that I do everything right." Another member of staff told us, "They asked me if I was ready to work independently before they sent me out... the moving and handling and medicines training was about four hours, it was really in-depth, and I could ask questions and everything."
- Interview records showed that as part of recruitment, the applicant's skills, experience and background were explored in detail using hypothetical scenarios. Once staff were employed and had completed their induction, they received regular spot checks. This meant the registered manager could ensure staff maintained their skills and competence.
- Staff received regular supervision. One member of staff said, "We talk about... what's going on, anything I need help with... I haven't had any concerns but if I did, I know they'd help me or arrange extra training." Another member of staff told us, "They ask as well where we want to go in the future."

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

- Most people were able to eat and drink independently; however, people told us that when required they received appropriate support from staff.
- Throughout the pandemic, the service had offered people additional support. For example, staff had agreed with a local supermarket that they could arrive prior to usual opening hours once a week to allow them to complete shopping for essential items for anyone who required this service.
- 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 preferences.
- The provider had tools available that could be used to monitor people's intake of food and fluids if risks were identified. These records were paper-based and if used, were reviewed by the management team at least once weekly as well as overseen by the regular care team throughout the week.

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 district nurses, occupational therapists and the Older Person's Mental Health Team.
- Staff worked in collaboration with people and their relatives. One relative told us, "For example, the state of [person's] feet, if there's any issues, they'll contact me straight away, so I like that.... I feel they communicate well."

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 care, consent was obtained by the registered 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 the registered manager to make a best interest decision where the person was not able to consent themselves and did not have an appropriate legal representative.
- People's assessments and care plans showed the registered manager and staff had a good working knowledge of the MCA. For example, one person's care plan stated that whilst they had dementia and a family member with a Lasting Power of Attorney, at that time they remained fully able to make decisions about their care provision themselves.

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's relatives told us their family member had always been treated with kindness. One relative said, "We have absolutely loved them, they've been caring, lovely, kind, considerate, always on time, they've been treasured angels to us, really wonderful." Another relative said, "Always kind and caring... I have nothing but praise for them."
- The approach of staff was monitored by the registered manager as part of their spot checks. For example, it was considered how staff were speaking with the person, whether they were asking people for consent and whether they were giving people choices.
- The registered manager told us that they considered the personality of the person and, where possible, assigned a staff member that would be a good match. For example, if a person was particularly talkative or quiet, they tried to ensure that staff would be able to meet this need.

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

- People's relatives told us staff always made every effort to explain what they were doing and seek consent from people. One relative said, "[Person] became reluctant to let anyone wash [their] hair, but they tried immensely hard, they were always kind and caring, like a friend... they always tried to explain... they didn't push it."
- Staff told us people's needs and preferences were recorded within their care plans, however, they understood the importance of continuing to communicate with people in case these changed. One member of staff said, "You just talk to them about how they're feeling and what they want."
- The registered manager or senior staff regularly reviewed people's care with them and their representatives. As part of this, people were invited to feedback any concerns they might have or changes that had occurred.

Respecting and promoting people's privacy, dignity and independence

- People's relatives told us the service's ethos was to promote people's independence. One relative said, "That is one of their policies, that they're not just there to care, they're there to encourage them to do things, they don't take over, [my family member] dresses [themselves], I mean [they] need help but they encourage [my family member] to be as independent as [they] can be."
- Staff also told us that promoting people's independence was important to them. For example, one member of staff told us enthusiastically, "One [person], [they're] very independent, [they]... were in hospital but [they're] doing really well, [they're] back on track so [they don't] need any more care." Another member of staff said, "It's more about supporting them to do what they want to do... more encouragement."
- Records were kept electronically. Staff could access these by using office-based computers or an

application on their work mobile phones, which were secured by passwords or pass codes. Any records temporarily held in the office were locked in cabinets. Staff 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 relatives told us that staff knew them well. Relatives described staff to have become "Like a friend", "Like a family" and told us, "You get to know them and like them".
- Care plans and risk assessments were detailed and included information about the support people required, as well as detailed information about them as a person. For example, we saw that people were invited to share where they were born and had grown up, information about their background, their family and friends, interests, past jobs and places they had lived or visited throughout their life.
- As part of care planning and reviews, people had the opportunity to share information about their daily routines and preferences, such as if they preferred to be supported by female staff and how they liked to be addressed.
- Each person's care plan detailed elements of their care that they managed independently, as well as what they required support with. For example, one person's care plan stated that they were able and preferred to get into the bath independently but could require assistance with a particular aspect of this task.

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.

- The registered manager was fully aware of the standard and told us that one person received any information, such as newsletters, in large print to ensure that they could continue to read these independently. At the time of the inspection no one else required information available in another format; however, the provider made alternatives available as required. For example, there were electronic templates staff could access directly and additional support was available from the provider for any person who may have more bespoke needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The retirement living village had opened shortly before the start of the COVID-19 pandemic. This meant that many people had moved into their new homes either just before or during periods of lockdown. Records showed that the service had worked hard to support people to feel part of a community and settle into their new homes. For example, one person had been supported by staff to rehome a cat, which had had a significant impact on their well-being. The service had arranged quizzes and supplied people with puzzles, board games and other activities they could enjoy within their own homes.

- Once lockdown restrictions had eased, a variety of events had been arranged such as games of croquet, a village fête and celebrations of national holidays. The registered manager had also set up regular events such as a book club and a memory café for people with dementia and their carers. These events were accessible to people using the service, as well as the wider community.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy, which was shared with people and their relatives when they started receiving support.
- Records showed that complaints were investigated by the leadership team and learning was identified. Where appropriate, the registered manager had apologised to people and changes were implemented.

End of life care and support

- At the time of the inspection, no one was receiving end of life care. However, the registered manager spoke passionately about how the service had delivered support to people at the end of their life.
- The registered manager told us they considered it important for support to be provided to the wider family as well as the person. They ensured that a small, consistent care team supported the family so care staff knew the person well and developed supportive relationships. The registered manager also told us they ensured that only staff who had the right skills, knowledge and approach would be part of this care team.
- Staff were encouraged to complete end of life care training with an online training provider. The registered manager was also hoping to complete a train the trainer qualification to develop this part of the service further.

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

- We received only positive feedback from people's relatives and staff about the service. One member of staff told us, "Very supportive... even now they are always checking how I am... ringing me and saying how am I doing, just giving a little encouragement."
- No incidents had occurred to which the duty of candour had applied; however, the registered manager had a good understanding of their responsibilities. We saw that in response to complaints, the registered manager had acknowledged learning and apologised when appropriate.

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

- People's relatives spoke overall positively about the management of the service. One relative told us, "I think it's well-managed, I haven't had any problems, I trust them."
- There were robust quality assurance systems in place. Records showed that the leadership team completed a number of regular audits such as medicines administration, care plan or staff file audits. The provider also undertook regular audits and supported the service.
- The registered manager developed action plans 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.
- Services registered with CQC are required to notify us of certain events, such as allegations of abuse or serious injuries to a person. Records showed the service had appropriately notified us as required.

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 regular care reviews and annual surveys. These were analysed by the provider and action plans developed in response.
- Staff had regular contact with the registered manager and leadership team. Monthly team meetings were used to cascade additional training and updates to staff, as well as team building and providing staff with opportunities to add to the agenda or provide feedback. One member of staff told us, "It's a catch up and to

update us" and another member of staff said, "They're helpful meetings, we are briefed on what's happened the previous month and what are our concerns."

- 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. This commitment was also clear within other policies applicable to people using the service, such as the policy relating to mental capacity.

Continuous learning and improving care

- People's relatives told us they felt able and encouraged to make suggestions and that communication with the service was good.
- Any incidents or accidents were investigated by the registered 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 and identifying measures that could 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.
- The registered manager was committed to continuous learning for the service and all staff. One member of staff had undergone additional training to become a Dementia Interpreter. They had cascaded this training to the care team and other staff within the retirement village, which helped them gain an in-depth understanding of dementia, as well as communicating with and supporting people with dementia. People's relatives were also offered the opportunity to sign up to an online service that provided advice and allowed families to create action plans for emergencies.

Working in partnership with others

- We saw examples of the service working with the local authority when safeguarding concerns or risks had been identified, as well as working with the local GP practices to ensure that people had access to their medicines.