

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

About the service

Almond Care Limited is registered to provide nursing and personal care to children and adults in their own family home. At the time of the inspection 16 people were supported by the provider. Almond Care Limited provides up-to 24 hour supported living to children and adults with complex health conditions. This includes people with an acquired brain injury, spinal-cord injury, neurological conditions and people who require long-term ventilation.

People's experience of using this service and what we found

People and their relatives described care and support from staff as good.

Where concerns were raised these were acted on by the registered manager.

There was consistency in which staff supported people, which meant staff knew people well and how to protect them from risks of harm or injury. Risk management plans were available for staff to refer to if needed.

Staff were recruited in a safe way and received an induction. Staff were trained and undertook competency assessments. Specialist training was given to care staff and nurses who used critical care equipment to support people's physical wellbeing in their home and the community.

People and their relatives felt safe with staff in their homes and protected from the risks of abuse. Staff had received training on how to protect people from the risks of abuse and understood the importance of reporting any concerns.

People had their prescribed medicines available to them and were supported with these as needed by trained care staff. Staff understood the importance of infection prevention and control.

Staff followed professional healthcare guidance and made referrals on behalf of people when needed. People were supported to access healthcare services if required. Staff worked within the principles of the Mental Capacity Act 2005 and understood the importance of gaining consent from people.

People were supported by staff to meet their nutritional and hydration needs.

Staff demonstrated a caring approach toward people they supported.

People had individual plans of care. There was a strong focus on people's physical care needs. The registered manager had plans to increase personalised information in people's care plans to include a holistic approach was taken in care plan records.

People were supported by staff to attend school or take part in activities they enjoyed.

Staff promoted people's independence and maintained people's privacy and dignity.

There were systems in place for people to give their feedback on the service. People and their relatives were involved in planning their care and support.

There were quality assurance systems in place to check the safety and quality of the services.

Rating at the last inspection

The last rating for this service was Good (published 22 June 2017).

Why we inspected

This was a planned inspection based on the rating of the last inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our inspection programme. If any concerning information is received, we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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.

Almond Care Limited

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 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.

Inspection Team

One inspector carried out the inspection.

Service and service type

This service is a domiciliary care agency providing 24-hour supported living. It provides nursing and personal care to people living in their own home.

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

Notice of inspection

We gave notice of our inspection to the registered manager to ensure they would be available to support the inspection. Inspection activity commenced on 3 February 2020 and ended on 5 February 2020. We undertook a visit to the provider's office on 4 February 2020.

What we did before the inspection

We reviewed information we had received about the service since our last inspection. This included details about incidents the provider must notify us about, such as abuse. We also sought feedback from Clinical Commissioning Groups who were involved in agreeing people's packages of care between Continuing Health Care and the provider. We used all the information to plan our inspection visit.

During the inspection

We had telephone conversations with nine people and / or their parents to gain their feedback about the services. We spoke with six members of care staff, the care coordinator, the lead clinical nurse, the deputy

manager and registered manager.

We reviewed a range of records. This included a review of five people's care plans, medication records, daily care notes and risk management plans. We also looked at records relating to the governance and managerial oversight of the service. These included quality assurance checks, staff recruitment and training records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as 'Good'. At this inspection this key question has remained the same. People continued to receive a safe service and were protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks were identified, and management plans were implemented. For example, people had risk management plans for their tracheostomy care, oxygen therapy and suction. Pictorial guidance accompanied written instructions for staff to follow.
- There was a strong focus on ensuring critical care equipment was readily available, maintained and safely used by trained care staff and nurses. Equipment service dates were recorded, and contingency plans were in place for staff to use a special bag in the event of a person's ventilator failing.
- People had identified risks of developing sore skin. Whilst risk management plans were in place, these told staff to 'regularly give pressure relief', but did not state the frequency or how this should be done. We discussed this with the clinical lead nurse who assured us more detail would be added for staff to refer to when needed.
- Staff, however, knew the person they supported well and how often they should be supported with repositioning. One staff member told us, "We follow the physio's advice on how to tilt [Name]'s special wheelchair so it gives them pressure relief and prevents their skin becoming sore."
- Staff had a good understanding of the risks associated with people's individual care and support. For example, one staff member described actions they followed and told us, "If [Name] becomes distressed, it is best for us (staff) to leave them alone for ten minutes. This is safe to do so. We then go back and talk through things with them, this usually works for them."
- There had been some recorded missed care support visits over the past twelve months. We discussed these with the registered manager, who assured us no one was left alone without a parent with them. This is further reported on in well led. The registered manager told us they intended to implement an electronic call monitoring system by the end of February 2020. This meant on-call senior staff would be alerted in the event of staff not arriving for scheduled shifts and enable immediate action to be taken.

Using medicines safely

- People received their medicines when they should. People were supported by trained care staff and nurses who managed medicines in line with good practice guidance. Where people had medicines prescribed 'when required', protocols told staff when these should be given.
- Care staff told us they undertook additional training related to medicines they supported people with. For example, one staff member told us, "Carers give injections, inhaled medicine through nebulisers and liquid medicines through a PEG. They always complete training and have competency assessments to ensure they safely give these. The nurses have the same competency assessments to ensure their skills are fresh." PEG stands for percutaneous endoscopic gastrostomy, where a tube is placed through the abdominal wall and into the stomach. A PEG allows nutrition, fluids and/or medications to be put directly into a person's stomach. The clinical lead nurse had completed safe handling of medicines competency assessments on

staff.

Preventing and controlling infection

- There were policies to prevent and control the risk of infection, which staff followed and had received training on.
- The clinical lead nurse used staff team meetings to remind staff about infection prevention and safe practices. For example, to ensure they always took special 'sharps' container box with them so injection needles could be immediately and safely disposed of.

Staffing and recruitment

- There were enough staff to undertake the supported living agreed hours within individual packages of care. The registered manager explained to us that for every package of care they accepted, a staff team was specifically recruited for the individual. This took place ahead of the package of care commencing.
- The provider's system for recruiting new staff ensured staff's suitability to work with children and adults. We reviewed two staff's employment record and the required checks were documented.

Systems and processes to safeguard people from the risk of abuse

- People and their parents told us they felt safe with staff in their homes. One parent told us, "I have two staff 24 hours each day, coming in to care for [Name]. I have no concerns about the staff at all."
- Staff had received training in how to safeguard people from the risk of abuse and demonstrated an understanding of safeguarding principles. Staff gave us examples of types of abuse that said they would report any concerns to the registered manager.
- The registered manager demonstrated their understanding of their legal responsibilities in reporting incidents to us, safeguarding teams and Clinical Commissioning Groups.

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.

At the last inspection this key question was rated as 'Good'. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager, deputy manager and clinical lead nurse undertook pre-assessments before people's care and support commenced with Almond Care Limited. These were used by the registered manager to ensure they could safely meet people's needs and to recruit a specific staff team for the supported living package of care agreed on.
- During people's initial assessment they were given the opportunity to share information with the provider and staff to ensure there was no discrimination, including in relation to protected characteristics under the Equality Act (2010).

Staff support: induction, training, skills and experience

- Staff received an induction and training and had the skills they needed to support people confidently and in a safe way. One staff member told us, "I am quite new and had never used specialist equipment. I've found the training good and have not felt rushed at all in being signed off in my competency assessments. I am still working on shadowing shifts with an experienced staff member."
- The clinical lead nurse told us they had completed training updates to ensure their knowledge was current. They told us, "Last year I went to Cambridge Hospital for tracheostomy training and Stoke Mandaville Hospital for invasive personal care procedures. I make sure my knowledge is up to date because I am responsible for all the clinical competency assessments of staff."
- Staff received the support they needed from the management team. People were supported in their homes across the country by staff teams local to them. This meant there was, in some staff's experience, a significant distance between them and the provider's office in North Warwickshire. Staff, however, told us there was an on-call system they could use if they needed to ask something over the telephone. All staff told us in the event of a person's health deteriorating they would, "Phone 999 immediately."

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutritional and hydration needs were met. Where risks had been identified related to, for example, a person's hydration, a record of their fluid-intake was kept by staff.
- Some people received all their nutrition and hydration needs through a PEG. People had agreed 'feed regimes' and staff followed instructions given by dieticians.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Staff understood the importance of monitoring people's wellbeing on a day to day basis. The clinical lead

nurse showed us a record where people's baseline observations were recorded (such as the person's usual blood pressure) so these could be referred to in the event of signs of any deterioration in their wellbeing. Staff sought professional guidance and urgent critical care support when needed.

- Staff followed the guidance of healthcare professionals. The clinical lead nurse, deputy manager and registered manager gave us examples of referrals they had made to healthcare professionals. These included referrals to mental health teams, GPs and dieticians. Such referrals were made with the involvement of people and / or their parents.

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. Where people may need to be deprived of their liberty to receive care and treatment in their own homes, the DoLSs cannot be used. Instead, an application can be made to the Court of Protection show can authorise deprivations of liberty.

- Staff followed the principles of the MCA and understood the importance of obtaining consent, for example, before carrying out invasive personal care procedures.

- Staff worked with the parents of children they supported, respecting their wishes for their children and in line with healthcare guidance. Care records contained evidence to demonstrate people's mental capacity had been considered.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as 'Good'. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved in partners in their care.

Ensuring people are well treated and supported, equality and diversity

- People and their relatives felt supported and described staff as kind. One person told us, "The staff always do their best." And, one parent told us, "Everything is good, I'm happy with them."
- The registered manager told us they tried to recruit and match staff to people's individual needs. Any cultural need would be taken into consideration by them when allocating staff teams to people. One relative told us, "We have a team of four staff to support [Name] and have no complaints at all, staff are respectful of us as a family as well and are caring."
- People and their relatives were relaxed speaking about staff as they gave feedback to us. One parent told us, "My child has very complex support needs, the staff team are very good, kind and always caring."

Respecting and promoting people's privacy, dignity and independence

- Staff promoted people's independence. One staff member told us, "The person I support depends on me for everything really, but I include [Name] in what I am doing, I explain what's happening." Another staff member told us, "[Name] can drink from a straw, so I make sure we use this to give them a bit of independence."
- Staff knew people well and what they enjoyed doing. One staff member told us, "I always tell [Name] what films are showing because I know they like films and this enables them to make a choice to what see."
- People's privacy and dignity was promoted by staff who understood the importance of keeping people's personal information confidential.

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives were involved in decision making and given opportunities to express their views. Parents told us staff kept them informed about any changes in their child's wellbeing.
- People were supported by a consistent staff team. People and relatives told us they felt they could always speak with staff or contact the management team about any worries they had so these could be addressed.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as 'Good'. At this inspection this key question has remained the same. This meant people's needs were consistently met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff knew people well and worked within 'staff teams' supporting the same person as live-in staff. One parent told us, "Staff are absolutely wonderful, they always keep me informed about [Name] and act on any concerns straightaway." Another parent told us, "Staff arrive on time, they are good and know what they are doing."
- Staff provided care and support that was focused on individual needs, preferences and routines. Staff were able to tell us about people's likes and dislikes. One staff member told us, "[Name] enjoys watching quiz shows on television, we have good chats and also go to the cinema when they want to see a film."
- People had individual plans of care which had a focus on people's physical needs and important tasks to be completed by staff to ensure people's physical wellbeing was maintained. However, there was minimal information about people's mental wellbeing or how staff should support distressed behaviours. The registered manager acknowledged more work was needed to information to ensure staff had this to refer to. The registered manager assured us a full review of care plans would be completed by the end of February 2020.

Meetings people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances their carers.

- Staff understood people's communication needs and how to effectively communicate with them. One nurse told us, "I demonstrate my care for [Name] by being receptive to their limited means of expressing a need and responding in a way that is reassuring. Touch is key with [Name] and noticing their facial expression or other subtle non- verbal cues."
- Care plans did not always contain detailed information for staff about people's communication needs. However, the registered manager assured us as part of their review to personalise care plan information this would be added by the end of February 2020.

Improving care quality in response to complaints or concerns

- There were processes in place to ensure complaints would be dealt with appropriately.
- When we sought feedback from people and, or, their relatives about their experiences of the service, we received some negative comments. We explored these in more detail during our inspection visit to the provider's office. We found the registered manager was aware of issues which had been raised with us. The registered manager and deputy manager were able to share evidence with us to show issues were being

addressed, and where required, information had been shared with commissioners who fund people's care.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as 'Good'. At this inspection this key question has remained the same. This meant service management and leadership was consistent. Leaders and the culture they created the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Staff felt well-supported by the clinical lead nurse, deputy manager and registered manager. Staff told us the mileage distance between where people were supported in their homes and the provider's office location had no negative effect on them. One staff member told us, "The managers come out monthly when we have a team meeting, plus do spot checks on us." The clinical lead nurse told us they travelled whenever needed to ensure staff were supported, trained and competency assessments completed.
- Trained care staff and nurses were responsible for clinical tasks on a day to day basis within people's homes. The registered manager undertook checks to ensure required records were kept and took appropriate actions when any lapse in staff's record keeping was identified.
- The provider had quality assurance systems which were used to check the safety and quality of the services. For example, frequent checks were made on daily records, medicine administration records and to ensure staff completed daily safety checks on people's specialist equipment.
- The deputy manager and registered manager completed audits of care plans. The registered manager acknowledged their checks had shown care plans were focused on physical needs and additional personalisation was needed and this was planned for.
- Most people and relatives told us they had not experienced any missed visits or lateness in staff arriving for shifts. However, we were told about, and records showed, there had been some recorded missed visits over the past twelve months. We discussed these with the registered manager, who had investigated these. They assured us no-one was left alone without a parent with them. The registered manager shared information with us about the missed visits, which evidenced their collaborative working with the CCG. The registered manager told us they intended to implement an electronic call monitoring system by the end of February 2020. This would ensure immediate alerts went to management teams who could take action when needed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives were offered individual care review meetings with staff teams and the management team.
- People and relatives were offered opportunities to give feedback by completing the provider's surveys. Surveys were analysed, and action plans implemented by the registered manager to make improvements

where needed.

- The rating from the provider's last inspection was displayed, as required.

Working in partnership with others

- The provider worked in partnership with others. For example, the registered manager gave examples of multi-disciplinary working and approaches to people's care and support.

Continuous learning and improving care

- The registered manager recognised the importance of continuous learning and acted on concerns to make improvements when needed. For example, the registered manager had identified staff had not consistently made the required check on a person's 'safety box' and had made a change to the system staff followed to ensure a consistent and safe approach was taken.