

Albury Care Limited

# Albury Care Limited

## 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

We carried out the inspection on 11 April 2018 and it was announced.

Albury Care Limited is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults, younger disabled adults and children.

At the time of the inspection, 62 people were using the service.

The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

This was a comprehensive inspection to see what improvements the provider had made to ensure they met regulatory requirements.

At our last comprehensive inspection on 8 November 2016, the service was in breach of two regulations related to quality monitoring and staff training. We rated the service as requiring improvement. We had found that care records lacked detail and were not reviewed regularly. In addition, monitoring systems to manage complaints, incidents and accidents were ineffective. We also found that staff had not completed the provider's mandatory training and refresher courses.

At this inspection, we found improvements made ensured people received effective care. Care plans showed sufficient detail about people's needs and the support they required. The quality of care underwent checks and monitoring to identify and resolve concerns about people's safety.

There was a registered manager in post. A registered manager is a person who has registered with the 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 had an assessment of their needs and preferences about care delivery. Staff were aware of risks to people's health and safety and knew how to support them safely. People received the support they required with their nutrition and hydration and to maintain their health. Enough suitably recruited staff were deployed to meet people's needs. Staff administered and managed people's medicines in line with the provider's procedures. Staff knew how to prevent and control the risk of infection.

Staff provided care in line with best practice guidance and the requirements of the Mental Capacity Act 2005 (MCA). People received care from staff who received an induction, training and supervision to enable them to deliver care effectively.

People received care that met their individual needs in line with their preferences. Staff treated people with respect and maintained their dignity and privacy.

People using the service and their relatives knew how to raise concerns and make a complaint about care delivery if they needed to.

People enjoyed a person centred approach to their care and support. Staff were supported in their roles and had access to guidance from the registered manager and the management team.

An open and honest culture existed at the service about care delivery. The quality of the service underwent regular monitoring to improve the care and support provided to people. The registered manager worked closely with other agencies to provide effective care.

## 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. People received support in a manner that managed risks to their health and well-being. Staff knew how to protect people from the risk of abuse.

Staff managed and administered people's medicines safely. People received support from experienced and suitably recruited staff.

People's care delivery minimised the risk of infection.

### Is the service effective?

Good ●

The service was effective. People's care delivery was based on best practice guidance. People received care from staff who had the support, training and supervision required to deliver appropriate care.

Staff obtained people's consent to care and support. People were supported in line with the requirements of the Mental Capacity Act 2005 (MCA).

People had the support they required with nutrition and hydration and to maintain good health.

### Is the service caring?

Good ●

The service was caring. Staff treated people with kindness and compassion.

People enjoyed positive caring relationships with the staff who provided their care. Staff respected people's dignity and privacy.

People received information about their care in a format they understood. People using the service and their relatives took part in planning their care and support.

### Is the service responsive?

Good ●

The service was responsive. People received care that responded to changes to their individual needs. People had their needs met in a manner they preferred.

Staff supported people to be independent and to take part in activities of their choosing.

People had opportunities to share their views about the service.

People using the service and their relatives had information about how to make a complaint when needed.

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### **Is the service well-led?**

The service was well led. People and staff knew the registered manager and were happy with how the service was managed.

There was a transparent culture on how staff delivered care.

The registered manager carried out audits about care delivery and made the necessary improvements.

People's care provision improved because of the involvement of other agencies.

**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, 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 11 April 2018 and was announced. The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

We gave the provider 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in.

Prior to the inspection, we reviewed information we held about the service including statutory notifications sent to us by the registered manager about incidents and events at the service. A statutory notification is information about important events which the registered provider is required to send us by law. The provider submitted a Provider Information Return (PIR) before our inspection. This is a form that asks the provider for key information about the service, what the service does well and the improvements they plan to make.

During our inspection, we spoke with six people who used the service and four relatives. We spoke with the registered manager, a care coordinator, an administrator and three members of care staff. We reviewed 15 people's care records, and two staff files including information on their recruitment, training, supervision and duty rosters. We looked at management records and audit reports.

We reviewed feedback received from people using the service and their relatives and two health and social care professionals.

## Is the service safe?

### Our findings

People were kept safe from the risk of harm. Staff understood the safeguarding procedures to alert the registered manager of potential cases of abuse. One member of staff told us, "Safeguarding is about protecting service users from abuse. I have to report any suspicions without delay." Another member of staff said, "Types of abuse include theft, misuse of property and shouting or hitting a service user." Staff received annual training on safeguarding adults to ensure their knowledge remained up to date. The registered manager understood their responsibility to raise concerns with the local authority safeguarding team to ensure investigations about people's safety were carried out when needed.

People's needs were met safely. One relative told us, "We have a team of six carers every day to help [family member]. They are wonderful with him/her and I feel he/she is in very safe hands with them, particularly with the hoist. They talk to him/her all throughout." Risk assessments identified areas of people's health and well-being that needed to be managed to keep them safe. One member of staff told us, "We already know the risks to service users before we go in to provide care. The care coordinator also tells us if there are significant changes." Staff had information about the risks to people which included falls, nutrition and hydration and failure to maintain good hygiene or to take their medicines. Support plans indicated how staff were to manage the risks. Daily observation records showed staff managed the risks in line with the guidance.

People received care in a manner that minimised avoidable harm. Staff reported incidents and accidents in line with the provider's procedures. The registered manager monitored incidents and ensured staff had guidance to prevent similar events from happening again. Staff knew what to do in the event of an emergency, for example when a person failed to open the door for their visit for care and support. Staff were happy about the out of hours' support they received when faced with difficult situations.

People had access to support and care when needed. One person told us, "I have help from a regular team of girls they are 'spot on' with their timekeeping they've never been late." Another relative said, "They always stay the right amount of time and they do everything they should and more besides. I feel very safe with them, they talk me through everything. I think it's just their attitude towards me that makes me feel safe, they are very reassuring." A number of staff were allocated to provide care to specific people to ensure consistent care delivery. Duty rosters showed people received care from a team of regular members of staff as planned. Although none of the people receiving care had experienced missed calls, the registered manager relied on people using the service to inform them when staff did not turn up or were delayed. The registered manager told us they had recruited a care coordinator to monitor staff punctuality. Staff told us they had sufficient time to between visits and to provide care in an unhurried manner.

People were supported by staff who underwent appropriate recruitment checks. New staff were interviewed and provided a full employment history. Pre-employment procedures included a verification of their right to work in the UK, photographic identity and criminal record checks. Staff completed the provider's probationary period before being confirmed in post.

Staff provided people with the support they required to take their medicines. One person told us, "[Staff] do support [person] with medicines and it's always written up in the book each day."

Assessments were carried out to determine people's ability to manage and self-administer their medicines. Medicine administration records were accurately completed and showed staff followed procedures. Care plans highlighted when family members supported people with their medicines to reduce the risk of errors. Staff had undergone training and a competency assessment to gain the skills required to manage and administer people's medicines. The provider's medicines policy contained up to date guidance for staff when needed.

People's health and well-being was protected through good infection prevention and control practices. Comments from members of staff included, "Good handwashing is important", "Safe handling and disposal of waste reduces the spread of germs" and "Staying away from clients if one has a cough or a cold." Staff were trained on how to minimise the risk of infection. The registered manager monitored staff's use of personal protective equipment such as gloves and aprons to maintain good hygiene practices.



## Is the service effective?

### Our findings

At our previous inspection on 8 November 2016, we found that staff had not completed the provider's mandatory training to ensure their knowledge and skills were up to date. At this inspection, we found that staff were trained and skilled to deliver care effectively. People using the service and their relatives were happy with the care delivery. Comments included, "[Staff] are good at what they do" and "The staff are very well-trained, supportive but not pushy." Staff underwent the provider's mandatory training, which included safeguarding adults, infection control, food hygiene, moving and handling, health and safety, and medicines management. Staff also received training specific to people's individual conditions such as dementia, diabetes and end of life care.

People's care was planned and delivered in line with current guidance. One relative told us, "I was very impressed by the attention to detail the [registered manager] went through during the assessment of [person's] needs." Another relative said, "The care they provide is truly person centred." People's care records contained information about people's histories, physical and mental health needs, preferences and likes/dislikes. The registered manager worked closely with people using the service and their relatives in identifying their needs and planning care delivery. Support plans provided staff with guidance about how to deliver care effectively. People received support in line with best practice guidance as provided by health and social care professionals.

People received care from staff who were supported to undertake their roles. One member of staff told us, "The support from the [registered manager], office staff and my colleagues is great." Another member of staff said, "You can call the office any time for help." Staff received regular supervision from the registered manager where they discussed people's needs, training and concerns about the service. Records showed staff had a performance appraisal to review their practice and to agree on a learning and development plan.

People were supported by staff who understood their roles and responsibilities. One person told us, "The company are very good. We are always introduced to new staff before they start supporting us. They shadow one of our regular team first." New staff underwent an induction that included familiarisation with people's care plans and the provider's policies and procedures. Staff new to care completed a Care Certificate, which introduced them to the expected standards of practice for health and social care workers. Induction notes showed staff were introduced to all aspects of the service and were signed off when they had developed the competence and confidence to provide care on their own.

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.

People received care that staff delivered in line with the requirements of the MCA. One person told us, "Yes we signed a consent to care document when we started having help." One member of staff told us, "I always

ask and check if it's okay before I support service users." Staff understood their responsibility to obtain people's consent before they provided care. People received the support they required when they were unable to make decisions about their care.

People were supported to eat and drink sufficient amounts. People's care plans indicated their nutrition and hydration needs and the support they required. Staff knew people's dietary needs, food likes/dislikes and preferences. Staff monitored people's eating patterns and reported to the registered manager if they had any concerns. Records showed staff warmed and served people's meals and prepared refreshments they liked.

People were supported to maintain good health. Staff monitored people's health and informed family members who were involved in their care or contacted the GP. Staff knew how to support people if they showed signs of decline in their health such as contacting the emergency services.

## Is the service caring?

### Our findings

People using the service and their relatives told us that staff were kind and caring. Comments about staff included, "Staff are absolutely marvellous. They are so kind and patient with [family member]", "They always check to make sure I'm okay" and "They take everything in their stride but always attentive to what's going on with [family member]."

People enjoyed positive caring relationships with the staff that delivered their care. One person told us, "Because it's a regular team I've had a chance to build up a relationship with them which makes everything so much easier." One relative told us, "[Registered manager] made sure that [person] gets carers that he/she likes and gets along with, people he/she is comfortable with." Staff told us they took pride in caring for people. One member of staff told us, "I talk to [people] and check if they need additional help." Another member of staff said, "Service users are happy when we turn up. I enjoy chatting while we help them."

People using the service and their relatives told us they had been fully involved in setting up the care plans and had undergone a comprehensive assessment before care commenced. People were supported by staff who understood their needs and knew them well. One relative said, "I think it's the tone of [staff's] voices, their facial expressions and the gentleness. All these things help [family member] feel reassured and comfortable with them." Most people had a regular team of staff and told us that they were matched with their care staff. Staff told us they were assigned to provide care to the same people. This enabled them to know each person and understand how they preferred to have their care delivered. Staff were able to describe people's needs, their backgrounds, likes/dislikes, interests and their preferences as indicated in the care plans. Staff worked closely with health care professionals who offered reablement services to people after a hospital discharge.

People received care that respected their privacy and dignity. "One person told us, "They make sure the curtains are closed and the door is shut and that I am covered with a towel when needed." Another person said, "I think they are very thoughtful in the way they treat me, they preserve my dignity." One relative said, "Without a doubt, the staff are incredibly respectful of [person], family members and my home and always take the time to talk to everyone as well. I feel they offer an inclusive care package. They will always do extra jobs for me if I am a bit out of sorts. They are wonderful." Staff understood their responsibility to treat people with respect. One member of staff told us, "I knock before going in to check [person]." Another member of staff said, "I ask if they want to have a shower. We provide personal care discreetly away from visitors." Care plans and daily observation records were written in a manner that showed staff respected people's privacy and dignity.

People were supported to be independent. One person told us, "I use the walker to get around, they will walk beside me to make sure I am safe but they don't take over. They help me preserve my independence." Another person said, "I always feel in charge, they ask me how I want things done and always check whether there is anything else I need doing before they go." A third person said, "What I like about them is that they help me to stay independent. They let me do as much as I can for myself and only help with the things I cannot manage."

Staff worked alongside other health and social care professionals such as physiotherapists to support people who were undergoing reablement after a hospital discharge or a period of illness. One member of staff told us, "We help people to get back on their feet, for example encouraging them to start doing things for themselves." Another member of staff said, "We support our clients to regain their confidence through getting them to do what they can do for themselves like dressing up after a wash or making a cup of tea." Assessments were carried out to show what support each person required to undertake tasks in various aspects of their daily living.

People received care that respected their cultural and religious needs. One relative told us, "I requested a female carer as I felt [person] would respond better to a woman than a man. It has all worked very well. I have found them very flexible and willing to adapt the care package in whatever way we need." Staff told us they served people with meals that took into account their preferences. Staff understood their responsibility to treat people with respect regardless of their sexual orientation, race or gender. One member of staff told us, "We do not judge people for who they are. I am here to support each person, not to tell them how to live their lives."

## Is the service responsive?

### Our findings

At our previous on 8 November 2016, we found that care records were not maintained and lacked detail about people's needs. At this inspection, care records were accurate and reflected people's changing needs and the support they required.

People received care which focussed on their needs. Staff had sufficient information about how to deliver care in all aspects of people's lives. One person told us, "Yes I was involved in the care plan when it was set up. Everything was talked through with me to make sure it accurately reflected the help I needed. It has been reviewed recently." Support plans detailed the support each person required to meet their individual needs which included personal care needs, mental and physical health needs and eating and drinking.

People received care that met their individual needs. One relative told us, "If [staff] notice anything which they think is a potential concern they tell me as well as writing it in the book. They are very proactive." Staff knew people's needs and the support they required. Care records identified people's backgrounds, physical and mental health needs, likes/dislikes and their preferences. Staff told us the registered manager and the care coordinator provided them with updates about people's changing conditions. This ensured they were able to provide care that responded to people's specific needs.

People received support to undertake activities when this was part of their care package. Staff supported people with shopping for food when required. People were supported to access the community and to attend hospital/social appointments. Staff informed the registered manager when they observed that a person could be at risk of isolation or loneliness. Where people did not have relatives or friends, the registered manager provided them with information such as befriending services.

People using the service and their relatives had opportunities to share their views about the service. The registered manager and coordinator contacted people by telephone and carried out home visits to understand their experiences of the service. Staff asked people when they provided care if they were happy about the service. The registered manager acted on people's feedback to develop and improve the service.

People told us they felt confident to make a complaint if they were unhappy about the quality of care provided. One person told us, "I have never had reason to complain although I know details about how to go about it are in the original agreement information they sent me." Another person said, "If anything worried me I would speak to the office and I know it would be sorted straightaway." People using the service and their relatives had access to a complaints procedure and had information about how to escalate their concerns if they remained unresolved. Staff understood the complaints procedure and knew how to respond to concerns people raised about any aspect of their care. The service had investigated and resolved complaints made in line with the provider's procedures.

People were happy about the care they received. Compliments included, 'Excellent carers', 'We are over the moon with the care you provide and cannot thank you enough' and 'They are sociable people and they take time for us. They never make us feel rushed and I can't think of anything that needs improving.'

People were supported to discuss their end of life care plans. Staff asked people how they wished to be cared for at the end of their lives. One member of staff told us, "[Person] was clear on how they wanted to be cared for at the end of their life." Care records showed people's 'death and dying' wishes. Staff worked closely with other healthcare professionals to ensure people at the end of their lives were comfortable and had a dignified and pain free death.

## Is the service well-led?

### Our findings

At the last inspection on 8 November 2016, quality assurances systems were not in place to ensure ongoing monitoring of service delivery and learning from incidents. At this inspection, we found improvements had been made and there were systems in place to monitor the quality of care.

The quality of the service underwent regular checks and monitoring. The registered manager carried out audits on care planning and recording, risk assessments, medicines management and complaints. Systems were in place to audit staff recruitment, induction and supervision to ensure that staff had the skills required to undertake their roles. Staff told us the registered manager carried out spot checks to monitor and review their practice. This included observation of how they applied their knowledge on prevention and control of infection, moving and handling and treating people with dignity and respect. Staff received feedback about their practice and discussed with the registered manager how they could improve their knowledge. For example, one member of staff told us they were able to request further training to meet specific needs of people. The audits had identified that the system for checking staff's punctuality needed to be strengthened. This was because the registered manager and care coordinator depended on staff and people using the service to inform them of any delayed or missed visits. Plans were being put in place to enable the care coordinator to work closely with staff when they were delayed for a visit.

People using the service and their relatives were happy with the service. One relative told us, "I admire the manager's personal commitment and the team often say that she is very supportive of them too." Another person said, "I can phone the manager and she is always prepared to either reschedule or cancel a visit according to what I feel is best. She often pops in to check how things are going for us." One relative told us, "They are a brilliant company. Worth their weight in gold. I don't know what I would do without them. I would definitely recommend them to others."

The registered manager submitted notifications to the Care Quality Commission (CQC) as required. Staff were encouraged to learn from incidents when things went wrong. One member of staff told us, "We report any incidents to the registered manager. We are open about how we deliver care and learn from our mistakes."

Staff received regular updates about the service through daily interactions with the registered manager and office staff. The registered manager also provided care to people which enabled her to meet staff and routinely catch up. Staff told us that communication between themselves and the registered manager was good. Staff said they had sufficient opportunities to discuss issues at the service and any concerns about people's health and well-being.

Staff understood their roles and responsibilities. They understood the reporting structures on how to raise concerns about the service. The registered manager had recruited a coordinator to provide support to staff and to undertake some of the quality assurance processes such as spot checks. Staff were focused on delivering person centred care. People using the service and their relatives said they knew the registered manager. Staff described the registered manager, the care coordinator and administrator as approachable

and ready to provide support and guidance when needed. Staff said the registered manager provided care alongside them and ensured their practice met best practice guidance. While staff benefitted from the registered manager, working alongside them this left her without sufficient time to undertake some of the management aspects of the job. However, the registered manager told us the recent recruitment of a care coordinator would allow them to have sufficient time to manage the service.

Staff had opportunities to share their ideas on how to develop the service. The provider produced a newsletter which promoted communication and interaction between management and staff. Staff said the registered manager valued their work and encouraged them to work well as a team. The provider carried out an annual survey to gather the views of people using the service, their relatives and staff. Comments from the surveys were analysed and plans put in place to make the necessary improvements. A survey of November 2017 showed people were happy with the care they received. Results showed staff were happy with the management team and felt supported in their roles. The registered manager acknowledged staff and nominated a 'carer of the month'.

People received care in line with current legislation. Staff had access to up to date guidance. Policies and procedures were updated regularly to reflect changes in regulation and best practice guidance.