Audley Care White Horse Ltd

Audley Care - Inglewood

Inspection report

The Care Office
Inglewood
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Tel: 01488687020

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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

This inspection took place on 14 June 2016 and was announced.

Audley Care-Inglewood is a domiciliary care service which offers support to people in their own homes. Some people live in the Inglewood retirement village, but the majority of people live in the community. Currently, six people are supported in their homes in the village. Approximately 92 people who live in the community in the areas of Berkshire and Wiltshire are offered services. The agency, additionally, offer a variety of services to people which do not require registration with the Care Quality Commission (CQC).

The service is required to have a registered manager. A registered manager is a person who has registered with the CQC 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. The service has not had a registered manager running the service since July 2015.

People were kept safe by staff who understood how to protect them. Staff had received the appropriate training so they knew how to recognise and deal with any form of abuse. Staff had been safely recruited and were suitable to provide people with care. People were supported to take their medicines safely, if required. Any significant risks were identified and managed to keep people and staff as safe as possible.

People's rights were protected by staff who understood the Mental Capacity Act (2005). The Mental Capacity Act 2005 legislation provides a legal framework that sets out how to act to support people who do not have capacity to make a specific decision. Care staff understood the importance, to people, of consent and making decisions for themselves. People's capacity to make decisions was recorded, if appropriate and necessary, and relevant paperwork was included in care plans.

People were treated with respect and dignity at all times. Staff understood person centred care and made sure they provided people with care that met their individual needs, preferences and choices. People's diversity was understood and people's care reflected any special needs they may have.

The service was well-led by a manager and management team who were well thought of. They were described as open, approachable and supportive by staff. The service monitored and assessed the quality of care they offered. Any shortfalls or improvements needed were identified and acted upon.

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.

Care staff were trained in and knew how to keep people safe from all types of abuse.

Staff were recruited in a way which meant that the service could be as sure as possible that the staff chosen were suitable and safe to work with vulnerable people.

Risk of harm to people or staff was identified and action was taken to keep them as safe as possible.

Care staff supported people to take the right amount of medicine at the right times, if required.

Is the service effective?

Good

The service was effective.

Care staff knew how important it was to help and encourage people to make their own decisions.

Care staff always asked people for their permission before they undertook any tasks.

Care staff were trained and supported to make sure they could provide good care.

People's needs were met in the way they preferred.

Is the service caring?

Good

The service was caring.

People received care from kind, respectful and caring staff.

The service tried to make sure that people were visited by the same staff, as often as possible.

People were given information about the service so they knew what care they could expect.

Is the service responsive?

Good

The service was responsive.

People were offered care that met their individual needs.

People's needs were assessed and care plans were changed quickly, if necessary.

People were involved in the assessment and care planning processes.

People knew how to make a complaint, if they needed to. They were confident to approach staff or the management team if they had any concerns or issues.

Is the service well-led?

Good

The service was well-led.

Staff felt they were valued and well supported by the management team.

The management team and staff team made sure that the quality of the care they offered was maintained and improved.

People, staff and others were asked for their views on the quality of care the service offered and actions were taken, if necessary.

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.

This inspection took place on 14 June 2016 and was announced. The provider was given notice because the location provides a domiciliary care service. We needed to be sure that the staff would be available in the office to assist with the inspection.

The inspection was carried out by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service. We sent a questionnaire to 50 people who use the service, 61 staff, 50 relatives and friends and six community professionals. We received responses form 17 people who use the service, eight staff, four relatives and one community professional.

We looked at all the information we have collected about the service. This included notifications the registered manager had sent us. A notification is information about important events which the service is required to tell us about by law.

During the inspection visit we spoke with five staff members, the interim manager and deputy manager. After the day of the inspection we received information from one staff member. We contacted six local authority and other professionals but did not receive any responses from them. We spoke with eight people who use the service.

We looked at a sample of records relating to individual's care and the overall management of the service. These included ten people's care plans, five people's daily notes, a selection of policies and a sample of staff recruitment files and training records. The registered manager sent us further information, as we requested after the day of the visit.

Good

Is the service safe?

Our findings

People told us they always felt safe when care staff were in their homes. They told us that staff were, "Totally trustworthy." One person said, "I always feel safe and the girls always do as they should."

People were protected by care staff who were provided with information and up-to-date safeguarding training, to enable them to keep people safe. Staff were confident that the registered manager and other senior staff would respond immediately to any safeguarding concerns. The service had a whistleblowing policy, which staff were aware of. They knew who to approach if they had any issues about people's safety. The provider had recently set up a staff helpline where staff could, confidentially, express any concerns about the service they were working in. The helpline gave staff any help and advice required or requested.

All safeguarding concerns, about the service, reported in the previous six months had been appropriately dealt with. The recording of safeguarding information had improved over this period of time. We saw that the service made appropriate referrals with regard to keeping people safe from abuse that may be perpetrated by other people in the community.

Staff followed the service's health and safety policies and procedures, to ensure they and the people they supported, were kept as safe as possible. General and environmental risk assessments included the use of electrical equipment, wheelchairs and kitchen equipment. Staff were issued with appropriate safety equipment such as aprons and gloves to adhere to infection control procedures. Plans and procedures were in place to instruct staff what actions to take in the event of various emergency situations. These included dealing with accidents and incidents, missing persons and no response when arriving at calls.

The service considered all areas that could pose a possible risk to people or supporting staff. Significant risks that were identified for individuals were clearly noted. Risk management plans advised staff on how to work with people so they were offering care as safely as possible. For example people who needed to be physically moved by staff were attended by two carers. Appropriate equipment, such as hoists and special sheets to enable staff to move people around in their beds, were provided.

The service learned from accidents and incidents, which were usually recorded in detail. Records, generally, included the investigation process and the actions to be taken to minimise the risk of recurrence. However, some incident and accident forms had not been fully completed. The manager told us this was because it was not necessary for the service to take any further action. She undertook to ensure this was recorded on the forms and to include this information, routinely, in the future. Accidents and incidents were entered onto the computer system and included in the manager's weekly returns to the provider.

The help people needed with their medicines was recorded on their plans of care. They were supported to take their medicines safely, if required. All staff, who administered medicines, had received up-dated training and their competence to administer medicines was checked a minimum of annually. Medicine administration sheets (MARS) were incorporated into the booklets where daily notes were written, these were returned to the office at the end of each month. A senior staff member audited the MARS and took

action if they noted any discrepancies or concerns. For example staff had been given extra training as a result of a medicine administration error. The service had a detailed, up-to-date medicine admiration policy which was available to all staff.

People were provided with the amount of support noted in their plans of care. Staff told us they had enough time to give people safe care and were never, "rushed". They gave examples of when dealing with emergencies the office would ensure other calls were covered. People told us staff always stayed the correct amount of time and usually even had time for a, "Little chat."

People were supported by staff who were able to provide people with safe care. The service had a robust recruitment procedure which ensured, that as far as possible, staff appointed were suitable to work with vulnerable people. The recruitment procedure included Disclosure and Barring Service (DBS) checks to confirm that employees did not have a criminal conviction that prevented them from working with vulnerable adults. The service verified references and checked on people's reasons for leaving previous employment, as required. The application forms for the most recently recruited staff members were fully completed and any gaps in work histories were explained. The service used an independent firm to complete detailed checks on people's identity, addresses and other areas such as the right to work in the UK.

Good

Is the service effective?

Our findings

One person told us they were, "Very happy with the care I receive, they do everything properly." This comment was reflected by everyone we spoke with. One person told us they did not always supply the staff rota in a timely way but another said this had greatly improved over the past few months.

People's individual plans of care noted their health needs and whether the service supported them with these. Staff took appropriate action to alert other professionals if people's needs changed or their health and well-being caused them any concerns. People signed to agree who care staff could share information with. People agreed expected outcomes of their care. These included mobility, personal care and health needs.

People's nutritional requirements were assessed, if necessary. How to help people with their nutritional needs was included in care plans, as appropriate. Food and fluid intake records were kept in the daily recording booklet, if required. Care staff were trained in food hygiene. One of the 17 people who completed the Care Quality Commission (CQC)'S questionnaire felt that staff could be better trained in the preparation of food, but this was not noted by any of the other respondents. People told us that staff helped them with food preparation, if they needed help in this area.

The service recognised and supported people's rights to make their own decisions. Care plans included detailed information with regard to people's capacity and ability to make decisions about different areas of their care. People told us they always made their own decisions. One person gave us an example of reducing the amount of care they received and changing the times the care was delivered. People gave their consent to specific areas of care and agreement to the overall plan of care. If people did not sign their care plans it was clearly noted, who had and why. Some people had given others a formal power of attorney to act on their behalf, this was recorded in their records.

The service had a clear understanding of the Mental Capacity Act (2005). 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. We checked whether the service was working within the principles of the MCA. Staff had received mental capacity training and were provided with a pocket sized written leaflet to remind them of the principles and terms of the MCA. However, currently, no-one was being deprived of their liberty or lacked capacity.

People were offered care by staff who were properly organised and deployed. Any missed or late calls were recorded and action was taken to minimise the risk of recurrence. A professional and one of the 17 people who use the service told us via the CQC'S questionnaire that calls were sometimes late. However this was not an issue discussed by people we spoke with. They told us that care staff were usually, on time. The

service had recognised that late calls were unacceptable and were introducing a new computer system, to facilitate more accurate planning, tracking and monitoring of the times and duration of calls.

Staff confirmed that their travel time was included in their work hours. One staff member told us travel times could be a bit 'tight', depending on traffic and road conditions but generally they had enough times between calls. The interim manager told us this was another area that would be reviewed once the new computer system was 'bedded in' and giving clear information.

People's diverse needs were met by care staff who had been appropriately trained to give the required care. Staff members told us they had good opportunities for training and core training courses were regularly up-dated. For example, food hygiene, moving and handling and health and safety. The service kept a training matrix which showed the training staff had received, whether they were qualified and when they needed refresher training. Of the 50 staff, 17 had obtained a relevant qualification in social care and a further eight were pursuing one. Staff told us they could request any training, such as dementia care, they felt they needed to do their job more effectively. New staff completed induction training developed to meet the standards of the care certificate. They described their induction as, ''Very good." They said they received, "Excellent" basic training, could shadow experienced staff members as long as they needed to and were not asked to work alone until they felt confident to do so.

People received care from staff who felt well supported by the management team. Care staff told us they received 1:1 supervision, a minimum of twice a year. Additionally senior staff 'spot checked' them twice a year and they received an appraisal once a year. The 'spot checks' were completed by senior staff observing the practice of individual care workers and keeping records of their findings. We saw that actions were taken to improve people's performance, if necessary. The interim manager told us that senior staff completed supervisions but the manager of the service always conducted the appraisals and formulated staff development plans. The dates of supervisions, spot checks and appraisals were incorporated into the training matrix to ensure they didn't get missed.

Good

Is the service caring?

Our findings

People described the staff as, "Very, very good." They told us staff were always, "Kind and respectful." Comments relating to staff included, "They treat me with the greatest respect and kindness." "They are respectful, kind and caring", "They preserve [name]'s dignity at all times and make sure [name] has privacy" and, "They are marvellous." Staff told us that everyone in the service, "from the personal assistants (care staff) to the management team, really cared" about the people they were assisting. They said they were given enough time to meet all people's needs and to provide additional care in emergency situations. One staff member said, "Customers are the number one, most important thing."

The service tried to ensure continuity of care, whenever possible. Care staff had a number of people who they visited regularly. They had made good working relationships with people and were fully aware of their needs. Staff told us that continuity of care was very important in a domiciliary care service and ensured, "You got to know people well." One staff member gave an example of how they identified someone's needs changing because of subtle differences in their behaviour. They felt they would not have noticed these small changes and taken action to help the individual until much later if they had not developed a relationship with them. People told us they were very happy with the same staff visiting them although they understood that changes had to be made on occasion.

People were respected and their privacy and dignity was maintained at all times. Care staff described how they preserved people's dignity and privacy. They gave examples of closing curtains, closing doors and allowing people time to complete as much of their personal care independently, as possible. Care plans noted how staff were to promote people's dignity whilst supporting them with personal care.

People's diversity was recognised and their needs in this area were identified and respected, as appropriate. Care plans included any religious, cultural or lifestyle choices, if people chose to share them with the service. They noted any support or help people might need to meet their diverse needs, if relevant to the care package and the individual. Care staff were 'matched' to people, as far as possible. The interim manager told us this would improve because the new computer system was able to more accurately and quickly match a staff member's skills, interests and training to individuals.

The interim manager of the service told us they generally do not make calls of less than half an hour. They told us that this enabled staff to offer more supportive personal care and allowed staff time to interact more positively with people. Additionally, the service planned to offer a minimum of one hour of care in the future. They felt this would improve the quality of the care and allow staff to approach care in a less task and more person centred way.

People were given information about the service and what it offered, in appropriate formats. They also provided information about other services and where people could obtain other support. People knew what was in their care plans and told us that they had been involved in the assessment process (or their relatives had been if that was their preference).

Good

Is the service responsive?

Our findings

People told us the service was responsive to their needs. One person told us they could change the care package if they wanted to and gave examples of changing the times and frequency of calls as needs changed. Another told us, "They do as they're asked and are flexible about doing what you need them to."

The service assessed and planned people's care with them. They worked with people and other professionals to deliver care according to people's individual needs and preferences. The individualised care plans contained all the relevant information to enable staff to deliver the agreed amount of care in the way that people preferred. One staff member told us, "We give really person-centred care. Everything we do is developed around the individual so we are delivering the care the person wants, according to their preferences, likes and dislikes and choices." Another said, "Everything revolves around the customer and what they want, not what you think they want." One staff member described how, "you adapt your personality to the needs of the customer. For example some people like their personal assistant to be quiet and calm others like you to be jolly and loud. It is their home and their choice so I do my best to adapt myself so they feel comfortable."

People's changing needs were responded to by a knowledgeable staff team. Care plans were reviewed every six months, as a minimum and whenever people's needs changed. People told us they could ask for a review of their care plan whenever they felt it was needed. People's changing needs were communicated to staff by text messages, telephone calls and staff meetings. Care plans were changed quickly, as necessary and senior staff would re-assess people's needs when requested to do so. Staff told us that they called the office if there were any issues or concerns and the management team would take any necessary actions. Staff were able to respond to extraordinary situations such as, if people were ill or needed additional time. The service had received a compliment with regard to a member of staff taking control of an emergency situation and waiting with a person until an ambulance arrived.

People were able to feedback their views on the service in a number of ways. The six month review forms include a survey at the bottom which asks a series of questions to ensure people are satisfied with the service. Staff spot checks occurred every six months and included the views of the people on the care staff offered them. Customer forums were held every two months so that people can put forward their ideas. However, currently these are only held in one area. The interim manager told us they were hoping to make them more accessible to people who live in other areas. Additionally a care surgery, where people can discuss any concerns or issues, is held every month. Again, this is held in the village and has not been developed for other areas, as yet.

People told us they knew how to make complaints and had done so, when necessary. They felt their concerns were listened to and action was taken to resolve any issues. Three people told us they had never had any concerns or worries about the service but knew who to talk to in the office. They said they were confident that they would be listened to and action would be taken. The service had a comprehensive complaints policy and procedure which was provided to people who use the service. From December 2015 until May 2016 the service had received 12 complaints. The complaint, investigation and actions taken had

been clearly recorded. People were satisfied with the outcome of their complaints. Prior to December 2015 the recording of complaints had not always been detailed or effective. The service had received 12 compliments over the past six months.

Good

Is the service well-led?

Our findings

The service did not have a registered manager in post. The previous manager left their post in July 2015 and is in the process of cancelling their registration. Interim management arrangements have been in place since that time. A new long term manager, who has applied for registration with the Care Quality Commission (CQC), was appointed in December 2015.

People said, "it is an absolutely excellent service, I can't fault them" and "it's a superb agency." One person who completed a questionnaire did not think it was a good service but the negative comments were not supported by other people and staff. Staff were very complimentary about the current management team. They were clear about the responsibilities and accountabilities of the various managers and were confident that they could approach any of them for support and advice. They described the management style as open, encouraging and supportive.

There had been a large turnover of staff in the year preceding the inspection but there had been an effective recruitment campaign and the staff team was stabilising. Some staff had been in post for a number of years and felt the current staff team was positive, energetic and caring. People told us that all the staff they came into contact with were very good. The service recognised that high staff turnover could have a negative impact on people who they provided care to. They had initiated some strategies to encourage the retention of staff. These included providing senior carers as mentors for new staff, appointing a deputy manager to help with staff support and launching an academy E-learning approach to training to aid staff development.

People's and staff's views were listened to and actions were taken, if appropriate. People told us they were confident their views would be listened to and they had plenty of opportunities to discuss them. Staff told us they felt valued and their opinions and views were respected by the management team. The service made sure that people were regularly asked their opinions of the care they received. Staff meetings were held approximately monthly or whenever needed. Team meetings consisted of standing items and relevant topics such as cold weather plans in the winter months and the introduction of new policies and processes. Additionally staff could express their views in 1:1 supervision meetings or discussion with the management team.

The service had robust quality assurance systems to ensure the quality of care provided was maintained and developed. These included various auditing systems, staff and people surveys and checks on staff performance. Audits included the monthly monitoring of daily notes which included medicine administration. The quality care manager completed full audits of the service twice a year. Actions taken as a result of listening to people, staff and the auditing systems included ensuring supervisions and appraisals were up-dated, improved training opportunities and installing the new computer system to improve the timing and planning of people's visits.

People's individual records were of good quality, up-to-date and accurately reflected their current needs. Records relating to other aspects of the running of the service such as audit records were well kept and up-to-date. The management team sent any statutory notifications to the CQC in a timely way. Records kept

supported the quality of care provided to people who use the service.