

Almond Care Providers Ltd

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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 

Overall summary

We inspected Almond Care on 3 March 2015. The inspection was announced.

Almond Care provides support and personal care to adults in their own homes. At the time of our visit there were four people using the service.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

People told us they were safe. This was also the view of their relatives. Staff were knowledgeable about how to recognise the signs of abuse and report any concerns. Care was planned and delivered to ensure people were protected against abuse and avoidable harm. People had comprehensive risk assessments which gave staff detailed information on how to manage the risks identified.

Staff arrived on time to care for people and stayed for the time allotted. There was a sufficient number of suitable staff allocated to people to keep them safe and meet their needs.

Summary of findings

People received their medicines safely. Staff controlled the risk and spread of infection by following the service's infection control policy.

People were satisfied with the quality of care they received. Care plans provided information to staff about how to meet people's individual needs. People were supported by staff who had the knowledge, skills and experience to deliver their care effectively. Staff worked with a variety of healthcare professionals to support people to maintain good health.

People spoke fondly about the staff and said they were kind and caring. People were treated with respect and were at the centre of decisions about their care. The provider listened to and learned from people's experiences to improve the service.

Staff understood their roles and responsibilities. People felt able to contact the service's office to discuss their care and staff were in regular contact with the manager. There were systems in place to assess and monitor the quality of care people received.

The registered manager had worked in the adult social care sector for many years and understood what was necessary to provide a quality service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

The provider had policies and procedures to minimise the risk of abuse to people and these were effectively implemented by staff. Risks to people were regularly assessed and managed according to their care plan.

There were sufficient numbers of staff to keep people safe. Medicines were effectively managed. Staff followed procedures which helped to protect people from the risk and spread of infection.

Good



Is the service effective?

The service was effective.

Staff had the skills, knowledge and experience to deliver the care people required. Staff were appropriately supported by the provider to carry out their roles effectively through relevant training and regular supervision. Staff understood the main provisions of the Mental Capacity Act and how it applied to people in their care.

People received care and support which assisted them to maintain their health. The service worked well with external healthcare providers.

Good



Is the service caring?

The service was caring.

Staff were caring and treated people with kindness and respect. People received care in a way that maintained their privacy and dignity. People felt able to express their views and were involved in making decisions about their care.

Good



Is the service responsive?

The service was responsive.

People received personalised care that met their needs. The service obtained people's views on the care they received and used people's experiences and concerns to improve the quality of care.

Good



Is the service well-led?

The service was well-led.

The provider who was also the registered manager demonstrated good management and leadership. People using the service, their relatives and staff felt able to approach the management with their comments and concerns. There were systems in place to regularly monitor and assess the quality of care people received.

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 is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The inspection was carried out by a single inspector who visited Almond Care offices on 3 March 2015. The provider was given 48 hours' notice because it is a small service and we needed to be sure the provider and registered manager would be available.

Before the inspection we reviewed all the information we held about the service. This included the provider's registration information because this was a new service which had not been inspected before.

During the inspection we spoke with two people about what it was like to receive care from Almond Care staff. We looked at four people's care files and spoke with three of their relatives. We spoke with three staff members and looked at their recruitment, training and supervision records. We spoke with one person's care manager.

We looked at the service's policies and procedures, and records relating to the management of the service. We spoke with the registered manager who is also the provider, about how the service was managed and the systems they had in place to monitor the quality of care people received.

Is the service safe?

Our findings

People were protected from abuse. People told us they felt safe and knew what to do if they had any concerns about their safety. People commented, “I feel safe with [staff members]. If I didn’t, I would call the police and tell my mum” and “I’m fine with [staff member]. If I wasn’t I’d tell my dad or ring [the manager]”. Relatives were confident that people were safe. One relative told us, “I have no concerns at all. If [the person] didn’t feel safe she would tell me.” Another relative told us, “I’m as sure as I can be that [the person] is safe.”

Staff understood their obligation to protect people from abuse. The service had policies and procedures in place to guide staff on how to protect people from abuse and staff had been trained in safeguarding adults. Staff demonstrated good knowledge on how to recognise abuse and report any concerns. Information for staff on the action to take if they had any concerns about the safety of people using the service was prominently displayed on the walls in the office. Staff were familiar with the service’s whistle-blowing policy and told us they would not hesitate to report any concerns about the conduct of another member of staff including the manager.

The service operated safe recruitment practices and appropriate checks were carried out before staff were allowed to work with people alone. Job applicants were only selected for interview if they had previous care experience. Staff were only recruited after an interview to assess their suitability for the role, receipt of satisfactory references and criminal record checks had been carried out. This minimised the risk of people being cared for by staff who were unsuitable for the role.

Arrangements were in place to protect people from avoidable harm whilst respecting their right to independence. Comprehensive risk assessments were carried out. Care plans gave staff detailed information on

how to manage identified risks. For example, where people were at risk when travelling on public transport, there were arrangements in place to minimise the risk of doing so. Records confirmed staff delivered care in accordance with people’s care plans. Staff told us they had been trained in the action to take in the event of a medical emergency and we saw certificates which confirmed this.

People told us staff arrived on time and stayed for the time allocated. People and their relatives knew who to contact in the event that staff did not arrive on time. The number of staff required to deliver care to people safely was assessed when they first began to use the service and also when a change in need was identified. Records confirmed that the number of staff a person required to deliver care was supplied according to their assessment. People told us they received care and support from the right number of staff.

People received their medicines safely because staff followed the service’s policies and procedures for ordering, storing, administering and recording medicines. Staff were required to complete medicines administration record (MAR) charts. These were fully completed and confirmed that people received their medicines as prescribed. People told us they were supported to take their medicines when they were due, in the correct dosage.

People were protected against the risk and spread of infection because staff followed the service’s infection control policy. Infection control was considered as part of people’s risk assessments and included in their care planning. Staff spoke knowledgeably about how to minimise the risk of infection. People told us staff had an ample supply of personal protective equipment (PPE), always wore PPE when delivering personal care and practised good hand hygiene. Staff also reminded people how to minimise the threat and spread of infection. One person told us, “They are always reminding me to wash my hands before I cook.”

Is the service effective?

Our findings

People told us the staff who supported them had the skills and knowledge to provide the care, treatment and support they needed. One person commented, “They are good carers.” Relatives commented, “I’ve had a lot of experience of other carers and these are the best yet. I think they are very professional and well trained” and “The staff are very competent”.

Staff told us and records we reviewed confirmed that once appointed all staff including bank staff were required to complete an induction. This covered the main policies and procedures of the service and basic training in the essential skills required for their role. Newly appointed staff were required to shadow an experienced staff member and observe care being delivered before they were allowed to work with people.

Staff received training in areas relevant to their work such as safeguarding adults and food hygiene. The manager regularly observed staff interaction with people and how they put their training into practice. Staff received regular supervision where they received guidance on good practice, discussed their training needs and their performance was reviewed.

The Mental Capacity Act 2005 sets out what must be done to ensure the human rights of people who lack capacity to make decisions are protected. Records confirmed that people’s capacity to make decisions was assessed before they started to use the service and on a daily basis thereafter. The manager and some staff had been trained in the general requirements of the Mental Capacity Act (MCA) 2005 and knew how it applied to people in their care.

The service was following the MCA code of practice and made sure that people who lacked capacity to make particular decisions were protected. The MCA requires providers to submit applications to the Court Of Protection if they consider a person should be deprived of their liberty in their best interests. Although no applications had needed to be made, there were procedures in place to make such an application, which the manager understood.

People told us staff supported them to have sufficient to eat and drink and maintain a balanced diet. We saw instructions to staff in people’s care plans such as “create guidelines to help [the person] reduce their sugar intake.” Staff knew what represented a balanced diet. People told us they decided what they wanted to eat and that staff encouraged and supported them to have a healthy diet. A person using the service commented, “The staff regularly remind me to eat and drink healthy, homemade food and they help me to make it.”

Staff supported people to maintain good health and have access to healthcare services. Staff were in regular contact with external healthcare professionals. People also had hospital passports which they took to hospital and other healthcare appointments. These gave healthcare professionals information on the person, what was important to them, their personal preferences and routines, and how best to communicate with them. People who used the service and staff had access to the contact details for healthcare professionals and the manager if they needed to make contact outside of office hours.

Is the service caring?

Our findings

People spoke fondly about the staff and told us they were kind and caring. Comments included, “They are kind and happy” and “They are nice. I like them”. Relatives told us, “They are wonderful. So caring” and “They are very good. I think the staff take their lead from the manager and he really wants the best for [the person].” Staff had a positive attitude to their work and told us they enjoyed caring for people. A staff member commented, “I look forward to going to work. The people I work for and work with are so nice.”

People and their relatives told us they were given a lot of information both verbally and in writing about what to expect from the service and how they could make contact with the manager. People knew who to speak to at the service’s office if they wanted to discuss their care plan or make a change to it. People felt involved and in control of their care planning and the care they received.

People’s needs, values and diversity were understood and respected by staff. Where people preferred staff of the same gender to deliver their care, they were allocated staff of the same gender. People were treated with dignity and respect.

The manager carried out unannounced visits to observe staff interaction with people and assess their competency in maintaining people’s dignity and treating them with respect.

People told us their privacy was respected at all times when staff were in their home. One person told us, “They will always knock and ask if they can come into the room.” Staff members commented, “[The person] taught me how they wanted their care delivered. I wait outside the bathroom until I am called in and only assist with the task [the person] is unable to do them self”, “I always knock because this is her home” and “The bathroom door is always closed when I am supporting [the person].” A relative told us, “They [the staff] are very respectful.”

Care plans reminded staff to support people to be as independent as possible and made clear whether people needed to be prompted or assisted. Care plans had people’s target goals for independence. During supervision meetings, people’s keyworkers had to evidence to the manager the action they had taken to support people to meet these goals. A person using the service told us, “I am supported to care for myself as much as I can.” A relative told us, “They try hard to support and encourage [the person] to be independent.”

Is the service responsive?

Our findings

People were satisfied with the care and support they received. Comments included, “I’m very happy” and “They support me well”. Relatives told us, “We are very happy with the way they are looking after [the person]” and “I have no complaints about the care [the person] receives. I think the manager and staff do a brilliant job”. A staff member told us, “We are giving them all the support they need.”

People and their relatives told us they were involved in the care planning process. People’s needs were assessed before they began to use the service and re-assessed regularly thereafter. People’s needs were re-assessed at least every six months or more frequently if the service became aware of a change in their needs and relatives were involved when they needed to be. Where appropriate, external healthcare professionals such as community nurses also attended the review meetings.

All aspects of people’s care was provided flexibly so that where there was a change in a person’s circumstances or routine, staff were able to meet their needs without delay. During the visit we heard the manager helping a person to arrange a date with their partner and making arrangements for staff to meet them when they had had sufficient time alone.

People’s assessments considered their dietary, personal care, social and health needs. People’s specific needs and preferences were taken into account in how their care was planned and delivered. Care plans had special instructions for staff on how the person wanted their care to be provided, what was important to them and detailed information about how to meet people’s individual needs. For example, staff were reminded to assist a person who was interested in fashion and beauty to, “Meet [the person’s] needs as a fashionable young [person].”

There was continuity of care. Staff we spoke with were familiar with the needs of people they cared for. People told us they usually had the same staff who knew their needs and how they preferred their care to be delivered. Staff told us they had access to an up to date copy of people’s care plans in their home and this was confirmed by people we spoke with. Staff were updated by the office of changes to ensure the care and support delivered met people’s current need. People told us they received personalised care that met their needs.

People were supported to participate in a variety of activities both at home and in the community. People’s social lives reflected their age, interests and cultural background. People told us they were supported by staff to spend time participating in activities they enjoyed and to spend time with the people who mattered most to them.

The manager routinely sought people’s views on the care they received by conducting weekly visits to get their feedback and check their care plans were meeting their needs. People and their relatives were also encouraged to contact the manager by telephone or email if they had comments, suggestions or concerns. People and their relatives felt staff and the manager listened to them. A person using the service commented, “I speak to [the manager] if I have any problems and he sorts it out.” Relatives told us, “The manager and staff are very responsive. I’m always on the phone to the manager” and “I call the manager two or three times a week. He also calls me regularly. He is very helpful.”

The service gave people information on how to make a complaint when they first began to use the service. The service had not received any complaints but people told us they knew how to make a complaint and would do so if the need arose. People were confident any complaint would be dealt with promptly and appropriately.

Is the service well-led?

Our findings

People using the service, their relatives and staff told us the manager was accessible. A person using the service told us, “I ring him all the time.” A staff member told us, “I can approach [the manager] with any problems at any time and during supervision meetings.” People told us the service was reliable and well organised. People said they got the information they required, such as the details of replacement staff when the usual staff member was going on holiday.

When staff first began to work for the service they were given copies of the service’s policies and procedures. These detailed their role and responsibilities and the values of the service. Staff knew their roles and responsibilities and the service’s main policies and procedures. They were well motivated and spoke positively about their relationship with the manager and the support they received. They told us there were always sufficient resources available for them carry out their roles, such as aprons, gloves, notepaper for their daily records of care and medicine administration records. A staff member commented, “The manager is always encouraging us and thanks us for our work.”

Staff felt able to report any incidents, concerns or complaints to the manager. They were confident that if they passed on any concerns they would be dealt with. The manager had regular discussions with staff regarding

incidents and issues affecting people using the service. We saw that, where there had been an incident with a person while receiving personal care, procedures were changed to minimise the risk of this happening again.

There were systems in place to regularly assess and monitor the quality of care people received. These included obtaining people’s feedback, regular audits of people’s daily care records and medicine administration records and conducting unannounced visits to observe staff delivering care to people.

The provider told us that the service’s values included empathy, guidance and patience. Staff had a good understanding of these values and were able to give us examples of how they applied them in practice. The management had systems in place to check that the core values were applied by staff whilst delivering care. This formed part of the observation process during unannounced visits and formed the basis for discussion in staff supervision meetings.

The provider had plans to improve the service and the quality of care people received. This included extending the training available to staff and increasing the competency checks carried out to test staff understanding of their training. The manager was enthusiastic about his role and keen to learn from other professionals in the social care sector in an effort to develop and improve the service.