

Miss Christina Jane Walford

Autumn Years Care

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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 18 and 22 April 2016 and was announced. Autumn Years Care provides care and support to people in their own homes. At the time of our inspection 17 people were using the service.

The service was managed by the registered person who is an individual provider. There is therefore no legal requirement for a registered manager. 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.

This was the first inspection of the service. During the inspection, we found there was a breach of one regulation relating to the recruitment of new staff. You can see what action we told the provider to take at the back of the full version of the report.

We received positive feedback about the staff, the culture of the service and its leadership. The manager promoted strong organisational values which resulted in a caring culture that centred on people using the service. The service had recently been recognised for high standards of care, had won a regional award for dignity in care and, was a finalist in a national competition for the provision of high quality care and leadership.

People described staff as respectful, caring and helpful. People and their relatives experienced kindness and consideration during care visits. People were given choices about how and when they wanted their care delivered. Staff knew the people they cared for, understood their individual preferences and what was important to them. People were supported to maintain their health and were referred for specialist advice as required. People were encouraged to remain as independent as possible. Staff understood the importance of promoting independence.

People had a range of risk assessments in place. Associated care plans were personalised and contained detailed information to enable staff to understand people's needs and how those needs should be met. People were involved in their care and felt listened to.

People felt safe when being supported by staff. Staff told us there was an open culture at the service and were clear about the action they would take to keep people safe. People and their relatives knew how to raise concerns and felt their concerns would be addressed promptly and to their satisfaction.

Staff enjoyed their work and felt supported and valued. Staff were encouraged to develop on a continuous basis. In addition to receiving formal training the service encouraged learning and improvement through fun activities such as a monthly quiz. The manager ensured staff were competent before allowing them to work alone or carry out specialist tasks.

There were enough staff to meet people's needs. People received their prescribed medicines when they needed them.

The manager looked for ways to continually improve the quality of the service. There were effective quality assurance processes in place to monitor the quality of the service.

People were asked for their consent before care was carried out. The manager and staff were clear on their responsibilities under the Mental Capacity Act 2005 if it was thought a person may lack the capacity to make certain decisions.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service required improvement to its recruitment practices to ensure it met all of the requirements of the safe domain.

People who used the service and their relatives said they felt safe when receiving care.

There were sufficient staff to meet people's needs safely.

Systems were in place to ensure people were protected from abuse and to manage risks related to the delivery of their care.

Is the service effective?

Good ●

The service was effective.

People were supported in line with the Mental Capacity Act 2005.

People were supported by skilled, knowledgeable staff.

People were supported to have sufficient food and drink to meet their needs

Is the service caring?

Good ●

The service was caring.

People and their relatives spoke highly about staff and the care received.

People's care was delivered in a way that took account of their individual needs and the support they required to live their lives independently at home.

People were treated with kindness, respect and dignity.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed and personalised care plans were

written to identify how people's needs would be met.

People were encouraged and supported to maintain links with the community to help ensure they were not socially isolated

People knew how to make a complaint and were confident complaints would be dealt with effectively.

Is the service well-led?

Good ●

The service was well led.

People and relatives gave us positive feedback about the culture and leadership of the service.

There was a positive culture where people felt included and their views were sought.

Staff felt valued and supported and the registered manager and other senior staff were open and approachable.

The quality of the service was regularly reviewed. The manager continually strived to improve the quality of service offered.

Autumn Years 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 on 18 and 22 April 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and the provider is often out of the office either visiting people or delivering care. We wanted to make sure the manager, or someone who could act on their behalf would be available to support our inspection.

The inspection was carried out by one adult social care inspector.

Before this inspection we reviewed all the information we held about the service. The manager completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law.

During the inspection we spoke with four people who used the service and two relatives. We spoke with the provider and five staff. We looked at four people's care records. We reviewed four staff files, recruitment procedures and training records. We also looked at further records relating to the management of the service.

Is the service safe?

Our findings

We reviewed four staff employment records to check if the provider had followed safe recruitment procedures. Employment checks had been completed before new staff began working for the service. These included a health declaration, proof of the staff member's identity and right to working the UK. A DBS (Disclosure and Barring Service) check had also been sought. The Disclosure and Barring Service carry out a criminal record check on individuals who intend to work with vulnerable adults, to help employers make safer recruitment decisions. However, on checking the recruitment records for four staff we found the provider had not always obtained references from former employment to evidence satisfactory conduct of previous work with vulnerable adults. For example, one staff member had previously worked at a care agency but the provider had not asked the care agency to provide a reference. We saw evidence that for three other staff references from the care agency they had previously worked at had been applied for but not been received. The provider had received personal references for these staff but had not pursued other possible sources to gain references such as previous employers. This meant not all checks had been carried out in line with the regulations.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they felt safe when receiving care from the service. One person said, "I feel completely safe". Another person said, "I always feel safe and relaxed when the carer is here". People and their relatives were encouraged to share any safety concerns relating to staff or their care. They told us they would be confident speaking to a member of staff or the manager of the service if they had safety concerns.

People were supported by staff who were knowledgeable about the procedures in place to keep people safe from abuse. For example, staff had attended training in safeguarding vulnerable people and had good knowledge of the services whistleblowing and safeguarding procedures. Staff were aware of types and signs of possible abuse and their responsibility to report and record any concerns promptly.

People also felt safe because they knew care staff would always come and they rarely experienced delays in their care visits. Comments included: "Never missed a call and never been late", "Always come at the specified time and never not come" and "They have only ever been slightly late once because of the traffic but they phoned to tell me they would be a few minutes late". Contingency plans were in place to ensure when events, such as unexpected staff absences or bad weather occurred, the needs of people who used the service would continue to be met safely.

There were enough staff to meet people's needs. People told us they always knew which staff member would be visiting them. The manager told us that consistency of care was important for the people the service supported but particularly those who received several visits a day or who were living with dementia. Daily rotas confirmed that people experienced continuity of care from regular staff. Staff rotas also showed there was enough staff to meet people's individual needs, such as where two staff were required to deliver specific care tasks. For example, one person required two members of staff to support them to move using a

hoist. Records showed two staff always visited this person.

People's care plans contained risk assessments. Where risks were identified care plans contained information in relation to how risks would be managed. Staff were able to demonstrate their knowledge of people's risks and could describe how they would support people to stay safe whilst being as independent as possible.

People were supported by staff who knew how to respond, report and record safety incidents and accidents in line with the service's policy. Records showed staff had alerted the office when people had accidents for example, a fall, and appropriate action had been taken including, calling the emergency services. Actions taken had also been recorded in people's daily notes in their homes so that all staff visiting the person were kept informed of any incidents. The manager also kept staff up to date on what was happening to people through texts and phone calls. This ensured staff were aware of any changes that needed to be made to people's care. The manager investigated any incidents and accidents to reduce the risk of future harm occurring.

People received their medicines from staff trained in the administration of medicines. Staff told us they had their competency assessed during their induction to ensure they were safe to administer medicines to people. A full list of people's medication and the reason for them having that medicine was maintained in people's care files. Staff had completed records to show they had supported people to take their medicine. The registered manager and senior office staff audited all medicine administration records monthly to check for errors in recording and to ensure people had received their medicines as prescribed. However, we found records had not always been maintained for the application of topical creams. The manager had already picked up this shortfall and assured us a record would be implemented with immediate effect.

Is the service effective?

Our findings

People told us the staff had the right skills and experience to meet their needs. One person said, "They (staff) know what they are doing. They are well trained".

Staff told us they enjoyed working at the service and felt supported in meeting the needs of the people they cared for. One staff member said, "It's a good place to work. Feels like home from home really. There is always someone at the end of the phone if I need any help or advice". Another staff member said "It's the best place in the world to work. The office staff are always supportive and always smiling and welcoming when we come in".

Newly appointed staff went through an induction period. This included training for their role and shadowing an experienced member of staff. The induction plan was designed to help ensure staff were sufficiently skilled to carry out their roles before working independently. One staff member told us they had their competencies checked and received one to one training when they had started the service in areas such as manual handling, safeguarding, infection control and nutrition. Staff told us one of the management team accompanied them on their visits to introduce them to people and show them how people preferred their care to be delivered. One person told us, "Its really good. The new people (staff) come with the manager to make sure they know how to do things the right way". Another person said, "The manager brought the new girl to meet me and showed her what to do". One staff member said, "It's really nice to be with the managers. They showed me how to do it and worked with me. I felt like I really knew the person and what needed to be done".

Staff told us about the training they had undertaken and how this helped them meet the needs of the people they supported. The manager had completed train the trainer training to ensure they were skilled and competent to deliver training to their staff. Staff received training to learn skills in other areas they were not familiar with such as caring for a catheter. Each month the service had a theme, for example, caring with people with dementia. Staff were encouraged to explore the topic and were pointed to resources they might find helpful. Staff were then invited to complete a quiz. The results of the quiz were discussed at the team meeting and the winner of the quiz was awarded a prize. Staff were then able to discuss what further training in the area they might want or need. Staff told us they enjoyed the quiz, welcomed the opportunity and felt comfortable to identify areas where they needed more support.

Staff were supported to improve the quality of care they delivered to people through the supervision and appraisal process. Staff received an annual appraisal and had regular one to one supervision where they could discuss the needs of people they supported and any training and development they might wish to follow. Staff were regularly observed by the management team whilst carrying out their roles to ensure they provided care to a high standard. Where staff were considered to have areas for improvement in their work this had been identified and was discussed and followed up in supervisions. Staff were offered further training and support and had a clear action plan to follow to ensure the improvements were made.

The service had policies and procedures in relation to the Mental Capacity Act (2005). Staff training records

indicated that they had received Mental Capacity Act (2005) training and staff demonstrated a good understanding about how to ensure people were able to make choices and decisions about their care if they lacked capacity. This included arranging for best interest meetings to be held with the person, their family and other health and social care professionals.

Staff supported people to stay healthy. People were supported to attend healthcare appointments if required. The GP or emergency services were contacted promptly if needed. People were referred for specialist advice and we saw evidence this advice was followed. For example, one person had recently been referred to an occupational therapist (OT) when their needs changed. The OT had recommended that the person have a raised toilet seat. This had helped the person maintain their independence in this area.

All of the staff we spoke with knew the importance of good nutrition and hydration. Staff told us if they were concerned about someone's nutrition or hydration, they would inform the office. Food and fluid charts were maintained for people and the management team reviewed them weekly. The manager told us this was so they could spot any concerns promptly and contact the person's GP to alert them to this. People were provided with the food and drink they enjoyed and staff tried to encourage them to eat healthily.

Is the service caring?

Our findings

People told us the staff always treated them with respect and kindness and were complimentary of the support they received. Comments included: "The service they provide is always excellent, kind, caring and compassionate", "We are delighted. They (staff) are kind and helpful" and "We are very pleased with the service we get. The carers are just lovely". Relatives were also complimentary about the approach taken by staff. One relative said, "We are very happy. Staff are wonderful".

People told us staff knew what their needs were and respected their choices and preferences. For example, one person told us, "It's all very personal. I tell them what I want and they do it". Staff understood their role in providing people with person centred care and support. One member of staff told us, "People tell us what they want. It's up to them". Another staff member said, "It's all about their choices. It's all about them not what fits in with us". All of the staff we spoke with demonstrated they knew the people they cared for well and had developed supportive relationships with them. For example, staff were able to tell us about the personal histories and preferences of each person they supported. Staff understood people's care plans and the events that had informed them. People's preferences about how they wanted to be addressed, bathing arrangements, times they liked to get up and go to bed were documented in people's care records and followed.

People told us staff treated them with in a respectful and dignified way. One person spoke with us about how staff treated them when assisting with their personal care. They said, "They (staff) are very gentle and it's very dignified". Another person told us, "The carers always treat me with dignity". A relative commented, "My mother is always treated with dignity". Staff described how they ensured people had privacy and how their modesty was protected when undertaking personal care tasks. People told us that staff closed curtains and doors.

Ensuring people received their care in a caring, respectful and dignified way was a core value of the service. Staff received training to ensure they understood how to respect people's privacy, dignity and rights. The manager assessed how staff put these values into practice when observing their practice. The service had recently been recognised for their high standards of care by being nominated for two national awards by the people they cared for. The service had reached the finals of the Great British Care Awards for "Dignity in Care" and won the Age UK Oxfordshire and Healthwatch Oxfordshire, Leadership in Dignity and Care Award. One relative who had nominated the service for the award said "[Name of manager] had no hesitation in going beyond the call of duty for me and my mother, helping me out of hours and answering phone calls. She and her girls were absolutely outstanding. My mother passed away this year. The last 7 months of her life were made so much more tolerable by the wonderful care".

People told us they were supported to be independent and do as much for themselves as possible. For example, one person told us, "They help me get into the bath then hand me the shampoo and I do my own hair. They wash my back because I can't reach". Staff gave us examples of how they promoted people's independence. For example, one staff member told us about a person they supported who sometimes found it difficult to move themselves. They said, "We see how they are and if they can do it themselves first".

People with diverse communication needs were supported to make their wishes known. People and their relatives told us staff took time to talk with them in a meaningful way. Staff could describe how they supported people who were living with dementia to express their wishes and remain involved in decisions about their care. This included giving people simple choices and asking closed questions.

Staff told us they were always given the time to ensure people felt cared for. If staff felt they needed more time to meet people's needs they contacted the office and the manager would support them in staying with the person over their allotted visit time. For example, one staff member told us they had visited one person who was unwell. They had informed the office who contacted the person's GP and District Nurse. They were given permission to stay with the person as long as they needed to and the manager had covered the staff member's next call. A relative also commented, "Mum fell, the alarm company rang Autumn Years. [Name of staff] came straight to mum and waited with her while waiting for ambulance, keeping mum comfortable and the family informed".

People were treated as individuals and made to feel like they mattered. Staff were given the opportunity and time during care visits to develop relationships with people. For example, one person was teaching a staff member to knit and another person was teaching a staff member to speak French. The manager encouraged this type of interaction and told us, "We try and encourage this as I feel this empowers our clients to have confidence that they are still worthwhile members of our society and reaffirms to our carers that our clients are real people who may need help and support in some areas of their lives but still have so much knowledge and input they can share with the rest of us".

Is the service responsive?

Our findings

People told us staff responded well to their current and changing needs. People told us they made their own decisions about their care and felt part of the care planning process. One person said, "I set my plan. The manager checks it's ok and the girls (staff) follow it".

People had an assessment of their needs before starting to use the service. People met with the manager to discuss their package of care. This ensured the service was able to provide the level of care the person needed and had staff with the appropriate skills and knowledge available to deliver the care. People confirmed they were asked how they wished their care to be delivered. They told us the manager listened to their views and took into account their preferences, likes, dislikes and wishes. Where appropriate, information was also gained from relatives and relevant health care professionals. Following the initial meeting, a care plan was developed with the full involvement of people using the service.

People's care plans identified people's needs and provided guidance for staff on how to respond to them. The care plans were supported by risk assessments. Staff told us although they knew people really well they used the care plans and risk assessments to help them understand people's needs. Care plans had been explained to people and whenever possible people had signed to indicate their agreement to the plan.

Staff told us people's care records contained accurate and up to date information. Care plans were reviewed on a monthly basis and updated immediately when a change in people's needs or circumstances had been identified. Staff completed records of each visit to each person. These were legibly written and provided key information on the care provided, the person's condition and any changes. Staff received a detailed handover at the start of each shift and told us the systems in place to alert them to people's changing needs worked well. For example, phone calls and texts from office staff.

People received their care visits at the time they wanted and needed them. People told us they had agreed the times of their visits with the manager and they received their care at the times agreed. The service was flexible and adjusted people's care times when requested.

People told us they were provided with the time they required to complete their care routines, without being rushed. Staff confirmed there was enough time allocated to visits to deliver care in the way people wanted. People and their relatives told us staff remained for the full duration of the agreed visit time. One person said, "They (staff) are very efficient. If there's time left they will always fit in another little job".

People's care was provided in a way that took account of their social needs. For example, people told us that staff spent time speaking with them at each visit and they looked forward to staff visiting because care visits felt like a sociable event. One person said, "They (staff) have become friends". Care records recorded what activities people enjoyed and how staff could assist them to continue to enjoy them. For example, One person's care record stated "I enjoy company and like to have a chat and a laugh". Staff regularly recorded in the person's daily record how they spent time with this person. One staff member had recorded they had, "Brought chocolate brownies and had a cup of tea and a chat". People were encouraged and supported to

maintain links with the community to help ensure they were not socially isolated. For example, staff had arranged for one person to meet up with a friend that had moved away. They had liaised with the other person's care provider and accompanied the person to the meeting. Staff spoke with people about details of local events, any clubs, suitable community groups and other organisations that people might be interested in.

Peoples spiritual needs were met. For example, staff accompanied people to church services or arranged for a vicar to visit one person who found it difficult to leave their home.

People were encouraged to provide feedback about the service through monthly meetings with the manager, during staff spot checks, care reviews and via a satisfaction questionnaire. People and their relatives knew how to make a complaint and told us they would speak with the manager or call the office if they were unhappy about any aspect of the service. One person said, "We get a visit and a call. Any problem will get sorted out straight away". The service had received one verbal complaint in the past year. This had been recorded and an investigation of the complaint was evident and the provider's had spoken with the person and the family to ensure the matter was resolved to their satisfaction. The service had received many verbal and written compliments about the care people had received.

Is the service well-led?

Our findings

People we spoke with felt the service was very well managed, with clear and direct leadership provided by the manager. One person told us, "She's (manager) an absolute gem, it's all first class". A relative said, "The manager is very efficient. She checks all is OK and makes sure it is all working well".

Staff felt the service was well led. One staff member said, "You can talk to [name of manager] about everything. She is always trying to do the best for people and us (staff)". Another staff member said, "She (manager) is really good. Whenever there's an issue she is always there. Everyone gets on really well, we are a good team".

The manager told us they set up Autumn Years care because they wanted to be able to deliver the highest standards of care for both people and staff. The manager had recently been recognised for their leadership and had been a finalist in the Great British Care Awards registered manager category. The service had also been finalists in the Care Employer category.

The manager told us about the values of the service, which included putting people at the centre of everything the service did, treating people with kindness, dignity and respect whilst providing the best possible care to meet their needs. The manager said, "We are one big family" and "It's about building trust and building relationships with and around the client". Staff we spoke with understood the values and philosophy of the service confirmed these had been discussed with them during their induction. The manager kept the service values and behaviour of staff under review and undertook spot checks to observe whether staff were delivering these objectives. One staff member told us, "It's about wellbeing and looking after family".

Staff had clearly defined roles and understood their responsibilities in ensuring the service met the desired outcomes for people. Staff felt supported and valued and were encouraged to suggest areas where people's quality of care or the service could be improved. One staff member said, "I have never felt unsupported. The office door is always open and no question is a silly question". Regular staff meetings encouraged staff to share their views with the manager. Staff understood their duty of care and their responsibility to alert managers if they identified any concerns in the quality of care they or their colleagues provided. They were familiar with the service's whistleblowing procedures and told us they would be comfortable to raise concerns.

People and their relatives had the opportunity to feedback on the quality of care provided. People and their relatives told us manager worked alongside staff and took the opportunity to speak with people, observe staff interactions and seek feedback on all areas of the service. An external company had been employed to gather people's feedback on the quality of the service through questionnaires or via an online survey. The manager told us this was in case people did not feel able to share their views with the manager. However, people felt there was an open and transparent culture in the service and felt able to express their views freely.

There were a range of quality monitoring systems in place to review the care and treatment provided at the service. For example, weekly audits of people's food and fluid intake recording charts and monthly audits of people's medicine administration records and care plans. This enabled the manager to identify any issues or shortfalls in the quality of the service and take prompt action to address them.

Although we identified an issue with the recruitment processes, the manager took immediate action and contacted us following the inspection to inform us they had received references for two of the staff and had chased references for other staff where this was an issue.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The registered provider did not operate effective recruitment procedures to ensure that information specified in Schedule 3 was available. Regulation 19 (3).</p>