

# Beverley Ainsworth







# Ainsworth Care

## 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?		Outstanding	
Is the service responsive?		Good	
Is the service well-led?		Good	

### Overall summary

We carried out an announced inspection on 06 January 2016 and made telephone calls to people who used the service and staff on 08 and 11 January 2016.

Ainsworth Care is a community based service providing home care support for people living in their own homes. At the time of the inspection, there were 65 people being supported by the service.

The service has a registered Manager in place. 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.

There were risk assessments in place that gave guidance to staff on how risks to people could be minimised and how to safeguard people from the risk of possible harm.

The provider had effective recruitment processes in place and there were sufficient staff to support people safely.

# Summary of findings

Staff understood their roles and responsibilities and would seek people's consent before they provided any care or support. Staff received supervision and support, and had been trained to meet people's individual needs.

People were supported by caring and respectful staff who they felt knew them well. Staff also felt that they were given the opportunity to get to know the people they supported. Relatives we spoke with described the staff as very good and caring.

People's needs had been assessed, and care plans took account of their individual, preferences, and choices. Staff supported people when required to attend health care visits such as GP appointments and hospital visits.

The provider had a formal process for handling complaints and concerns. They encouraged feedback from people and acted on the comments received to continually improve the quality of the service. The provider also had effective quality monitoring processes in place to ensure that they were meeting the required standards of care.

# Summary of findings

## 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.

There was sufficient staff to meet people's individual needs safely.

People were also supported to manage their medicines safely.

There were systems in place to safeguard people from the risk of harm.

There were robust recruitment systems in place.

Good



### Is the service effective?

The service was effective.

People's consent was sought before any care or support was provided.

People were supported by staff that had been trained to meet their individual needs.

People were supported to access other health and social care services when required.

Good



### Is the service caring?

The service was caring.

People were supported by staff that were exceptionally kind, caring and friendly.

Staff went the extra mile when providing people with care and support.

Staff understood people's individual needs and they respected their choices.

Staff respected and protected people's privacy and dignity.

Outstanding



### Is the service responsive?

The service was responsive.

People's needs had been assessed and appropriate care plans were in place to meet their individual needs.

People's welfare was key and staff responded to people's changing needs quickly.

The provider routinely listened to and learned from people's experiences to improve the quality of care.

The provider had an effective system to handle complaints.

Good



### Is the service well-led?

The service was well-led.

The provider was involved in the day to day management of the service.

Staff felt valued and appropriately supported to provide a service that was safe, effective, compassionate and of high quality.

Good



# Summary of findings

Quality monitoring audits were completed regularly and these were used effectively to drive continual improvements.

People who used the service and their relatives were enabled to routinely share their experiences of the service and their comments were acted on.

# Ainsworth Care

## 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 over three days on the 06 January 2016, when we visited the offices. On 08 and 11 January 2016 we carried out telephone interviews with staff, relatives and people who use the service. This inspection was announced because we needed to ensure that staff were available at the offices to speak with us.

The inspection team consisted of two inspectors from the Care Quality Commission.

Before the inspection we reviewed information we held about the service, including the notifications they had sent us. A notification is information about important events which the provider is required to send to us.

During the inspection, we spoke with the registered manager and senior staff. We also spoke with four care staff and 10 people who used the service. We looked at the care records of six people who used the service and the recruitment and training records for staff employed by the service. We also reviewed information on how the provider managed complaints, and how they assessed and monitored the quality of the service. We spoke to five relatives also.

# Is the service safe?

## Our findings

We asked people if they felt safe when staff provided them with care. They all told us that they felt safe because they knew the care staff that would visit them. One person told us that '90% of the time it's the same carer'. They told us that the 10% accounted for the staff holidays and days off. They said that this made them feel safe because they knew who was coming to visit them. Relatives also said that since they had staff visiting they felt that their relative was a lot safer. They told us that '[carer] knows mum really well' and that they could identify if they were unwell or there was something to be concerned about.

Staff we spoke with told us that they were encouraged to raise concerns about their clients. They said "If anything is not right, then we report it to the office straight away". When we spoke with senior staff in the office we were told that when staff called in with concerns about a client, this prompted the senior staff to visit the person and check on their wellbeing. For example we were told that one person had been refusing their medicines and staff were concerned about their wellbeing and concerns had been raised to the family. Senior staff visited the person away from their normal visit time to have a chat and talked to them about their medicines and the importance of it. Staff told us that the person complained to them about headaches and they sat with them and explained that the headaches were caused because they had refused the medicines over the weekend. The person then agreed to take their medicines and the staff were able to continue with administration as normal at the allocated times. Senior staff told us that they regularly monitored the daily logs and if staff had raised concerns about people then they would 'make sure they are healthy and happy'.

Staff also gave us an example where someone had said to a carer that they were not happy about the layout of their home and wanted to make changes. Staff raised this with the office who informed the family of what the person had said in order to keep them safe in case they decided to move furniture around on their own.

The provider had up to date safeguarding and whistleblowing policies that gave guidance to staff on how to identify and report concerns they might have about people's safety. Whistleblowing is a way in which staff can report concerns within their workplace. Staff were aware of the provider's safeguarding policy and told us that they

knew how to recognise and report any concerns they might have about people's safety. They were also aware of external agencies they could report concerns to. Staff said that if they had concerns then they would report them to the manager or if they were unavailable then they would contact external agencies such as the local authority safeguarding teams to ensure that action was taken to safeguard the person from harm. When asked, staff said that they would 'definitely' raise any concerns they had.

Individual risk assessments had been undertaken in relation to people's identified support needs. The risk assessments were discussed with the person or their family member and put in place to keep people as safe as possible. Staff recorded and reported on any significant incidents or accidents that occurred.

Staff employed by the service had been through a thorough recruitment process before they started work, to ensure they were suitable and safe to work with people who lived at the home. Records showed that all necessary checks were in place and had been verified by the provider before each staff member began work. These included reference checks, Disclosure and Barring Service (DBS) checks and a full employment history check. This enabled the manager to confirm that staff were suitable for the role to which they were being appointed.

People and their relatives told us that there was enough staff to support them safely. For example, where a person required two people to support them, there was always two staff available to support them safely. We were also told that when a person's care package changed or when they were new to the provider, then two staff would provide the initial care to ensure that the care was 'seamless.' People told us that generally staff arrived at the allocated time and that they had never had an occasion when a call had been missed.

The relatives we spoke with were complimentary about the staff that provided care and said that their relatives were supported by a consistent group of staff which meant that they were able to get to know their relative well. Staff also confirmed this and said that this approach meant that people felt safe around them and they knew what to do to help people feel safe. For example we were told that one person was nervous and scared when being provided with personal care and would sometimes scream, staff knew that this person enjoyed singing therefore they sang to

## Is the service safe?

them whilst providing personal care. The person would then calm down and start singing with them. This showed that staff knew the people they were supporting and how best to keep them safe.

Medicines records instructed staff on how prescribed medicines should be given including medicine that should be given as and when required (PRN) and how a person

should be supported. Medicines Administration Records (MARs) showed that medicines had been administered as prescribed. Staff were aware of people's routines and did not rush them to take their medicines, if people refused to take their medication, they would inform the office and relatives.

# Is the service effective?

## Our findings

Staff we spoke with had a good understanding of people's individual backgrounds, ages, likes and dislikes. This information was taken from care plans, but also during the 'intake' period of the care planning period. During this time staff would receive regular briefings about the person they would be providing care to and the 'intake' staff would shadow them at the start of the care package in order to further assist them with the transition period. All staff we spoke with demonstrated that they knew the background of all the people that they supported and how best they needed to support them. They told us that this was because they were allocated set people to care for which allowed them to get to know the person and form a bond with them. One carer we spoke with told us that they did not like to have too many different people to care for, so the provider had allocated them to just one person who needed full day care. They told us that the person they supported 'finds it helpful and reduces their worry' because they knew their carer.

People received care and support from staff that were trained, skilled, experienced and knowledgeable in their roles. Staff were knowledgeable about people's care needs, and had received the necessary training to equip them for their roles. One person said, "[staff] are trained well, they are ok." Staff told us that they were supported by the provider to gain further qualifications and training. They said, "they keep us up to date with training", while another person said, "there is always something to learn."

Staff we spoke with told us that they had received supervision and appraisals, and records we looked at confirmed this. One member of staff said that supervisions gave them an opportunity to discuss any issues and concerns with the supervisor and they felt listened to. We were told that the supervisions would be carried out at people's homes whilst staff were on visits. This allowed for the supervisor to speak to the person using the service and gain feedback on staff performance.

Staff we spoke with demonstrated an understanding of how they would use their MCA 2005 and DoLS training when providing care to people. 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. We noted that staff understood the relevant requirements of the MCA, particularly in relation to their roles and responsibilities in ensuring that people consented to their care and support. Staff told us that they would always ask people for their consent before providing support. People were asked to sign their care plans and consent to the care they were provided with.

People were free to make day to day decisions about their care and support. We saw that care plans and assessments changed regularly and the provider kept staff up to date with all changes to people's care plans through regular updates sent by email and updated on to people's care documents. Staff told us that they regularly received updates and changes, while one person using the service said "if something changes, they do an assessment and the changes are made." Consent forms had also been signed by people to confirm that they were happy for support to be provided to them.

Staff always gained consent from people and understood the importance of gaining the consent of people who used the service. A staff member told us, "we always ask for consent", they said "if I turn the lights on I ask first, or if they would like the curtains drawn." Staff said that "it's important to make people feel like they are part of this" therefore at every step they would talk to people and gain their consent. Another staff member when talking about the way they carried out care and kept people informed about what they would be doing said "they find it helpful, it reduces their worry."

Care records showed that staff supported people where possible to maintain a healthy weight. We were told that staff encouraged people to eat well. For example, if they felt a person was not eating enough or found that food was being thrown away, then staff would wait while the person ate their food and talk with them, so as to encourage them to eat their meals. Staff would also raise this with the office so that if they could not stay then one of the senior staff could pay the person a welfare visit to check that they had eaten.

People were encouraged to maintain their health and wellbeing through regular appointments with health care



## Is the service effective?

professionals. Where required staff would attend the visits with them. The provider kept records of people's healthcare providers and were able to call on them when the need arose, for example district nurses and GP's.



# Is the service caring?

## Our findings

People and their relatives commented positively about the staff. One relative told us, “[carer] is like a friend ... they get on very well.”, while another relative said “mum likes them coming round...staff are really caring.” When we asked people who used the service if the staff were caring they said “oh yes, very caring.” Another person told us that the staff were “excellent” and they appreciated always had the same person come to see them. They said, “I have lovely girls that come round.”

From our discussion with staff we found that they were caring towards the people they provided care and support to. Staff said that they liked that they had their set clients who they “get to know”, they also said that having one set carer was ‘good for the client’ because they were able to develop a relationship with them. Staff told us that they were dedicated to the people they supported and said “we like to give people proper care, it’s the golden rule, treat people as you want to be treated yourself.”

We were told that interactions between staff and people who used the service were kind, caring and compassionate. One person said about their carer, “carer respects and listens to me.” Staff demonstrated an understanding of how to meet people’s needs and how they worked to make life as easy as possible for the people they supported. For example one person told us how a person had to attend regular health appointments which meant that they would return home late. Staff said that when passing by the persons home, they would go in and switch the lights on so the person did not return to a dark house. Staff would also prepared soup which was left in a thermos for the person to eat on their return. This was not a requirement of the care package but staff wanted to ensure that the person had something warm to eat on their return and the home was warm and welcoming. This showed that staff were willing to do extra for them because they truly cared about the welfare of the people they supported. When we spoke to senior staff about the way their care staff looked after people and supported them they said that staff “worry about people’s wellbeing”, and that as an organisation they were “only as good as our carers, they are a good bunch of people, very caring.”

Staff promoted people’s choices and gave them independence where it was possible. For example one care staff told us that although they were required to support a person with washing they would give them choice and flexibility about the type of wash they would like. They said that if the person did not want to have a shower and preferred to have a bed bath then they would respect this. They would also respect the person’s privacy by allowing them to wash themselves until they called them for support. Staff said “some people don’t mind you being around when they are in the bathroom but some people don’t want you to stay around, so I wait outside until they are ready for me.” This allowed people to have privacy and dignity and also allowed for them to have some independence.

Staff helped and supported people in meeting their needs and knew them well and understood their mood states and were able to identify any changes in them quickly. Staff told us that they monitored people’s daily records and if someone was not themselves then senior staff would check on them in the day and if needed provide additional support. For example staff noted that one person was sleeping very early at night and therefore kept waking up in the middle of the night disorientated and worried. Staff went to visit the person in the evenings to check on them and found that they were bored and therefore going to bed early. Staff started to attend the person’s house for welfare visits and played games with them in order to reduce their boredom so that they would sleep later. This meant that the person did not sleep too early and therefore had a restful sleep. The provider then looked into changing the person’s visit times to help with their boredom in the evenings. This again showed that staff were willing to go above their normal duties because they truly cared about the person’s welfare. Staff said, “we will go out and do an extra visit to check people are ok.”

People and relatives confirmed that they were involved in making decisions about their care through regular reviews, and discussions. The care records we looked at showed that people were involved and supported in their own care, and decisions. People said that their views were listened to and staff supported them in accordance with what had been agreed with them when planning their care.

# Is the service responsive?

## Our findings

People who used the service had a variety of support needs and these had been assessed prior to being supported by the service. The provider told us that they “only take on a package if we know we can service it.” We saw that appropriate care plans were in place so that people received the care they required which appropriately met their individual needs. One person using the service said that they were involved with their care plans and the provider regularly came to the house to review it with them. A relative told us “if something needs changing then they come and do an assessment and it changes.” While another relative also told us “we get visits from the office for changes in the schedule.” There was clear evidence that the care provided was person centred and that the care plans reflected people’s needs, choices and preferences. We saw that regular updates were made and relatives and people were kept informed of any changes in peoples care plans through regular review meetings and also daily records. They told us “[staff] write up notes so we can see what’s happening.”

People using the service and their relatives had been involved in planning their care and in the regular reviews of the care plans. Although there was a system to review the care plans periodically, we saw that where necessary, these were also reviewed more often to reflect any changes to people’s needs. We saw that there was a team of ‘intake workers’ who were responsible for the initial transition period for new packages that were taken on by the provider. The intake staff told us that they would carry out a two week intake process which would see the person being introduced to their carer as well as the intake worker who would oversee the package and carry out daily reviews and updates until the package was right for the person. The staff told us that this worked well because sometimes a package would be set up with input from families or while the person was in hospital, but that it may not be suitable for the person when they returned home. Staff said “everybody has the right to make a choice about their lives.” For example we were told that one person’s care

package stated that they were to have a call at 9 am in order for them to be provided with morning support. Staff found that when they arrived at 9 the person was not always responsive to them and would not always cooperate. Staff started to attend the person at slightly later times and found that the person was happier if woken later in the morning. The provider contacted the persons previous care provider who confirmed that the person’s usual waking time had been at 10am. Staff then spoke with the family and the person and arranged for the package to be amended to a time that better suited them. This showed that people were involved in the decisions that were made and the provider also encouraged people to have control of their daily routines and changed the care according to the person’s preferences.

The manager told us that they provided a very personal service that was bespoke for each person. We were told and we saw that people had their own set care staff and some people also only had one care staff member who only saw to them. This allowed for a very personal service which we saw worked well for both the clients and the staff. One relative told us that this personalised service meant that the carer staff had “a good relation [with relative] in every way shape and form.”

A member of staff said, “I love my job, my main concern is looking after my client.” Another staff member said “I like to give proper care, elderly people shouldn’t be rushed.” A relative we spoke with said that “the company is very good and accommodating, they have really caring staff.”

The provider had a complaints policy and procedure in place and people were made aware of this when they joined the service and through regular questionnaires and feedback requests. People we spoke with knew who they needed to talk to if they had any issues or concerns. People told us that they would feel comfortable raising any concerns they might have about the care provided. We saw that the provider had received two complaints in the past year and both had resolved in accordance with the complaints policy.

# Is the service well-led?

## Our findings

The service had a registered manager in place. Everyone spoke highly of the manager and the company as a whole. They said “it’s a pretty good company; they have the best interests of people in mind.” All people told us that the care provided by the provider was good and that they had regular visits from the office to keep them in touch with everything.

People said that if there was to be a change in their carer then they would be informed in advance and that there would also be a handover period. When we spoke with one person using the service they confirmed this by saying “I have two carers today, my usual one is changing so they are both working so I get used to the new one.” This showed that the provider understood the importance of an efficient handover with staff in order to ensure the smooth running of a care package.

The organisation demonstrated an open and transparent culture through out. Staff told us that it was a ‘brilliant’ organisation to work for and that the level of detail they put into their work ‘put the client in front’. One person said when talking about the organisation “from top down everybody has the same level of passion for the job, we really care about our clients.” The manager said that all staff were proud of the organisation which assisted with whistleblowing, they said the open door policy they had meant that staff felt empowered to raise any concerns. They said “we are a team...we are only as good as the care we deliver.” Therefore they encouraged all staff to be open about concerns.

Staff told us that the registered manager provided stable leadership, and the support they needed to provide good care to people who used the service. They said that the manager was approachable and “always available” if they needed to raise concerns they felt they could. The manager also told us that staff were encouraged to speak with

anyone within the office about concerns they had, They told us “sometimes they may not want to speak directly to me, so I encourage people to talk to whoever they feel comfortable with.” When we asked staff if they were comfortable in raising concerns they said “definitely.” Staff knew their roles and responsibilities well and felt involved in the development of the service and were given opportunities to suggest changes in the way things were done. Staff told us that the provider was supportive and kept them up to date with everything that was happening. One member of staff told us, “We know our jobs.”

There was evidence that the provider worked in partnership with people and their relatives so that they had the feedback they required to provide a service that met people’s needs and expectations, and was continually improving. The manager regularly sought people’s views about the quality of the care. Questionnaires were sent to people and their relatives and the results of the most recent survey showed that people who responded were happy with the quality of the care provided. People provided comments such as the care ‘could not be better’, and another person noted on their feedback that ‘[carer] is always very smily.’ We saw that another person had also commented by stating ‘The service is excellent and should any residents/friends ask about care I would most definitely recommend you.’

The manager had completed a number of quality audits on a regular basis to assess the quality of the service provided. These included checking people’s care records and staff files to ensure that they contained the necessary information and that this was up to date. We found that they had kept robust, up to date records that reflected the service provided at the time of our inspection. The manager had understood their responsibility to report to us any issues they were required to report as part of their registration conditions and we noted that this had been done in a timely manner. Records were stored securely and were made readily available when needed.