

Audley Care Ltd

Audley Care Ltd - Audley Care Binswood

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 ●

Summary of findings

Overall summary

The inspection took place on 9 October 2018 and was announced.

Audley Care Ltd - Audley Care Binswood is a domiciliary care agency that provides personal care and support to people living in their own homes, within a residential community and within the wider community. Care staff call at people's homes to provide personal care and support at set times agreed with them. At the time of our inspection 55 people received personal care from the service.

Not everyone using the service receives the regulated service of personal care. Some people had 'cleaning' or 'shopping' visits. CQC only inspects the personal care service provided to people, that is help with tasks related to personal hygiene and eating. Where personal care is provided to people, we also take account of any wider social care provided. Audley Care Ltd - Audley Care Binswood also provide an on-call emergency service to everyone living in the building under a separate arrangement which people pay for as part of the service charge for the shared premises.

There was a registered manager in post. 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.

We last inspected this service in April 2016, when we rated the service as 'Good' overall. At this inspection we found the quality of service had improved and is now rated 'Outstanding' in the caring key question, with a 'Good' rating in all other key areas. This meant the service has been rated 'Good' overall.

People were at the heart of the service and they felt very well cared for. Staff understood what was important to each person and worked closely with each other and other professionals to promote their well-being and happiness. Staff took account of and anticipated people's needs to deliver an exceptional level of care. People and their relatives were included in planning how they were cared for and supported. Staff understood people's diverse needs and interests and supported them to enjoy their lives according to their preferences. Staffing resources were managed with great care to ensure that staff had time to meet each person's care and support needs. Staff respected people's right to privacy and supported people to maintain their independence.

The provider and the registered manager utilised a range of management tools to deliver person centred, quality care to people. They demonstrated they valued care staff and promoted their learning and development. There was an open culture at the service where staff felt well supported, able to raise any concerns and put forward suggestions for improvements. Staff opinion was listened to, and the registered manager acted on their suggestions. Staff enjoyed their work and were motivated to provide people with high standards of care. They were proud to work for the service and felt listened to by senior staff. Systems ensured good standards of care were consistently maintained for people. The provider took a rigorous

approach to staff recruitment to ensure new care staff had the right values to work in a caring and person-centred way. Staff had the knowledge and skills required to meet people's individual needs effectively and were actively encouraged to study for advanced qualifications.

The provider encouraged people to feedback on how things were managed and to share their experiences of the service. People were extremely positive about the care and support they received from staff who valued them as individuals.

People were protected from the risks of harm or abuse because staff were trained in safeguarding and understood their responsibilities to raise any concerns with the registered manager. Risks to people's health and wellbeing were managed. The registered manager made sure there were enough suitably skilled, qualified and experienced staff to support people safely and effectively. Staff were provided with supervision and support, including direct observation of their care practice. The registered manager checked staff's suitability to deliver care and support during the recruitment process.

Staff worked within the principles of the MCA and supported people to have maximum choice and control of their lives. People were supported to eat and drink enough to maintain a balanced diet that met their needs and preferences. People were supported to maintain their health.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Outstanding ☆

The service was very caring. Care and support were provided in a compassionate way that took account of each person's personal needs and preferences. Staff valued people as individuals and supported them to retain choice and control over their lives. Staff encouraged people to maintain as much independence as possible. People were treated with dignity and respect and their diverse needs were met.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

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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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection visit took place on 9 October 2018. It was a comprehensive inspection and was announced. This was to ensure the registered manager and staff were available to talk with us when we visited. The inspection was undertaken by one inspector.

We looked at the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. The information was used to inform our inspection planning.

Prior to our visit we reviewed the information we held about the service. We looked at statutory notifications the provider had sent us. A statutory notification is information about important events, which the provider is required to send to us by law.

Before the inspection visit we sent surveys to 24 people who used the service, 24 relatives or friends and 31 members of staff, to obtain their views about the quality of the service. Surveys were returned from 13 people who used the service, two relatives or friends and 4 members of staff. We also contacted people who used the service by telephone and spoke with seven people who used the service and two relatives.

During our visit we spoke with the provider [who was also the regional operations manager], the registered manager, the care coordinator, the general manager of the residential community, a senior personal care assistant and three personal care assistants. Following our inspection visit we spoke with two health care professionals about the service. Health care professionals are people who have expertise areas of health,

such as nurses or consultant doctors.

We reviewed four people's care plans and daily records to see how their care and treatment was planned and delivered. We checked whether staff were recruited safely, and trained to deliver care and support appropriate to each person's needs. We reviewed the provider's quality monitoring system to see what actions were taken and planned to improve the quality of the service.

Is the service safe?

Our findings

At this inspection, we found people received the same level of protection from abuse, harm and risks as at the previous inspection and the rating continues to be Good.

People told us they felt safe using the service and told us who they would go to if they felt worried about something. A relative told us, "The staff are great and [Name] is safe in their care." Everyone who used the service that responded to our survey told us they felt safe from abuse or harm from the staff. The provider's recruitment procedures included making all the pre-employment checks required by the regulations, to ensure staff were suitable to deliver personal care to people in their own homes.

People were protected from the risk of abuse because staff knew what to do if they had any concerns about people's health or wellbeing. Staff understood their responsibilities to challenge poor practice and to raise any concerns with a senior member of staff. A member of care staff told us, "I would call senior managers to discuss any concerns." Records showed concerns had been appropriately recorded and reported and action was taken by the registered manager to keep people safe.

There was a procedure for staff to follow to identify and manage risks associated with people's care. People's plans included risk assessments related to their individual needs and abilities. People were encouraged to maintain as much independence as possible. The registered manager explained how they assessed risks to people by monitoring any accidents or incidents which took place and re-viewing the information to identify any patterns. The registered manager told us any concerns for people's safety were dealt with straight away. They told us any changes to people's care were shared directly with care staff, "Via staff phone, either by group message or direct phone call." The registered manager gave an example of one person whose health was declining and this increased risks to their safety because they lived alone. They explained how they worked closely with the person and their family to review their care needs and ensure the support they received minimised risks to people's safety and enabled them to continue to live independently.

The provider had acted to minimise risks related to emergencies and unexpected events. People's individual risk assessments included an assessment of risks related to their own homes, such as trip hazards and other environmental risks.

People told us there were enough staff because they received support when they needed it. People told us they received consistent care from staff. One person told us, "It is usually the same care staff, sometimes there is a change, but we know who is coming due to the rota." A member of care staff told us, "This motivates me because I get to know people well and I can tell straight away if something is not right." The care coordinator explained visit rotas were worked out to ensure there were enough staff on duty to support people safely and care calls were a minimum of 30 minutes. Call rotas were shared with people by post or by email. People told us they liked receiving their rota because they knew which staff were going to support them. The provider had introduced an electronic system which allowed staff to notify the care office in 'real time' when they arrived and departed from someone's home. This meant senior staff could monitor the

attendance and duration of care calls and could mitigate the risks of people receiving late calls.

People told us they had their medicines when they needed them. Only trained and competent staff administered medicines. Care staff used a medicines administration record (MAR) to record whether people took their medicines or declined to take them. MARs were kept in the person's home so they could be completed each time a medicine was given. Regular checks were made by senior staff to ensure medicines had been administered in accordance with people's prescriptions and care plans. However, we found best practice had not been followed for one person who was supported to have a pain relief medicine patch applied to their skin. There was no process in place to record where the patch had been applied, which meant there was risk it could be applied again in the same place and cause the person to have a bad reaction. When we spoke with care staff they could tell us how the person's medicine should be administered safely. We discussed this with the registered manager, who gave us their assurance they would ensure this information was recorded in future to minimise any risks to the person's health and well-being. They explained MARs were to be transferred to an electronic system in November 2018 and they would adapt the new system to ensure the information was captured. Following our inspection visit, the registered manager confirmed there was a new recording procedure in place and they had shared the new procedure with care staff.

Everyone we spoke with told us care staff did all they could to prevent and control infection. Care staff told us they received training in infection prevention and control and food hygiene and were provided with the correct personal protective equipment (PPE) such as gloves and aprons. One member of care staff told us how they minimised the spread of infection, they said, "I wash hands in between tasks." They explained how staff disposed of their personal protective equipment to avoid cross infection. People told us care staff always left their premises clean and tidy.

Is the service effective?

Our findings

At this inspection, we found staff had the same level of skill, experience and support to enable them to meet people's needs as effectively as we found at the previous inspection. People continued to have freedom of choice and were supported with their dietary and health needs. The rating continues to be Good.

Everyone who used the service that responded to our survey told us their care workers had the skills and knowledge to give them the care and support they needed. All staff received an induction, training and support that gave the skills and confidence to meet people's needs and promote their welfare. The induction training was called 'The Audley Way' and included the provider's version of the Care Certificate. The Care Certificate provides staff with a set of skills and knowledge that prepares them for their role as a care worker. This demonstrated the provider was acting in accordance to nationally recognised guidance for effective induction procedures to ensure people received good care.

Staff told us they felt confident in their skills because they had time to get to know people well and had training that was relevant to people's needs. Staff were positive about training and one staff member told us, "I have done additional training in dementia and found it useful. It helped me to understand people's conditions better and how it affects them in different ways." Different methods of training were provided which suited different ways of learning.

All staff told us they had regular meetings with senior staff to discuss their work and identify any areas for development. A senior member of staff told us supervision allowed them to, "Ask people if their training is up to date. They can discuss things with me and I can check they are OK."

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 found the registered manager understood their responsibilities under the MCA. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The registered manager told us most people who used the service had capacity to make decisions about how they lived their daily lives. They told us some people lacked the capacity to make certain complex decisions, for example how they managed their finances, but they all had an appropriate person, either a relative or a legal representative, who could support them to make these decisions in their best interest.

There were assessments for some people's understanding and memory, to check whether people could weigh information sufficiently to make their own decisions or whether decisions would need to be made in their best interests. We found the outcome of one assessment was not clear. However, the person's care

plan gave guidance to staff about what support they required to make decisions and staff could tell us how they supported the person. We discussed this with the registered manager who assured us they would review people's care plans and ensure the outcome of any assessments were recorded accurately. Following our inspection visit, they provided evidence staff had been provided with additional guidance relating to assessments of people's understanding.

People told us staff asked for consent before providing them with assistance and support and respected the decisions they made. A member of care staff told us, "I always ask permission and explain what I'm doing."

Some people received food and drinks prepared by care staff. Care staff told us people's care plans included a list of their needs, any allergies and any cultural or religious preferences for food. Staff told us they knew people's individual requirements and made sure people were supported with food and drink, in a way that met their needs.

People's needs were assessed when they began using the service to ensure they could be met safely and in accordance with good practice. People were supported to obtain advice and support from GPs and other healthcare professionals to maintain their health and independence. Health-care professionals are people who have expertise areas of health, such as nurses or consultant doctors. A health care professional we spoke with confirmed this and told us care staff contacted them with any concerns they have about people they supported.

Is the service caring?

Our findings

At our previous inspection we rated Caring as 'Good'. At this inspection, we found staff took account of and anticipated people's needs to deliver an exceptional level of care. The rating has changed to 'Outstanding'.

Everyone we spoke with felt staff cared about them and valued them as individuals. People told us, "I feel it is a high standard of care, the staff are nice and they get me going for the day in the mornings"; "I couldn't do without their support" and "I'd definitely recommend them, the service they provide is excellent." A relative wrote in a compliment to the service, 'We have valued the excellent care we have received from all your carers; we are very grateful for their expertise and, more importantly, for their gentleness, good cheer and kindness.' Everyone who used the service that responded to our survey told us they received care and support from consistent care workers, who were caring and kind. Some care staff had worked at the service for several years and people told us they had developed strong relationships with them. The registered manager told us, "We give our customers a service that we believe would be absolutely acceptable for our loved ones...We use compassion and understanding to build people's care package."

There was a very strong person-centred culture at all levels and staff understood people were at the heart of the service. Staff were compassionate and supported people according to their individual needs in a way that improved their quality of life and their well-being. Staff explained how they supported one person with complex health needs that changed daily as their health declined. Staff regularly supported the person to be reviewed by health care professionals to obtain specialist equipment to help them maintain their independence and remain in their own home. The amount of support provided by staff was increased to meet their changing needs and staff received specialist training from healthcare professionals to meet those needs. A member of care staff explained how they kept the person as comfortable as possible when supporting them to move with specialist equipment. A health professional we spoke with confirmed this and told us, "The staff are person centred. They know [Name] well. They always try and send experienced carers who can pre-empt [Name]'s needs and they try and encourage [Name] to be independent."

The registered manager prided themselves on being flexible with people's care calls and arranged support at short notice to meet people's changing needs. We spoke with one person's relative who told us the staff in the care office were very friendly and arranged care calls whenever they asked for them. They explained their personal circumstances and family members health needs had changed rapidly within a short time span and staff had been, "Amazing." They told us staff had helped them to gain additional support from health professionals when their family member was very ill. They explained how staff had supported their family member to regain their independence and significantly improved their well-being, by using specialist equipment to move around their home following a serious illness. They told us, "We thought [Name] was going to pass away, but Audley pulled them round and gave them the will to live."

Care staff supported another person with complex care needs, in a way that allowed them to lead a fulfilling life and maintain their independence to work in full time employment. The person was extremely positive about the standard of care they received and told us, "I couldn't do without their support...They enable me to be independent. Without their support I would lose social contact." Staff explained how they supported

the person at home and at work, to use specialist equipment, which enabled them to lead an independent lifestyle. Care staff told us they knew the person well and knew their preferences so they could anticipate the person's changing needs and arranged some care calls at very short notice. The person confirmed this and told us, "The staff know exactly what my needs are and accommodate my preferences... If I have an issue, they come out straight away and make sure I'm okay."

The provider proactively researched new opportunities to support people effectively and to work in partnership with other agencies and healthcare services. They had identified and were planning to introduce a new piece of equipment which would help people if they fell, but were unable to get up independently. The equipment could support people's dignity, as they would not have to stay on the floor while they waited for emergency assistance, and could reduce the number of times people needed support from the ambulance service.

All the staff we spoke with told us they felt exceptionally well supported by the provider and motivated to provide people with the highest standards of care they could. Two care workers told us, "I love the clients. I want to look after them, I am concerned about their well-being" and "I love care work, just being with people, making friends and making them feel safe." During the provider's induction, care staff were assigned mentors who supported their individual development needs, when they began their role. The registered manager explained how they personally supported staff to improve their understanding of people's specific needs and provide exceptional care.

Staff took time to listen to people and supported them to express themselves according to their abilities to communicate, for example in gesturing, or asking short questions. They explained their induction training was tailored to include detailed guidance about how to communicate with specific people who had individual communication needs. This helped them provide more person-centred care as people could express their views and be actively involved in making decisions about their own care. Staff felt valued by the provider and told us they received recognition for good practice and feedback to help them improve. Two members of staff told us, "There is excellent communication within the service. We have staff newsletters, praise from senior staff, training and our birthdays are celebrated. We are treated well. They are an excellent company to work for because they are all immensely caring" and "I feel very appreciated. I get a thank you card through the post following a compliment." The provider operated a 'Carer of the month' award, where people were asked to nominate care staff for their performance and length of service awards, where staff received a badge to recognise the longevity of their role. The registered manager explained they did this, "To show staff we appreciate them. It is really important that staff feel valued because they work really hard and it can be emotionally draining. It's a hard job." The provider had recently nominated the service for the 'Care team of the year award' at the nationally recognised 'Great British Care Awards', because of the quality of the care provided by the team.

Staff told us the registered manager and provider gave them opportunities for personal development and said senior staff were caring which made them feel motivated in their role. Staff felt supported to develop within their roles and study for nationally recognised care qualifications. The registered manager said they gave staff the choice of what they'd like to study. One member of care staff told us they were so impressed by the support they received to develop professionally, they chose not to leave to pursue further qualifications, but remained with the company to continue with their career progression. The care coordinator had received training in dementia awareness and held the lead role for this within the service. The care coordinator told us, "Something new comes up all the time with dementia awareness" and they shared their knowledge and supported staff with weekly training sessions. They were also in the process of setting up a dementia café to support people who used the service.

Staff told us their training on equality and diversity made them more confident to support people to maintain their individual beliefs, including cultural or religious traditions. Staff understood some people might need particular support to make them feel equally confident to express themselves. One member of staff told us, "It's about treating people equally regardless of their characteristics... It's about making sure people feel safe, happy and supported in any situation they're in." The registered manager explained how they had acted in a positive way to avoid discrimination and taken steps to protect one person during a period of recruitment.

Although no one currently had the support of an advocate, as most people had family members who could assist them if required, information on local advocacy services was available to people in the care office or upon request. Staff were knowledgeable about how to support people if they required representation. Advocates are independent of a service and support people to make and communicate their wishes.

People told us that staff always supported them in ways that maintained their privacy and dignity. One relative said, "Staff are very respectful to [Name] and to me." Everyone who used the service that responded to our survey told us care workers always treated them with respect. Staff understood the importance of treating people with dignity and respect. A member of staff told us, "My job is to promote independence. If someone is having an 'off' day I will offer them more help. I give them the choice and this promotes their dignity."

Is the service responsive?

Our findings

At this inspection, we found staff were as responsive to people's needs and concerns as they were during the previous inspection. The rating continues to be Good.

People told us they were happy with the care and support staff provided. One relative told us, "I am very happy with the care given to [Name]." A health care professional we spoke with was positive about how responsive the service was. They said, "They've been good and responded well. They do what they can when we ask them to. They tell us if they cannot do something for someone, they are honest."

People told us they were asked for their views and were fully involved in planning their care and support. People were initially assessed by senior staff before they used the service. A meeting was held with people and their representatives and they were asked for their views on how they would like to be supported. The registered manager told us, "The initial assessment includes the person and we discuss their needs. We meet their needs by them telling us their wishes." The residential community general manager explained when people moved to the provider's residential community, they were asked for information about their health and well-being. They told us care staff met with every new person and they were provided with information about the care available. The general manager told us, "We see changes in people's needs and we flag these up to the care staff and refer them to the registered manager for a chat. We provide care unobtrusively. We know when things aren't quite right."

Senior staff continued to personalise people's care plans after they started to use the service, as they got to know them better. The registered manager told us care plans were reviewed after two weeks and then every six months, "To make sure the care is right for people, what's working and what isn't working for them."

Care plans had recently been recorded on a new electronic system which staff maintained, but were also available to people in a paper format in their own homes. Staff were positive of the benefits of the new recording system. Two members of care staff told us, "We can log into care plans on our phones and we can look at the ten previous care call logs. This keeps me 100 per cent up to date with any changes to people's needs" and "The new care plans are excellent. The new format is very clear and easy to understand. The routines are detailed with a personal section. I can read this information and strike up conversations with people using the information. It includes their likes, dislikes and any allergies." Care plans were easy to understand and personalised. They included details of how staff could encourage people to maintain their independence and where possible, make their own choices.

The registered manager explained they also shared information about people's changing needs from receiving daily handovers from care staff. This enabled them to provide a responsive service to people if there was a change in their needs. The registered manager confirmed where people needed support to access information in alternative formats, such as documents in a large print, these could be supplied by the provider. Staff could refer to information leaflets available to them in the care office. Staff told us these were available to share with people they supported. For example, there was information on health issues and organisations where people could find additional support with specific needs.

People told us care staff organised activities in the provider's residential community and everyone who used the service was invited, for example, knitting club, book club and trips to local places of interest. Where it was included in people's care packages, staff assisted people to access other interests and hobbies, or go out in their local community. The registered manager commented in the PIC, "All our customers have the opportunity to use our village facilities and we encourage this and hold themed days and evenings at the village...We will transport our customers from the community so they can join in the events.' The general manager of the retirement community told us they held public events for people who used the service, to raise awareness of certain health conditions which may affect people who used the service. For example, Parkinson's disease. They explained, "We are trying to raise people's awareness and make information ready for people when they are ready."

The registered manager explained they felt passionate about providing high standards of care to support people at the end of their lives. Care staff were not supporting anyone at the time of our inspection visit, however they had done so in the past. The registered manager told us, "Staff were specially thanked for their part in the persons care by relatives, following their death." The registered manager told us some care staff had already received specific training to enable them to support people. They told us as they prepared for people's changing needs, staff would receive further training in this area. The provider had registered with the 'Gold Standards Framework' [GSF] scheme in end of life care. This is a national centre to enable care staff to provide a high standard of care for people nearing the end of life. The provider explained they were currently visiting other care services to see how they could work towards accreditation with the scheme. They said, "We are looking at what training is required to adhere to the framework. We are passionate about end of life care."

People told us they felt able to raise any concerns with staff. One person told us, "I would speak to the office if I had a complaint and they would respond. I tackle any concerns with the staff." The provider's complaints policy was accessible to people in their own homes. The registered manager confirmed There had been two complaints made in the last 12 months. We saw the complaints had been resolved in accordance with the provider's policy and to the complainant's satisfaction. The service had recorded 53 compliments in the previous 12 months. These included many compliments from people about the standard of care received. For example, one person wrote, 'Thank you for your excellent service. We will have no hesitation in recommending your care to others.' The compliments also included comments made by staff about the performance of other staff members. The registered manager explained all compliments were shared with staff straight away to recognise good practice and boost staff morale.

Is the service well-led?

Our findings

At this inspection, we found the service continued to be managed as well as we found at the previous inspection visit. The rating continues to be 'Good'.

Everyone we spoke with was very happy with the quality of the service. One person told us, "The care given is first rate I am very happy with the care given to [Name]." A relative commented in our survey, 'We are wholly satisfied with the service we have received so far.' Everyone who used the service that responded to our survey told us they would recommend this service to another person.

The provider had developed a positive culture at Audley Care Binswood. Their values were imaginative and person-centred and made sure people were at the heart of the service. Two members of staff told us, "I feel privileged to work for Audley. We have regular meetings, opportunities and additional training" and "I love my job. I get on with the staff and the clients are great." and "The organisation is really structured and values staff."

All the staff we spoke with understood their roles and responsibilities and felt supported and motivated by their manager's leadership. Staff told us the registered manager valued their opinions and used them to develop and review practices, to identify ways to improve the quality of care for people. A member of staff told us, "We have an agenda for meetings and they ask for our opinions and if we have any concerns." For example, staff told us concerns about travelling times between care calls had been discussed at staff meetings and these had now been improved to ensure people's needs could be met effectively in the time allocated. The registered manager told us, "We made changes to travel times by reducing travel distances and increasing rates of pay. This helped to increase staff satisfaction levels." The provider encouraged feedback from staff using a survey which was sent to staff who worked for the service and for the retirement community. The results were positive, however they were not broken down to represent this service only, so it was not clear what staff felt who worked for this service.

The provider demonstrated they achieved exemplary standards of care by recently winning the 'UK Healthcare Awards for excellence', a national sponsored award for their high standard of 'housing with care'. The registered manager explained the provider also held an internal awards ceremony each year and people who used the service were asked to nominate care staff they felt had performed well. Nominated care staff were celebrated and invited to attend the providers ceremony. The registered manager had recently won the providers internal award for 'employee brand recognition' which was for recognising values, attitude and performance in the workplace.

The provider valued people's opinions and worked with them to make continuous improvements to the service. They encouraged people to give feedback on how things were managed and to share their experiences of the service by completing surveys. We saw positive results of the latest customer quality survey completed in 2017. Sixty-six per cent of people had responded to the survey and 65 per cent of those people gave the service an excellent rating. Some people had concerns that communication with the care office was sometimes 'patchy'. The action plan stated, 'This has now been improved...We have a dedicated

QCS (Quality Care Super-visor) who looks after customers.' One person had commented following the survey, 'It is much better since a customer care co-ordinator was appointed.' Other people commented as part of the provider's survey, 'I am very well satisfied indeed and always recommend the service to others' and 'I feel the care I receive is above and beyond. Audley is a cut above the rest.'

The registered manager kept up to date with best practice by receiving updates from various organisations such as Skills for Care and the National Institute for Health Care and Excellence [NICE]. The registered manager told us how they developed their leadership skills and were a member of the Skills for Care Registered Managers network. The registered manager shared best practice with staff at meetings. The manager was aware of their responsibilities as a registered manager and had provided us with notifications about important events and incidents that occurred at the service. They notified other relevant professionals about issues where appropriate, such as the local authority.

The provider demonstrated a commitment to improving the quality of care they delivered by introducing new electronic recording systems. The registered manager showed us these consisted of many different systems which worked together to ensure safe and effective care was provided to people. For example, people's care plans were recorded electronically and could be updated securely in 'real time' by care staff during care calls, using their mobile telephones. Staff told us they could access and share information quickly using their mobile telephone. They could send and receive emails about changes to people's support. One member of staff told us, "There is very good information on our phones." The registered manager explained there were further plans to develop and improve these systems. Including an electronic MAR for care staff to complete during people's care calls.

There were systems in place to monitor and improve the quality of service. These included checks which were recorded electronically, of the quality of people's care plans and medicine records and monitoring of events, by senior care staff. The registered manager regularly analysed information, which enabled them to maintain oversight, identify any emerging patterns or trends and assure themselves that appropriate action had been taken to ensure people received safe and effective care. Records showed actions were taken to make improvements to the service, following audits. For example, we saw recording errors on daily logs were identified and action was taken to make improvements. However, the medicine record audit had not identified issues we had found during our visit. For example, there was no process in place to record where pain relief patches were applied. The registered manager acknowledged this and gave us their assurance the audit would be reviewed and care plans would be updated where required.

Additional, independent, quality assurance checks were carried out by the provider, to ensure the service was meeting required standards and people who used the service were well cared for. The registered manager had ensured people had access to the CQC rating given to the service at our previous inspection. It was displayed in the care office and on their website.