

Almond Care Limited

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 22 June 2017. The inspection was announced. The provider was given two days' notice of our inspection. This was to ensure the registered manager and staff were available when we visited the agency's office.

At the last inspection in May 2015 the service was rated Good. At this inspection we found the service remained Good.

Almond Care is a small domiciliary care agency which provides nursing and personal care for people in their own homes. Some people received support for a few hours each week, and some people received support 24 hours a day. On the day of our inspection visit the agency was providing support to 21 people.

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 was a registered manager in place at the time of our inspection visit. The registered manager was also the provider of the service. We refer to the registered manager as the manager in the body of this report.

Staff understood their responsibilities to protect people from the risk of abuse. The manager checked staff's suitability for their role before they started working at the service. The manager made sure there were enough staff to support people safely. Medicines were administered and managed safely.

Risks to people's individual health and wellbeing were identified and care was planned to minimise the risks to people. Care was delivered based on the individual needs of each person. People and their relatives were included in planning how they were cared for and supported, and people were supported by a consistent staff team who had the skills to meet their needs.

The provider, manager and staff understood their responsibilities under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards, and people's rights were protected in accordance with the Act. Staff offered people choice and respected their decisions.

People were supported to eat and drink and were referred to healthcare services when their health needs changed. Staff were well trained and could meet the complex needs of people they cared for.

Staff knew people well and respected their privacy and dignity. People told us they knew how to make a complaint if they needed to. The manager had procedures in place to respond to complaints in a timely way, and to monitor the outcome of complaints.

The manager and provider checked the quality of the service and acted to continuously improve it; people

and their relatives were encouraged to share their opinions about the quality of the service which were listened to.

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 safe.

Is the service effective?

Good ●

The service remains effective.

Is the service caring?

Good ●

The service remains caring.

Is the service responsive?

Good ●

The service remains responsive.

Is the service well-led?

Good ●

The service remains well-led.

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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.

We inspected the service on 22 June 2017 as an announced inspection, we gave the provider two days' notice of our inspection visit; so that we could be sure the manager and staff were available to speak with us. This inspection was undertaken by one inspector.

We asked the provider to send to us a Provider's Information Return (PIR). The document allows the provider to give us key information about the service, what it does well and what improvements they plan to make. We were able to review the information as part of our evidence when conducting our inspection.

Before our inspection we contacted a number of stakeholders to ask them about their experiences of using the service. We did this by sending them a questionnaire, we wrote to eight people who used the service, 82 staff members, eight relatives and friends and 14 community professionals. We received 3 responses from people who used the service, one relative response, 12 responses from staff members and two from community professionals. We used some of this feedback to inform our inspection planning, and to form some of our judgements.

Before our inspection we also reviewed the information we held about the service. We looked at information received from the local authority commissioners and the statutory notifications the manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are people who contract service, and monitor the care and support the service provides, when services are paid for by the local authority.

In addition, two people had contacted us about their experience of the service before our inspection visit. We later received feedback from one person who used the service, and six people's relatives. We received feedback from two nurses, and six members of care staff, the trainer and the registered manager.

We looked at a range of records about people's care including three people's care files, daily records and charts, medicines records and staff call rotas. This was to assess whether people's care delivery matched their records. We reviewed records of the checks the manager and the provider made to assure themselves people received a quality service. We looked at staff files to check staff were receiving supervision and appraisals to continue their professional development.

Is the service safe?

Our findings

At this inspection, we found the same level of protection was in place for people to protect them from abuse, harm and risks as at the previous inspection and the rating continues to be Good.

People told us they felt safe because they received care from staff they knew well and trusted. One person said, "We do feel the staff and the service we receive is safe." One hundred per cent of the people who responded to our questionnaire told us they were always introduced to care staff before they began supporting them.

The provider protected people against the risk of abuse and safeguarded people from harm. Staff attended regular safeguarding training. Staff told us the training assisted them in identifying different types of abuse, and they would not hesitate to inform the manager if they had any concerns about anyone. They were confident the manager would act appropriately to protect people from harm, and protect staff members if they raised any concerns. Records showed concerns about abuse had been appropriately reported and action taken by the manager to keep people safe.

Staff told us and records confirmed, suitable recruitment practices were followed. Before staff started work, checks were made to make sure they were of a suitable character to work with people in their own homes.

There was a system in place to identify risks and protect people from harm. Each person's care file had a number of risk assessments completed. The assessments were very detailed and described to staff how people were at risk with medical conditions, equipment, and their environment. Risk assessments detailed the type of activity that might cause the person harm, the associated risk; possible triggers; and guidance for staff to take to mitigate the risk. For example, risk assessments showed pictures and photographs of how staff should use equipment or position people when they delivered their care, to prevent people from choking or to prevent breathing difficulties. Staff told us the detailed instructions helped them to fully understand the risks to people and how to minimise them. Emergency plans were in place to instruct staff when they may need to give people medication or call for emergency assistance.

There were enough staff to care for people safely. Before people began using the service, the manager conducted detailed initial assessments. These detailed people's individual needs, and ensured the correct staffing resources were in place. People told us there were enough staff to meet their needs and that staff usually arrived on time. Everyone who responded to our questionnaire said staff stayed for the agreed amount of time. One relative told us, "Staff do arrive on time and finish on time." They added, "If a member of staff is delayed in traffic or for whatever reason, somebody will always stay over until they arrive."

Staff administered medicines to people safely. Staff had received training specific to each person who used the service. Medicines training included checks on the competency of staff, including how and when to administer emergency medicines. Where people required medicines to be given on an 'as required' basis, there were detailed instructions for staff on when to give the medicines. The care records gave staff information about what medicines people were taking, why they were needed and any side effects they

needed to be aware of. The manager told us they or senior staff undertook regular checks to ensure medicines were managed safely. One relative told us, "[Name] is on a huge number of medicines, almost hourly. They [staff] are very efficient about dealing with these."

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 effectively, as we found at our previous inspection. People continued to have freedom of choice and were supported with their dietary and health needs. The rating continues to be Good.

People told us staff had the skills they needed to support them effectively. One relative told us, "I am very impressed with the level of training the staff have. [Name] has a tracheostomy and they know just what to do."

Staff told us when they started work at the agency they received an induction that was tailored to meet the needs of the people they would be supporting. The induction included basic training in how to deliver care to people safely, but also included training by registered nurses in specialist medical conditions which pertained to the person. For example, some members of staff were trained in supporting people with tracheostomy, epilepsy and catheter care. Each member of staff received an individual training programme tailored to their specific job role. For example, nursing staff received specialist training in medicine administration and in clinical skills. One member of staff said, "We have good training and supervision, we are always introduced to people before supporting them and have to shadow more experienced staff until you are competent." They added, "I am very confident in my knowledge and skills now."

Staff told us in addition to completing the induction programme; they had a lengthy probationary period and were regularly assessed to check they had the right skills. The manager maintained a record of staff training, so they could identify when staff needed to refresh their skills. The manager and the trainer were both qualified nurses. They had experience of working in healthcare settings and complex care, and brought their knowledge and skills with them. They maintained their professional registration with the Nursing and Midwifery Council and they continued to develop their knowledge. The manager told us keeping up to date with working practices meant they could share their knowledge with staff at the service and promote high quality care.

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. 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 rights of people who used the service were protected. Staff understood adults should consent to their own care and treatment, unless it was established they lacked the capacity to make their own decisions. Where this was the case mental capacity assessments were in place to detail which decisions each person could make themselves, and which decisions needed to be made in their 'best interests'. Where decisions were made in people's 'best interests' these were documented to show who had been involved in the decision making process. Staff described to us their understanding of the Act, they assumed everyone had capacity to make their own decisions unless it was established they could not.

The service supported people to see health care professionals such as the GP, dentist, and nutritional specialists when a need was identified. Records showed staff referred people to see health professionals when their health changed. This showed the provider worked in partnership with other professionals for the benefit of the people they supported.

Staff supported people with specialist dietary needs. For example, some people required support to eat and drink through a specialist feeding tube. Staff had received specialist training in how to use this equipment effectively. We found where people needed their nutritional intake monitored by staff, charts were kept to ensure people's nutrition was monitored.

Is the service caring?

Our findings

We found people continued to be supported by caring and respectful staff that promoted their dignity and privacy. The rating continues to be Good.

People and their relatives told us staff treated them with kindness and compassion. One relative told us, "Almond Care and the staff are the best staff we have ever had," another relative commented, "[Name] loves them; we can't fault them and the care."

Staff members told us they enjoyed their role and the interaction with people they supported. One staff member also commented, "I do enjoy my work because of the marvellously well co-ordinated team I work in. "

One hundred per cent of the people who responded to our questionnaire said the service supported them to be as independent as possible. One member of staff explained how they supported people. They made sure people were encouraged to do what they could themselves, and the staff member only supported them with tasks they could not manage.

People were able to make choices about who supported them. For example, people were asked whether they preferred male or female care staff. People and their families were also involved in the recruitment of new staff to support them. The manager matched staff to the people they supported through their recruitment procedure, for example, where people were young adults or children they were offered supported by younger staff.

The provider considered whether people required additional support to assist them with forming new relationships with people outside their home. For example, one person who was a younger adult was keen to meet people of their own age; staff took them out to social events to facilitate this.

Staff understood how to provide care to people whilst retaining dignity and privacy. People said staff always explained what they were doing. People told us staff offered them support discretely when they needed assistance with their personal care. One relative told us, "They [staff] do respect our privacy (as a family). But they also know that they can contact us at any time, if they have any concerns or need to tell us something."

People were encouraged to take part in planning and reviewing their own care. To assist people with this some care records were produced in an 'easy to read' format using pictures and large text to assist people to access the information.

Is the service responsive?

Our findings

At this inspection, we found the same level of responsiveness to people's needs was in place as at the previous inspection, and the rating continues to be Good.

Most of the people we spoke with told us staff responded to people's requests for support. One relative told us "Staff are great. They always ask what we want, and what [Name] would like to do."

However, one relative told us their relation was not always able to go out when they liked. We raised this with the manager who explained they had held a recent review meeting with the funding authority for the person's care, to see whether different equipment and an alternative wheelchair could be provided, to assist staff with taking the person out more often. They explained they were still waiting for the funding authority to agree this additional support but would speak with the family again.

Another relative told us, "We are always kept up to date, staff let us know what is happening all the time. They carry a mobile phone when they are out with [Name] and can ring us any time. This means we can also ring them."

Staff encouraged and supported people to follow their interests and take part in social activities. For example, if people enjoyed music daily care records showed staff played music when they supported the person. Staff we spoke with knew people well, and could describe the different activities and hobbies people enjoyed.

Care records showed people's likes and dislikes, and how they wanted to receive their care. We saw care plans were reviewed and updated regularly. People who used the service were involved in planning their own care. The files included life histories, people's hobbies and interests and were tailored to meet the needs of each person according to their support requirements, skills and wishes.

Staff told us they had had an opportunity to read care records at the start of each visit to a person's home. The care records included information from the previous member of staff as a 'handover' which updated them with any changes since they were last in the person's home. Staff explained this supported them to provide effective care for people because the information kept them up to date with any changes to people's health. In addition to this, some staff also received a verbal handover from the previous member of staff when they started work. One relative we spoke with confirmed records were always kept up to date. They said, "The service are stringent with record keeping."

People told us they would feel comfortable to raise any issues or concerns with staff, if they had any. There was information about how to make a complaint in the service user guide that each person had in their home. The manager logged each complaint and recorded their response. One relative who had previously made a complaint commented, "We have only made one complaint. It was dealt with swiftly and satisfactorily."

Is the service well-led?

Our findings

At this inspection, we found the manager and provider offered the same level of leadership and management at the service as at the previous inspection, and the rating continues to be Good.

Some of the comments we received from our questionnaire and the people we spoke with included; "Fantastic service, I would recommend to others", and "They have provided us with an exemplary service."

People who used the service, relatives and staff told us they felt the agency was well led. A community professional said, "They [managers] have worked extremely hard to ensure carers and nurses were available to provide the level of care we requested." Only one person we received feedback from in our questionnaire told us things could be improved at Almond Care, as they would like more communication from the management team.

Staff were supervised using a system of supervision meetings, observations, and yearly appraisals. Regular supervision meetings provided an opportunity for staff to discuss personal development and training requirements to keep their skills up to date. The management also undertook regular observations on staff performance to ensure high standards of care were met. In addition, staff told us they could speak with a manager or nurse when they needed to, and there was always support available through a 24 hour helpline. One staff member told us, "Management are always contactable, during out of hours we are able to contact the on call service where the phones are always manned."

Staff told us the manager asked them about their views regarding the care provided at the service, and any changes they would like to see to improve the quality of care for people. Staff views were gathered in regular team meetings and a yearly quality assurance questionnaire. One member of staff told us, "The managers are approachable, open and honest. They act on issues we raise. As a staff member I have always been treated fairly."

The manager completed checks to ensure they provided a good quality service. They completed regular audits in areas such as medicines management, health and safety and care records. Where issues had been identified in audits, action plans had been generated to make improvements. For example, where staff had not fully completed daily records for people gaps had been followed up and records updated. Action plans were monitored to ensure actions had been completed. This ensured the service continuously improved.

People were asked to give feedback about how the service was run. People were asked to take part in regular quality assurance surveys. We viewed a recent survey where a high percentage of people had described the service as excellent or very good. Feedback was analysed for any trends or patterns in the information received to continuously improve the service.

The provider had plans in place to improve the service. These included plans to transfer care records to electronic devices, rather than to keep these on paper. The manager explained this would assist in the updating of records, as they could be updated immediately by care staff during their shift, and the records in

the office would match any amendments.