Austin Ben Ltd

# Austin Ben - Stoke

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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|---|---|
| Is the service safe? | Good |
| Is the service effective? | Good |
| Is the service caring? | Good |
| Is the service responsive? | Good |
| Is the service well-led? | Good |

# Summary of findings

## Overall summary

About the service:
Austin Ben - Stoke is a domiciliary care service that was providing personal care to 51 people living in their own homes at the time of the inspection. People had a range of support needs such as people living with mental health needs and older and younger adults.

People's experience of using this service:
Quality assurance systems were in place to monitor people's care. Staff knew people's needs, but this needed to be included in some people's care plans. The provider had already started to make these improvements following our feedback.

People felt safe and risks were planned for. There were enough staff to ensure people received timely support and staff were recruited safely. People received their medicines. Lessons were learned when things went wrong. People were protected from cross infection as appropriate measures were in place which staff followed.

People had their needs assessed and had access to other healthcare professionals when needed. People were supported to have food and drinks of their choice. The principles of the Mental Capacity Act (2005) were generally being followed and improvements made based on our feedback.

People were supported by kind and caring staff and were treated with respect. People had a choice and were able to make decisions about their care and were being supported to remain independent.

People received support that met their needs. People could complain when they needed to and complaints were investigated and dealt with. A policy and template care plans were in place ready for if someone needed to plan for their end of life wishes.

People, relatives and staff found the office staff and the registered manager approachable. The provider worked in partnership with organisations and sought feedback from people who used the service to make improvements.

Rating at last inspection:
The service was last rated as requires improvement overall (April 2017).

Why we inspected:
We planned the inspection based on the previous rating.

Recommendations:
• We have made a recommendation that quality assurance systems identify all areas for improvement.

Follow up:
We will continue to monitor the service and check our recommendations have been followed at our next inspection.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

# Austin Ben - Stoke

**Detailed findings**

## Background to this inspection

The 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 checked 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.

Inspection team:
The inspection was carried out by one inspector. There was also an Expert by Experience who made phone calls to people who used the service and their relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:
This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults and younger adults.

The service had a manager registered with the Care Quality Commission. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:
The inspection was announced as we gave them one days' notice. This was because the service is a domiciliary care agency and we needed to be sure someone would be in the office when we visited. The inspection site visit took place on 7 February 2019. It included speaking with the registered manager and provider, speaking with office staff and care staff who visited the office; we also reviewed care records, records relating to the management and oversight of the service and policies and procedures. The Expert by Experience made phone calls to people who used the service and their relatives on 11 February 2019.

What we did:
We used the information we held about the service, including notifications, to plan our inspection. A notification is information about events that by law the registered persons should tell us about. We asked for feedback from the commissioners of people's care to find out their views on the quality of the service.

We spoke with five people who used the service, four relatives, four care workers, one care coordinator, the registered manager, and the operations manager. We viewed four care files for people, including daily notes and medicines records. We looked at documents relating the management and administration of the service such as audits, meeting records and surveys.

Good

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes
• People told us they felt safe; one person said, "I do feel safe."
• People were protected from potential abuse, when concerns had been identified these were reported to the local safeguarding authority, as required.
• Staff understood their safeguarding responsibilities, they could identify different types of abuse and knew how to report their concerns.

Assessing risk, safety monitoring and management
• People told us they felt safe whilst being supported. A relative told us, "Yes my relative is safe with the carers."
• Risk assessments and management plans were in place when risks had been identified. For example, one person had behaviour that challenges. Initially, the plan did not contain much detail about this but staff were aware of how to support the person and keep themselves safe during a period of the person being agitated. Following our feedback, a more detailed plan was put in place. There were also plans in place for people regarding their moving and handling needs that staff were aware of.

Staffing and recruitment
• People were supported by enough staff and staff were generally on time. One person said, "The carers arrive on time, they are all good people." One relative told us, "The carers arrive on time and have a scan code system so I never think they have not visited." One professional told us, "I have no concerns about their staffing levels."
• Rotas showed staff had time to travel between calls. Staff felt their rotas were generally achievable unless an emergency occurred. One staff member said, "We get travel time. I can generally get to calls on time." This meant there were enough staff to support people at the times they needed it.
• Staff recruitment procedures ensured staff were subject to appropriate pre-employment checks to ensure that they were suitable to work in a care setting. This included criminal record checks and references from previous employers.

Using medicines safely
• People and relatives told us people received their medicines. One person said, "Staff will prompt me and ask if I have taken it." One relative said, "There are no problems with the medication and it is given on time"
• New medicine documentation, known as Medication Administration Records (MARs) were being introduced. We did not check these as none had yet been completed. The previous MAR charts were well completed by staff to indicate medicines had been given. It was also clear in people's care plans the type of support they needed in relation to their medicines.

Preventing and controlling infection
• People told us staff wore personal protective equipment (PPE), such as gloves and aprons, when necessary. There were reminders in people's care plans for staff to follow about ensuring they followed safe practice.
• This meant people were protected from the risk of cross infection as appropriate measures were in place and being used by staff.

Learning lessons when things go wrong
• Lessons had been learned when things had gone wrong. For example, if there had been a medicine error, the cause of this was investigated and appropriate action taken to reduce the risk of it happening again. In another example, concerns had been raised by a staff member; these concerns were fully investigated, supervisions carried out with staff and people had the opportunity to feedback about their care in order to check if any of the concerns matched the staff member's feedback.

Good

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

People's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance
• The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
• We checked whether the service was working within the principles of the MCA. Decision-specific capacity assessments had not always been completed, so it could not be determined if some people did or did not have capacity in relation to some aspects of their care. Following our feedback, the service reviewed this and put in place decision-specific capacity assessments.
• We saw that people were encouraged to consent to their own care. One person said, "The staff always ask me what I want, and carry it out to the full." Staff we spoke with were able to tell us about what capacity meant.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law. Staff working with other agencies to provide consistent, effective, timely care
• Prior to starting to support people, the service would usually get an initial plan from the local authority which detailed people's overall needs. A care coordinator told us, "I give people a phone call, introduce myself, answer any questions they have and arrange to visit them. I offer whether the family or social worker want to attend and check the care plans we have been given are still up to date." This was then used to develop a care plan for staff to follow.

Staff skills, knowledge and experience
• People told us they felt staff were well trained. One relative said, "I feel the staff are trained, sometimes they will give me ideas about how to deal with my relative's needs, the carers will pass on their knowledge."
• Staff received training and support to ensure they were effective in their job and staff were complimentary of the training they received. One staff member said, "For moving and handling training we get to use the equipment, it's really good. The trainer is lovely and very knowledgeable, they are good at engaging people with being interesting." Other comments included, "I could ask anything [during the training]. The trainer was really good and very explanatory, they didn't make you feel silly" and, "I've had my training refreshed, some we do every year, I'm doing some next week."
• Training was monitored through a training matrix so it could be checked when staff were due an update with their training and overall staff were up to date with their training.

Supporting people to eat and drink enough with choice in a balanced diet

• People told us they were supported appropriately to have food and drinks of their choice. Comments included, "Care staff will help [with meals] if needed." A relative said, "The care staff support meal preparation, this enables my relative to keep well."
• We saw that people's food and drink support needs were detailed in their care plans.

Supporting people to live healthier lives, access healthcare services and support
• People were supported to access other health professionals. One relative said, "The staff will call an ambulance if needed." Another relative said, "Yes the carers have called the GP, that is done, also the district nurse."
• We saw involvement from other health professionals being recorded in people's care notes, such as district nurses visiting or GPs being contacted when necessary. We also saw referrals made to the falls team or social worker if a person's needs changed.

Good

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity
• People felt they were treated well. One person said, "The carers are all nice people and very kind." Other comments included, "I am happy with the care I am given" and, "The carers are all very kind and gentle, all very nice people' They are all respectful."
• People and relatives told us that they had regular staff who they got to know. One person said, "I do know all the carers, they are all good." One relative said, "I feel care is consistent, there is a small handful of people on the rota. About three or four staff."
• People had their protected characteristics, such as religion considered. For example, one person told us, "The carers are respectful of my religion." We saw that people's sexuality was not always a question discussed with people. This meant some people may not have the opportunity to disclose this if they chose to. Following our feedback, the pre-admission documentation was updated to include this and to help staff to prompt discussions around people's sexuality, as it may be important to some people.

Supporting people to express their views and be involved in making decisions about their care
• People told us they were involved in their care. One relative said, "The staff allow my relative as much choice as possible, the carers are very encouraging." We saw people were involved in developing their care plans and people had signed to say they had seen their care plans.

Respecting and promoting people's privacy, dignity and independence
• People told us they were treated with respect, they were helped to maintain their dignity and were helped to remain independent. One relative said, "I was not expecting home care to be this good, the quality of care is due to the individual care givers." Another relative told us, "The carers support my relative to be as independent as possible, the carers are very caring and I am happy with the care given to my relative."
• All staff we spoke with could give us examples how they would support people to maintain their dignity. For example, during personal care the door would be kept closed and people covered as much as possible.

Good

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that services met people's needs.

People's needs were met through good organisation and delivery.

At the last inspection, we found improvements were needed to the consistency of call times and people not always having staff they knew. At this inspection we found improvements had been made.

Personalised care
• People were complimentary about the staff and felt staff knew their needs. People told us that staff checked with them what support they would like. One staff member told us, "I have a set rota. I get to know clients."
• Care plans contained information about how people liked to be supported. One staff member said, "I read care plans. I like to know what people did when they were younger and talk to them about that." There service was also developing 'This is me' booklets with more detailed personal life history information about people.
• The service also arranged for an activity coordinator to spend time with people to help prevent social isolation. One relative said, "An activity person comes to visit and sit and chat and talk about what my relative likes to do. Recently the manager picked my relative up and took them to a staff awards night. My relative met other care staff." An awards ceremony had taken place where staff were given certificates once completing their training and people could attend this.

Improving care quality in response to complaints or concerns
• People told us they felt able to complain and knew how to. One relative told us, "If I have any concerns at any time the office responds. It never gets to a complaint, sometimes a concern but following a conversation, things are resolved. I have a phone number that is available to use all the time." Another relative commented, "I have no complaints about the service. Staff are so approachable and more than happy to meet me more than half way."
• If complaints or concerns had been received we saw these were investigated and responded to, to the complainant's satisfaction.

End of life care and support
• No one was imminently nearing the end of their life at the time of our inspection. However, we saw a recorded compliment from a relative thanking the service for their support at the end of their relative's life prior to our inspection.
• The provider had an appropriate policy in place to guide staff about what to consider when planning for the end of a person's life. We saw template care plans were in place and an example of this being completed appropriately. This meant plans were in place to be able to support people should they need care at the end of their life.

Good

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At the last inspection we found improvements were needed in the communication with office staff, having travel time between calls and people and staff not always feeling listened to. At this inspection we found improvements had been made.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
• Notifications were submitted as required. Notifications contain information about incidents the CQC are required to be informed about by law. The last inspection rating was also being clearly displayed in the office and on the provider's website.
• Systems were in place to monitor people's experience of their care. Staff knew people's needs and how to support people, but there were some instances whereby this knowledge had not been recorded in a person's care plan. This meant there was a risk that some staff may not be aware of how to best support a person, such as in relation to a person's diabetes. A sample of care files were reviewed monthly to ensure they were person-centred and that people had signed their own care plans. These had not always identified that some further information was required about people's health conditions. We recommend quality assurance systems are reviewed to ensure all areas for improvement are identified.
• There were also other regular checks on staff rotas to make sure they were appropriate and had travel time. Information such as complaints and compliments, accidents and incidents were checked monthly. There was also a monthly review of staff recruitment files to ensure they contained the necessary information.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility
• The provider had an action plan in place in order to make continuous improvements and to ensure high-quality care and support. We saw that when an action had been added to the plan, these were completed, such as designing and implementing new MAR chart documentation or ensuring audits were recorded.
• The registered manager was supported by the provider. The registered manager said, "I get a supervision and appraisal. We have monthly meetings and I send a monthly manager's report so the operations manager has an idea of what is going on. I feel supported. It's a laid-back atmosphere. If I need telling I'm doing something wrong, I want to know but I still feel I can go to the operations director."

Engaging and involving people using the service, the public and staff
• People and relatives felt positively about the registered manager and were supported to feedback about the service. One relative said, "The [registered] manager is very approachable."

• We saw people and were asked about their care and relatives were also involved in this. The service carried out regular 'Friends and Family' tests over the phone with people to check they were satisfied with the support from the staff.
• Staff were engaged through surveys, team meetings and told us they felt supported. One staff member said, "Everybody [staff] is so nice and lovely and helpful." Another staff member said, "It's a whole unit, staff are caring, they have coffee mornings in the office, the management do things to enable staff to get together." Staff survey responses were generally positive and they felt supported and were positive about the training they received.

Continuous learning and improving care
• Staff were supported to continuously learn and improve the care to people. Staff had competency checks to ensure they were supporting people effectively and to help staff improve. One relative said, "My relative tells me that a person comes out to do spot checks to make sure all is well." We saw these checks, as well as evidence of new staff members shadowing more experienced staff, recorded in staff files.

Working in partnership with others
• The provider worked in partnership with other organisations, such as the local authorities. One professional said, "The management were all very friendly, approachable and co-operative." Another professional said, "I find the management approachable."