

Audley Care Ltd

# Coopers Hill

## Inspection report

Coopers Hill Lane  
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Date of inspection visit:  
17 June 2021

Date of publication:  
13 August 2021

### 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

Coopers Hill is a domiciliary care service which provides care to people living in their own houses and apartments, some of whom were living with dementia. At the time of our inspection all those receiving a service lived in the Audley Coopers Hill retirement village. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of our inspection three people were receiving the regulated activity personal care.

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

People and their relatives told us they felt safe in the company of staff. Staff had completed safeguarding training and were aware of their responsibilities to report any concerns or potential abuse. Risk management plans were in place and guidance provided on how to keep people safe. Action was taken following accidents and incidents to minimise the risk of them happening again. Enough staff were available to meet all care calls and on-call staff were based at the retirement village 24 hours a day.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People confirmed they were asked for consent prior to receiving care and staff used their knowledge of people's interests to support them in planning their care.

People told us staff were kind and treated them with respect. Staff knew people well and were motivated to provide personalised care. Where required, people were supported to access support from health and social care professionals.

Staff received training in their roles and their competency was assessed through regular supervision and spot checks. There was a positive culture and clear values running through the service. The manager had implemented communication systems and people and staff told us they were approachable and responsive. Quality assurance systems were in place to monitor the quality of the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last

This service was registered with us on 8 April 2020 and this is the first inspection.

### Why we inspected

This was a planned comprehensive inspection.

### Follow up

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

## 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 safe findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our safe findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our safe findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our safe findings below.

# Coopers Hill

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own apartments. At the time of our inspection all those receiving a service were living at the Audley Coopers Hill retirement village.

The service did not have a manager registered with the Care Quality Commission (CQC). A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. A manager was in post and had begun the process of registering with CQC.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or manager would be in the office to support the inspection.

#### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed all the information we had about the service. This included any notifications of significant events. Notifications are information about important events which the provider is required to send us by

law.

During the inspection-

We visited the service to see the manager and to review documentation and policies and procedures. We also met with the regional manager and three staff members. We spoke with one person receiving support and two relatives. We looked at care plans and documentation for three people.

After the inspection

We continued to review information provided by the manager to validate evidence found. We looked at training data and quality assurance records.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe with the staff supporting them. Comments included. "There is always someone (staff) lurking when you want them. It's very secure." And, "They have always been very kind and gentle. We have always felt safe here."
- Staff demonstrated an understanding of their responsibilities in keeping people safe from the risk of abuse. One staff member told us, "The way it's discussed is reassuring and the training was informative. It gave me the understanding of what to look for, I had a few lightbulb moments. It teaches you to escalate problems and to always share concerns."
- Staff were able to describe the different types of potential abuse people could experience, signs of concerns to be aware of and reporting procedures. Where concerns had arisen the local authority safeguarding team had been informed and appropriate action taken to maintain people's safety.

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

- Risks to people's safety and well-being were assessed and monitored. Guidance was provided to staff on how to keep people safe. People and their relatives confirmed this was followed.
- Risk management plans covered areas including health conditions, mobility, nutrition and anxiety. Information provided was detailed and considered each person's individual circumstances. For example, staff were able to describe the different triggers to people's anxiety and how they liked to be supported to manage this.
- Where risks to people's safety varied due to their health conditions, staff were aware of how to assess this and offer the appropriate level of support.
- Accidents and incidents were recorded, and action taken to keep people safe. Any concerns were reported directly to senior staff and reports reviewed by the manager. Discussions regarding actions were held with people and their families. Where required, external professionals were involved to support and advise.

Staffing and recruitment

- People and their relatives told us they were supported by a consistent staff team. Comments included, "We're now getting used to the staff and have regular staff. They all try their best to accommodate any changes." And, "There is always someone keeping an eye. I think they're fantastic."
- Staff worked flexibly wherever possible in order to respond to people's needs. People received their care calls at the agreed time and staff stayed for the full duration of the call. On-call staff were available to those living in the retirement village 24 hours a day.
- Staff told us they felt they had sufficient time to support people without rushing them. One staff member told us, "They (management team) listen if we say things are a bit of a rush and look at how things can be

changed. It's not fair to rush people in their home. We're looked after as well, and our hours are monitored so we don't get tired."

- Robust recruitment processes were in place and recruitment checks were carried out before staff were appointed. These included obtaining reference from previous employers, right to work checks and Disclosure and Barring Service (DBS) checks. The electronic recruitment system was designed to ensure staff members could not start their employment until all the required processes had been completed.

#### Using medicines safely

- Where people required support with their medicines this was provided safely. One comment received stated, "They come at the right time for them (medicines) and know what they are doing."
- Staff completed training and competency assessments prior to supporting people with their medicines. Medication administration charts were in place where required and regular audits were completed to identify any concerns.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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

- Assessments were completed prior to people receiving care to ensure the service was able to meet their needs. People and their relatives were involved in the assessment process to agree the level and type of support they required.
- Care plans and risk assessments were developed from the information gathered during the assessment process. Regular reviews were held to ensure people were happy with the care they received, and guidance was being followed.
- The manager met with people prior to them purchasing a property within the village. Whilst people may not require care or support at that time, the manager told us they believed it was important to people understood care was available and the remit of the service. They told us, "Being very open about what we can do and what we can't do right from the start is very important."

Staff support: induction, training, skills and experience

- People told us staff were skilled in their roles. Comments included, "I didn't think staff were very good at the beginning, but things have improved. I think very highly of the team we have now." And, "It helps a lot that the staff have a good understanding of dementia."
- Training records demonstrated staff had completed training in areas including safeguarding, health and safety, communication, dementia care and first aid. Staff told us they felt the training supported them in their roles. One staff member told us, "They are very supportive, and we can ask for extra training. I'd asked for additional dementia training and they have lined this up."
- Staff completed an induction which involved shadowing more experienced staff members until they felt confident in their role. One staff member told us they had requested additional time to shadow and this had been agreed. They told us, "It really increased my confidence and I was so happy they had listened."
- Staff received regular supervision to support them in their roles. This provided staff with the opportunity to receive feedback on their performance and discuss any concerns.

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

- Where required, people received support with meal preparation. One person told us, "Staff are very good at offering the help when I need it so I can do things in the kitchen myself. They will help me call the restaurant if I choose to order from them."
- Records regarding people's dietary needs were documented within people's care plans. Staff were aware of people's food preferences and how they wanted their meals to be prepared.
- Where there were concerns regarding people's nutritional intake this was monitored by staff. Actions for one person included leaving food prepared in their fridge so it was available when they chose to eat.



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

- People and their relatives told us they were supported to access services from health and social care professionals when required. Comments included, "They help with everything. I was taken to the doctors yesterday to discuss my medication." And, "They've been very helpful with recommendations. (Manager) is very knowledgeable."
- Records showed referrals were made to health and social care professionals where required. Joint risk management strategies and agreements were in place to support one person with their care needs. This had also provided staff with access to information and guidance in relation to how to support the person.
- Staff were aware of the importance of monitoring changes in people's health. Records showed any concerns were reported to the manager and options discussed with people and their relatives as appropriate.
- The service worked closely with other departments within the retirement village in order to provide holistic support. This included the restaurant and bistro service, reception and activities staff who supported people and their relatives to be included in the village.

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- People's legal rights were protected. Consent to receiving care was given by people or their relatives who had the legal authority to do so. Evidence showed that where people's capacity fluctuated, discussions regarding their care were held at the best time for the person. This ensured they were fully involved in decisions.
- Staff had completed training regarding the MCA and the provider had relevant policies in place.
- Staff understood the need to gain people's consent before providing care. One staff member told us, "It's covered in all our training in a systematic way. Every course talks about consent in some way so we know how important it is. We are working in their homes, we're here to assist people not to insist."

# Is the service caring?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives described staff as caring and kind in their approach. Comments included, "They will go out of their way to become friends with (person). All the staff are understanding.", "They are completely caring and genuinely very nice people." And, "They are always kind."
- Staff had developed positive relationships with people. Staff were animated when speaking about the people they supported and demonstrated a will to make them feel comfortable and happy. One staff member told us, "All the staff put loads of effort into making sure people have the best experience and set them up for having a good day."
- People's preferences and life histories were known to staff. They were able to describe people's former occupations, histories and things that were important to them in detail. We observed this information being used positively to promote conversations with people.

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

- People and their relatives told us they were involved in making decisions about their care. Comments included, "I didn't always feel involved, but things have improved. Things are discussed now, and care feels planned." And, "When I moved in it was a bit of a shock as it was so different. They have listened to me and if I have been unhappy with anything, they have sorted it out. I feel much more settled because of them."
- Monthly reviews were held with people, and where appropriate, their relatives. The care and support provided was discussed and adjustments made where required. In addition, the manager and staff responded promptly to address any concerns or requests on a day to day basis.
- The timing and duration of care calls were planned at the most convenient time for people and their relatives. For example; staff supported a person to take a long walk to ease the anxiety that they sometimes experienced at a certain time of day. This led to them being calmer in the evenings and provided a break for their loved one. Adjustments were made where people's needs or wishes changed.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us their support was provided in a dignified manner and their privacy respected. Comments included, "They show such patience in doing things. They are building things up at a pace that my (loved one) can tolerate." And, "They are always exceptionally respectful."
- Staff were able to describe how they supported people in different ways to ensure they maintained their dignity and privacy. For example, one person had been reluctant to receive support with their personal care. Staff described a detailed routine they had established with the person. This helped them feel their privacy and independence was being respected whilst still receiving the support they required.
- People told us their independence was respected by staff. One person said, "They will ask how I am and if I

need anything and respect if I say I'm okay. I'm independent but know I have help when I may need it." Care records highlighted the importance of promoting people's independence.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them; End of life care and support

- People and their relatives told us staff were person centred in their approach. Comments included, "They are always calm and happy with (loved one). They are amazing and take such an interest." And, "I think they are fantastic; they are so concerned. If I want to go for a walk, they will always come with me. If I want to go anywhere, they will arrange it."
- People's care plans included information and guidance in areas including mobility, personal care, medication needs, sleeping and emotional support. Each area contained information regarding why the support was needed, what the person was able to do for themselves and what aspects they required support with. Care plans were regularly updated following reviews or changes in people's needs.
- People were supported by staff who were motivated to provide person centred care. Staff used people's past occupations and hobbies when planning their care with them. Examples included reading books with people in line with their interests, going for long walks and visits to local places of interest and garden centres.
- Staff told us they shared information when they found specific things worked well for people, particularly those living with dementia. One staff member told us, "If one of us finds a book someone likes or approaches someone in a certain way which works well, we'll share it for others to try. Anything that makes people comfortable."
- People were supported to engage in the activities and use facilities available within the retirement village. Staff were aware of the importance of avoiding people becoming socially isolated and helped facilitate introductions to different social groups. One staff member told us, "Being in a community has those benefits where we can build on those relationships and rapport."
- No one receiving a care package was at the end of their life. The manager told us people's wishes of the care they wished to receive at this time were being discussed. Staff had completed training in supporting people at the end of their life and the manager was also planning discussion workshops in relation to this.

Meeting 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 to their carers.

- Care plans contained information about how people communicated. This included information on any specific conditions or sensory loss and how staff could support them with this.

- Staff told us they used different communication techniques for different people depending their needs and personalities. One staff member told us, "You approach everyone differently. You learn how each person communicates and what works for them."

#### Improving care quality in response to complaints or concerns

- People and their relatives were aware of how to raise concerns and felt confident these would be addressed. Comments included, "They dealt with it well when I complained. They called a meeting so we could discuss it. I think I was listened to." And, "I have not been given a reason to complain. (Manager) and the staff would look into anything if I reported to them."
- The provider had a complaints policy in place. This highlighted the ways people could raise a concern, how it would be dealt with and the timescales for providing a full response.
- The registered manager maintained a complaints log which was used to monitor any themes or concerns. Records showed that all complaints received had been investigated and responded to in line with the provider's policy.

# Is the service well-led?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and their relatives told us there was a positive culture within the service. Comments included, "They are all very good and very accommodating. I know I can ask questions or call on them at any time." And, "Things were difficult at first, but I think the organisation (of the service) has improved greatly. They are approachable when I need anything."
- The provider had clear values which were shared with staff from the point of interview. Staff referred to, "The Audley Way" when speaking about the standards expected and approach to their roles. One staff member told us, "They tell you what the expectations are, even at interview. It's about respect for people, doing the right thing and kindness."
- Regular spot checks were completed to monitor staff performance and ensure people's care was provided in line with their needs and expectations.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People and their relatives told us the manager was approachable. Comments included, "(Manager) is very knowledgeable and experienced. She has as always said to go to her if I need anything." And, "(Manager) has been very supportive and I think she will do a brilliant job here. I'm sure she will look after everybody."
- Quality assurance systems were in place to monitor the service provided and drive improvement. A series of audits were completed on a regular basis in areas including staff monitoring, care records, medicines and accidents and incidents. Where concerns were identified, action plans were developed and reviewed to ensure improvements were made.
- The provider had a policy in place regarding duty of candour. This highlighted the need to act in an open and transparent manner when things went wrong and set out the system for investigation and communication. The manager was aware of their responsibilities in this area. At the time of our inspection no incidents had occurred which met the criteria for implementing the policy.

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

- The manager had a positive relationship with people, relatives and staff. This enabled any concerns to be addressed promptly. Reviews of care also gave people the opportunity to comment on the service they received and any improvements they felt would be beneficial. The manager told us, "I have an open-door

policy, and everyone knows they can come and talk to me about anything." People, relatives and staff confirmed this.

- Staff told us they felt supported in their roles and were able to make suggestions about the running of the service. One staff member told us, "It's the first place I've worked where I feel I've received proper support. They ask you all the time how things are, how calls are going. I've had encouragement all way."

Continuous learning and improving care; Working in partnership with others

- The provider and manager were committed to developing new ways to improve the service. This included researching how assistive technology could be used to support people. A trial was in progress using sensors fitted in people's apartments to detect patterns of movement. Staff would then be alerted when patterns varied, indicating someone may have fallen or had an accident.

- The manager had begun to hold workshops with the staff team to develop learning and experience. These included areas such as person specific discussions regarding people's health and living with dementia and frailty training.

- The manager told us establishing links with the local community had been difficult due to COVID-19 restrictions. However, as restrictions eased, they planned to use their knowledge and experience from previous projects they had established. Plans included setting up a dementia café and linking in with existing community groups within the area.