

Austen Allen Healthcare Limited

# Austen Allen Homecare

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

The inspection was carried out on 19 February 2018, and was an announced inspection.

Austen Allen Homecare Ltd is a domiciliary care agency registered to provide personal care for people who require support in their own home. The organisation is registered to provide care to people living with dementia, learning disability or autistic spectrum disorder, mental health needs, older people, physical disabilities and sensory impairment.

Not everyone using Austen Allen Homecare receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of our inspection, they were supporting 73 people who received support with personal care tasks.

At the last Care Quality Commission (CQC) inspection on 19 and 20 December 2016, the service was rated Good in Caring and rated Requires Improvement in Safe, Effective, Responsive and Well Led with overall Requires Improvement rating.

We found a breach of Regulation 9, 11, 12, 17 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found that the provider did not ensure that care was consistently delivered in a person centred way. The provider did not ensure that consent was sought in line with the Mental Capacity Act 2005. The provider did not ensure that people were kept safe from risks or avoidable harm and did not ensure that medicines were managed safely or in line with best practice. The provider had not ensured that quality monitoring systems were effective in highlighting shortfalls in the service and did not ensure that staff had sufficient time to deliver care. People had access to healthcare professionals but they were at risk of not having their health needs met as information was not consistently updated. For example one person was at risk of skin breakdown and had information for staff on how to support them, but this information had not been updated in over two years. We made a recommendation about this. Staff were well trained with the right skills and knowledge to provide people with the care and assistance they needed. However, the training programme did not contain any provision for safeguarding children. We made a recommendation about this. Care plans were not always up to date. People's preferences and views about their care were not always recorded. We made a recommendation about this.

We asked the provider to take action to meet the regulations. We received an action plan on 15 March 2017 which stated that the provider will be meeting the regulations by 30 September 2017.

At this inspection, we found the service Requires Improvement. The provider delivered care in a consistent manner and Mental Capacity Act 2005 processes were followed. We found that training programme had been improved upon and staff had the right skills and knowledge to deliver care. Although medicine management had improved, we found that more work needed to be done to ensure medicine administration was safe. Further, staff recruitment needed to be more robust.

There was a registered manager at the service. The registered manager was responsible for overseeing the day to day running of this and another of the provider's services. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

There had been improvements in the way that medicines were managed so that information about medicines management was included in people's care plans. Although changes had been made to how staff recorded the medicines they gave people, there continued to be errors highlighted through the auditing process and at this inspection. Medicines had not always been recorded adequately and action required had not always been taken. We have made a recommendation about this.

The provider had not always followed effective recruitment procedures to check that potential staff employed were of good character and had the skills and experience needed to carry out their roles. The provider had not ensured that all staff had two suitable references before working alone in the community. This was contrary to the service's recruitment policy to make sure staff were safe to work with vulnerable adults.

The provider provided sufficient numbers of staff to meet people's needs and provide a flexible service. However, we still saw and heard about some instances where staff were running late. We found that visits were not always scheduled to allow staff time to complete the required care and support, and also to travel from one person to the next. We have made a recommendation about this.

The provider had developed a planned programme of monitoring and audits to assess the effectiveness of the service and the outcomes for people. However, the audit and records had not been robust enough. We have made a recommendation about this.

Although communication in the service had been improved, people and care staff told us they were not satisfied with communication with office staff. We have made a recommendation about this.

The provider had suitable processes in place to safeguard people from different forms of abuse. Staff had been trained in safeguarding people and in the service's whistleblowing policy. They were confident that they could raise any matters of concern with the registered manager, or the local authority safeguarding team.

The provider carried out risk assessments when they visited people for the first time. Other assessments identified people's specific health and care needs, their mental health needs, medicines management, and any equipment needed. Care was planned and agreed between the service and the individual person concerned. Some people were supported by their family members to discuss their care needs, if this was their choice to do so.

All staff received induction training at start of their employment. Refresher training was provided at regular intervals.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards. The provider and staff understood their responsibilities under the Deprivation of Liberty Safeguards.

People were supported with meal planning, preparation, eating and drinking. Staff supported people, by

contacting the office to alert the provider to any identified health needs so that their doctor or nurse could be informed.

People said that they knew they could contact the provider at any time, and they felt confident about raising any concerns or other issues. The provider carried out spot checks to assess care staff's work and procedures, with people's prior agreement. This enabled people to get to know the provider.

Spot checks were carried out and people could phone the office at any time.

The management team and staff understood their respective roles and responsibilities. Staff told us that the registered manager was very approachable and understanding.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** 

The service was not consistently safe.

Medicines were not consistently managed and recorded in a safe way.

The provider had not always followed safe recruitment practices

There were enough staff available to meet people's needs. However, visits were not always scheduled to allow staff time to complete the required care and support, and also to travel from one person to the next.

Staff knew how to recognise any potential abuse and so help keep people safe.

### Is the service effective?

**Good** 

The service was effective.

Staff received on-going training in areas identified by the provider as key areas. One to one supervisions took place as planned and yearly appraisal meetings took place.

People were supported to be able to eat and drink sufficient amounts to meet their needs.

Staff were knowledgeable about people's health needs, and contacted other health and social care professionals if they had concerns about people's health.

People's human and legal rights were respected by staff. Staff had the knowledge of Deprivation of Liberty Safeguards and Mental Capacity Act (2005).

### Is the service caring?

**Good** 

The service was caring.

People felt that staff provided them with good quality care. Staff kept people informed of any changes relevant to their support.

Staff protected people's privacy and dignity, and encouraged them to retain their independence where possible.

Staff were aware of people's preferences, likes and dislikes.

Wherever possible, people were involved in making decisions about their care and staff took account of their individual needs and preferences.

### Is the service responsive?

Good ●

The service was responsive.

People's care plans reflected their care needs and were updated after care reviews.

Visit times were discussed and agreed with people. Staff adhered to visiting times.

People felt comfortable in raising any concerns or complaints and knew these would be taken seriously.

### Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

Improvements had been made to quality assurance systems and the provider was working towards ensuring that these were embedded so that all shortfalls were addressed. However, the audit system and records were not robust enough.

Staff told us that there was need for communication with office staff to be improved.

There was an open and positive culture which focused on people. The provider and registered manager sought people and staff's feedback and welcomed their suggestions for improvement.

# Austen Allen Homecare

## 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.

The inspection took place on 19 February 2018 and was announced. The provider was given 48 hours' notice of the inspection as we needed to be sure that the office was open and staff would be available to speak with us.

The inspection was carried out by three inspectors who visited the service's office in Dartford area of Kent and an expert by experience who contacted people who used the service by phone to gain their experience of using the service. An expert by experience is a person who has personal experience of using similar services or caring for older family members.

The provider did not complete a Provider Information Return (PIR), because we carried out this inspection before another PIR was required. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Prior to the inspection we reviewed other information we held about the service, we looked at the previous inspection report and any notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law. We used these to plan our inspection.

We spoke with the registered manager who have many years of experience working within Health and Social care sectors. We also spoke with the office manager and nine care workers. We spoke with four people who used the service and nine relatives of people who used the service because of limited communication abilities.

During the inspection visit, we reviewed a variety of documents. These included seven people's care records, which included care plans, health care notes, risk assessments and daily records. We also looked at four staff recruitment files, records relating to the management of the service, such as staff training plan, audits, satisfaction surveys, staff rotas, policies and procedures.

We asked the registered manager to send additional information after the inspection visit, which were updated healthcare professional's contact list and staff training plan. The information we requested was sent to us in a timely manner.



# Is the service safe?

## Our findings

We asked people if they received safe care? People we spoke with told us they feel safe with the care workers who visited them. One person said, "Yes, I feel safe". Another said, "I feel safe with the girls visiting". Other people told us that they felt safe letting staff into their home as they wore a uniform and had a badge.

Relatives spoken with said, "They wear a uniform and a badge so I know they are from the service, which is good" and "Yes, mum does see the same carers. Others come when they are off but they wear a uniform, so it is okay. I know who they are, I usually recognise them".

At our last inspection on 19 and 20 December 2016, we identified breaches of Regulation 12 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider did not ensure that people were kept safe from risks or avoidable harm. The provider did not ensure that medicines were managed safely or in line with best practice. The provider did not ensure that staff had sufficient time to deliver care. We asked the provider to take action to meet the regulations.

At this inspection on 19 February 2018, we found the provider had improved the service by ensuring that they did all that was reasonably possible to mitigate risks to people and kept them safe from avoidable harm. The provider had improved the service by ensuring sufficient time were given to staff to deliver care. Although safe management of medicines had improved, we still found some concerns with medicine administration.

Previously medicines were not consistently being managed safely. At this inspection, we found that staff were being trained yearly. Records showed that staff competency in specific areas was checked regularly. Staff informed us that they received medicines administration training, and that their competency in medicine administration was assessed annually, and records seen confirmed this. The competency assessment measured against specific criteria, including all stages of safe administration of medicines.

At our last inspection, we were told that the provider did not use Medication Administration Record (MAR) charts. We observed during home visits that there were no MAR charts in use. This meant that administration was not recorded for each medicine but aggregated for time of day. At this inspection, we found that the provider had implemented a new MAR chart for the recording of medicines and when given or not given.

Application of topical creams was also recorded in the daily record of care. The care plan gave written directions for the application of creams. There were completed 'body map' in the office copy of the care plan. PRN protocols were in place and these provided guidance for the use of 'as needed' ('as required') medicines. The MAR chart was used for topical medicines that were prescribed, which gave staff clear information about what topical medicines to apply and where. Where people had been prescribed medicines which required specific monitoring, such as people taking medicines to regulate their blood sugar levels, the staff were undertaking this monitoring and following guidance about the administration.. However, we found that one person was prescribed a PRN named Buscapan (for painful stomach cramps), but the strength, dosage and when to give were not recorded on the MAR chart. This meant that we were

unable to ascertain if staff administered correct dosage and at the required time.

Most medicines had been pre-dispensed by the pharmacist into a dosette box. Staff made one signature to record they had given the person all their medicines from their dosette box. If they did not take one of these medicines then they were required to record this in another section on the form. However, for one person it was noted in their care plan that staff were applying Sudocreme. However this was not listed on the person's MAR chart. In another person's care plan it stated 'My wife deals with all of my medication requirements'. However in the daily report log, carers recorded that they were sometimes applying Proshield cream and there was no MAR chart for this cream. Other examples found were for one person who was bed bound. Their care plan stated, 'Proshield small pea size amount. As and when needed if skin is red'. We found a note which stated that no Proshield cream had been available on 26 January 2018 and office staff were advised. This cream had not been available since 15 January 2018 as NA (Not Available) had been recorded on the MAR chart for these dates. MAR chart showed that carers started using Proshield cream again on 2 February 2018. Therefore, the medicine had not been used for 2 and a half weeks according to records. The daily notes showed some staff had been applying Sudocream, which has a similar use but this was not being recorded on the MAR chart. We contacted the office manager after our inspection for further information. The office manager clarified after speaking with the GP that Proshield cream was ordered on the 30 January 2018 and was not used prior to this and the person was not prescribed Proshield cream. However, this was now on a repeat prescription as a preventative measure.

The provider told us in the information they sent to us before the inspection that they planned to improve medicines recording by introducing an electronic system and confirmed at the inspection visit that this would take place in March 2018. However, this system was not in place at the time of the inspection.

We recommend that the provider seek further guidance on medication administration recording procedure.

At our last inspection, we found that people were not being protected against all potential risks and sufficient action had not been taken to prevent the potential of harm. We examined several risk assessments and found that they did not consistently identify possible risks.

At this inspection, we found that risk assessments had improved. Care workers had a good understanding of the individual risks to people and what they did to ensure people's safety. This included falls and ulcer prevention. Prior to commencement of the service environmental risk assessments were undertaken of the person's home to make sure it was safe environment for care workers to work in. People's individual risk assessments included information about action to take to minimise the chance of harm occurring, needs risk assessment, which included memory loss, environmental risk assessment and moving and handling risk assessment. For example, some people had restricted mobility and information was provided to staff about how to support them when moving around their home and transferring them in and out of their bed or to a wheelchair. Risks assessments had been reviewed regularly and also when circumstances had changed. These made sure people with identified risks could be cared for in a way that maintained the safety of the person and the staff assisting them. A relative said, "I feel confident that they are well trained with the hoist and equipment".

Staff knew how to inform the office of any accidents or incidents. They said they contacted the office and completed an incident form after dealing with the situation. Accidents and incidents were recorded and the office manager reviewed all accident and incident forms, so that they could assess if there was any action that could be taken to prevent further occurrences and to keep people safe.

At our last inspection, we found that staffing numbers were not always sufficient to meet peoples agreed

care packages. Staff members and people told us that the registered provider did not provide sufficient travel time between calls and this resulted in carers being routinely late and rushed.

At this inspection, we found that there had been a reduction in the number of missed visits people received since the last inspection. The provider had introduced a 15 minutes travel time in-between visits. Records showed that week on week since the last inspection there had been an improvement in the percentage of people receiving their visit on time (or within 30 minutes of the visit time), although we still saw and heard about some instances where staff were running late. We reviewed staff rota records for three staff over two weeks period of February 2018, and found that visits were not always scheduled to allow staff time to complete the required care and support, and also to travel from one person to the next. Staff we spoke with told us that although travel time had improved, this continued to be a constant challenge. One staff member said, "I have been given 15 minutes travel time on a 21 minute long journey before, and this makes things very difficult". The office manager told us that this had been recognised as an on-going problem, and measures were being taken to address this. For example, all visit times and durations were being reviewed by the provider, so a more accurate rota could be established. One relative said, "Visits between Monday to Friday am and midday are pretty good at timings but the evening is hit and miss, they always arrive but can come as late as 9.30pm when it was meant to be 7.30pm. It is very late for my father and he can be very tired. It can be because of the Dartford Tunnel traffic but no one communicates to us". Another relative said, "Sometimes they are late if they are stuck in traffic" and "Sometimes late sometimes early, should be around 8.30-9 pm can be 10pm recently came at 9.30am but should be 8.30am".

We recommend that the provider seeks further guidance on how to plan rotas to include any eventualities and improve communication about changes in order to meet people's needs.

Staffing levels were provided in line with the support hours agreed with the person receiving the service or in some cases with the local authority. The registered manager said that staffing levels were determined by the number of people using the service and their needs. Currently there were enough staff to cover all calls and numbers are planned in accordance with people's needs. We found that staffing levels could be adjusted according to the needs of people, and the number of staff supporting a person could be increased if required. The office manager told us that they carried out visits to people whenever required. A healthcare professional told us, 'Austen Allen promptly start care package, preventing clients being without care'.

There were on call arrangements in place for out of hours to provide additional support if staff needed it. Staff were able to call either the registered manager or the office manager who would either provide advice over the phone or go to the service

We checked recruitment records to ensure the provider was following safe practice. The provider had not carried out sufficient checks to explore the staff members' employment history to ensure they were suitable to work with people who needed safeguarding from harm. We reviewed four staff files and saw that recruitment processes were not always fully carried out in line with the provider's policy or Schedule 3 of the Health and Social Care Act. Gaps between staff education and employment histories were not fully explored in two out of four files reviewed. There were no dates on education history, so it was difficult to establish when staff finished their education and when they started employment. These were not discussed as part of the interview process. Two references were not always received before staff started work. One out of four recruitment files had no professional reference on file. In another staff file, they had no personal reference on file. Both staff continued to work with the provider. However, the provider's recruitment and selection policy stated offers of staff employment were, "Subject to receiving two suitable references". Two out of the three staff files viewed did not contain any reference. Although contact had been made with some referees to gain their feedback, this had not been successful and alternative references had not been sought.

Therefore, these staff had started to support people without any reference. Records showed that staff were vetted through the Disclosure and Barring Service (DBS) before they started work and records were kept of these checks in staff files. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

The examples above were a breach of Regulation 19 (1)(a)(3) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff were aware of how to protect people from abuse and the action to take if they had any suspicion of abuse. Staff were able to tell us the different types of abuse and how to recognise potential signs of abuse. Staff training in protecting people from abuse commenced at induction, and there was on-going refresher training for safeguarding people from abuse. The training plan sent to us confirmed that all staff had completed safeguarding training. All staff spoken with were able to discuss the appropriate actions to be taken if abuse was suspected, and were able to demonstrate how they would ensure the person's safety was maintained. One care staff said, "Safeguarding is not being neglectful, protecting people from physical and emotional abuse. If I have a concern I would report it or whistle blow by phoning the office in private, speak to manager, write report and take it higher to CQC and social services if I needed to". This showed that staff were knowledgeable about safeguarding, which would enable them to keep people safe from likelihood of abuse. Staff also had access to the updated local authority safeguarding policy, protocol and procedure. This policy is in place for all care providers within the Kent and Medway area, it provides guidance to staff and to managers about their responsibilities for reporting abuse. Staff spoken with understood what whistle blowing is about. Whistleblowing occurs when an individual raises concerns, usually to their employer or a regulator, about a workplace wrongdoing or illegality that affects others. They were confident about raising any concerns with the provider or outside agencies if this was needed. One member of staff said, "Austen Allen has a whistleblowing policy and it means I can raise any issues safely and that I am protected if I do. I have never had to use it but could if I needed to".

Staff had received infection control training, staff told us they had a good supply of personal protection equipment and showed they knew how important it is to protect people from cross infection. We observed the branch manager reminding staff about hand washing and using gloves and aprons. The branch manager told us that they wanted staff to make sure they were washing their hands before providing care and before they leave the person's home in order to keep everyone safe from infection.

Care staff knew how to inform the office of any accidents or incidents. They said they contacted the office and completed an incident form after dealing with the situation. The registered manager viewed all accident and incident forms, so that they could assess if there was any action that could be taken to prevent further occurrences and to keep people safe.

Accident and incident records showed that the registered manager completed forms following reports from staff working in the community. The forms detailed what action had been taken as a result of the incidents. For example, one person had a fall at home and was found by care staff on the floor. An ambulance was immediately called and taken to hospital. This was reported to the office staff. This was also recorded in the person's care file in order to alert other care staff to this incident for monitoring purposes.

Staff were provided with appropriate equipment to carry out their roles safely. For example, they were issued with gloves, aprons and hand gel. Staff confirmed that they could access more equipment when required. There was a stock of personal protective equipment (PPE) kept in the office which staff could access regularly to stock up.

# Is the service effective?

## Our findings

People said, "They always ask me first before doing anything. They give me choices". A relative said, "Most of the carers know his capabilities and if he refuses anything they will talk to me and we try and work it out together".

At our last inspection on 19 and 20 December 2016, we identified breaches of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider did not ensure that consent was sought in line with the Mental Capacity Act 2005. We saw that care plans contained references to mental capacity. However, they lacked an underpinning assessment. We asked the provider to take action to meet the regulations. We also made a recommendation about the training programme, which did not contain any provision for safeguarding children and for the registered manager to review all care plans to ensure that they are up to date and reviewed regularly.

At this inspection on 19 February 2018, we found that improvements had been made to ensure that staff supported people within the principles of the Mental Capacity Act 2005.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The procedure for this in community settings is via application to the Court of Protection.

There were procedures in place and guidance was clear in relation to the Mental Capacity Act 2005 (MCA) which included steps that staff should take to comply with legal requirements. Guidance was included in the policy about how, when and by whom people's mental capacity should be assessed. We checked whether the service was working within the principles of the MCA. We found care workers followed the principles of the MCA and people's consent was sought in advance of care being provided. Care workers told us they would always obtain a person's consent before carrying out any care and they understood some decisions may need to be taken in a person's best interests. One care worker said, "I would always respect a person's decision; people have rights to make choices."

People's capacity to consent to care and support had been assessed and recorded within their care plans. A policy and procedure was in place to advise staff on any action they needed to take regarding a person's capacity. Records showed that these had been followed in relation to assessing people's capacity to make certain decisions. For example, people understanding prescribed medicines and consent to care and treatment. People who used the service spoke of how their care workers demonstrated respect and choice. One person said, "They are very respectful".

An induction was completed by all new care workers on commencement of their employment. We were told

by care workers and the office manager this included training, policies and procedures for the organisation. Staff also shadowed (working alongside) existing staff and completed the Care Certificate. The Care Certificate includes the standards people working in adult social care need to meet before they are assessed as being safe to work unsupervised. We saw care workers competency was checked during their induction. One care worker told us; "I have done all of my mandatory training, skills for care certificate and a three day induction when I started which was very informative. They are just rolling out distant learning courses which I am looking forward to." "I have done peg feed training, which really helped us feel confident to support a specific client really well".

The registered manager and provider maintained a training plan which gave an overview of training completed by staff. The training which was part of the induction included safeguarding adults, safeguarding children, medication safe handling, mental capacity act and deprivation of liberty safeguards, moving and handling and dementia care. It was clear at what interval care workers were expected to refresh their training. Records we looked at showed staff training was all up to date. A relative said, "So far from what I have seen, the staff seem well trained".

Care workers told us they felt well supported in their role. They said they received regular supervision and appraisal of their performance which gave them an opportunity to discuss their roles and options for training and development. They told us the registered manager or care co-ordinator carried out spot checks of their performance and they received feedback on how they were fulfilling their role. Care workers told us they found this useful. One care worker said, "I have regular supervision with line manager every six to eight weeks. We identify training needs and she provides feedback and it makes me a better carer. I feel comfortable raising issues; it is a two way conversation".

Staff were matched to the people they were supporting as far as possible, so that they could relate well to each other. The manager introduced care staff to people, and explained how many staff were allocated to them. People got to know the same care staff who would be supporting them. This allowed for consistency of staffing, and cover from staff that people knew in the event of staff leave or sickness.

People's needs with regards to eating and drinking varied. Some people got their own meals and for other people they were provided by relatives or another service. The level of support people required was recorded in their care plans. When staff prepared meals for people, they consulted people's care plans and were aware of people's allergies, preferences and likes and dislikes. People were involved in decisions about what to eat and drink as staff offered options. The people we spoke with confirmed that staff ensured they had sufficient amount to eat and drink. Staff were aware of people's nutrition, hydration and special diet needs. A record was made of what people ate and drank.

People were involved in the regular monitoring of their health. Care staff identified any concerns about people's health to the registered manager, who then contacted their GP, community nurse, mental health team or other health professionals. Each person had a record of their medical history in their care plan, and details of their health needs. Records showed that the care staff worked closely with health professionals such as district nurses with regards to people's health needs. This included applying skin creams, recognising breathing difficulties, pain relief, care and mental health concerns. A social care professional said, "We can only say with regards to people supported to maintain good health, etc. We have not seen anything detrimental. None of our clients have raised any concerns".



## Is the service caring?

### Our findings

People who used the service and relatives told us that staff were caring, treated them with respect and dignity. One person said, "Yes, they treat me with respect and dignity". Another said, "I have no problems. They give me choices". A relative said, "They do talk nicely to her, respectfully and they do not talk over her. They involve her and generally they have a good relationship". Another said, "Yes, they do encourage her and do not force her. They are respectful when they speak to her".

Members of staff spoken with understood how to provide kind and compassionate care? Comments from staff included, "My biggest achievement is being more caring, I have seen a different light to supporting the elderly, and I have become a more caring person because of the role" and "Caring for me it is all about the client, when I help them and they are happy, that makes me feel good. I always make time to chat with my clients".

People were involved in their care planning and their care was flexible. People's care plans detailed what type of care and support they needed in order to maintain their independence and reach goals to improve their lives. For example, the care plan for one person stated, 'Assist with full body wash ensuring that person completes as much for themselves as possible'. A relative confirmed this to us and said, "They will encourage her to wash her face and help with dressing the regular ones know what her capabilities are and will encourage her to do what she can, they also know her moods and how to deal with it". Another care plan stated, 'I would like a towel to be placed over personal area whilst washing'. This showed the service and staff maintained individuals dignity and respect. One person commented in a questionnaire, 'I am happy with the service and my ability to stay as independent as I can'. The daily records showed staff had delivered the care in their care plan but had been flexible and staff had actively encouraged independence and choices. Staff were aware of the need to respect choices and involve people in making decisions where possible.

The service had reliable procedures in place to keep people informed of any changes. The registered manager told us that communication with people and their relatives, staff, health and social care professionals was a key for them in providing good care. The registered manager told us that people were informed if their regular carer was off sick, and which care staff would replace them. People said that when they first started to use the service, it was explained to them that although they were given an exact time when care staff would arrive at their home, there may be a 30-40 minute variance. People confirmed to us that if staff were running late, they do inform them. One person said, "If a carer is very late I will call they do usually call me back". Another person said, "They do usually let me know if they will be late it's usually within half an hour".

Staff had a good understanding of the need to maintain confidentiality. People's information was treated confidentially. Personal records other than the ones available in people's homes were stored securely in the registered office. People's individual care records were stored in lockable cupboards. Staff files and other records were securely locked in cabinets within the offices to ensure that they were only accessible to those authorised to view them.

## Is the service responsive?

### Our findings

People told us staff were responsive to their needs. One person said, "Yes, they do come on time and even earlier at times". Other said, "Carers understands my needs according to the care plan" and "My care is going very well, they are excellent. I have no complaints or concerns".

At our last inspection on 19 and 20 December 2016, we identified breaches of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider did not ensure that care was consistently delivered in a person centred way. Care plans lacked pre-assessment information, which meant that new clients may not receive a person centred service and care plans were not detailed. We also made a recommendation that the registered manager should review all care plans to ensure that they are up to date and reviewed regularly.

At this inspection on 19 February 2018, we found that improvements had been made. Pre-assessment information were in care plans and they were detailed. They had been written in consultation with people to ensure they contained information about their individual choices, preferences and support needs.

The provider had developed an improved care plan, which was very detailed and consistent with the pre-assessment carried out regarding people's needs and risk assessments before the care began. Care plans had been developed in consultation with each person and included all aspects of the person's health, social and personal care needs. They discussed the length of the visits that people required, and this was recorded in their care plans. Clear details were in place for exactly what care staff should carry out whilst they were supporting people. Such tasks includes care tasks such as washing and dressing, helping people to shower, preparing breakfast or lunch, giving drinks and turning people in bed. The staff knew each person well enough to respond appropriately to their needs in a way they preferred and support was consistent with their plan of care. This ensured that the service was able to respond effectively to meeting the needs of people they planned to provide support to. The care files included information from the placing authorities that detailed their care and support needs.

Staff were informed about the people they supported as the care plans contained information about their backgrounds, family life, previous occupation, preferences, hobbies and interests. The plans included details of people's religious and cultural needs. The registered manager matched staff to people after considering the staff's skills and experience. Care plans detailed if one or two care staff were allocated to the person, and itemised each task in order, with people's exact requirements. This was particularly helpful for care staff assisting new people, or for care staff covering for others while on leave, when they knew the person less well than other people they supported, although they had been introduced.

The care coordinator carried out care reviews monthly with people and was in touch with them to make sure people's needs were being met. Any changes were agreed with the person, and the care plans were updated to reflect the changes. Care staff who provided care for the person were informed immediately of any changes. Care plans were also reviewed and amended if care staff raised concerns about people's care needs, such as changes in their mobility, or in their health needs. The concerns were forwarded to the



appropriate health professionals for re-assessment, so that care plans always reflected the care that people required. Everyone we spoke with told us they had up to date care plans in place. One person said, "The care plan is in place the care manager came recently and had a meeting with me to discuss an increase in his care". A relative said, "They were constantly updating me and the care plan and checking with me all was okay".

People were given a copy of the service's complaints procedure, which was included in the service users' guide. The information included contact details for the provider's head office, social services, local government ombudsman and the Care Quality Commission (CQC). People told us they would have no hesitation in contacting the registered manager if they had any concerns, or would speak to their care staff. One person said, "I am happy with my care. I have no concerns at all". One relative said, "On the whole I am happy with the service they give, if I wasn't I would complain". Staff were aware of the complaint procedure and one member of staff said, "If I was dealing with a complaint I would sit and listen to what they had to say and pass complaint information to my manager." "I have raised issues in the past that have been properly dealt with".

The registered manager dealt with any issues as soon as possible, so that people felt secure in knowing they were listened to, and action was taken in response to their concerns. The registered manager visited people in their homes to discuss any issues that they could not easily deal with by phone. They said face to face contact with people was really important to obtain the full details of their concerns.

## Is the service well-led?

### Our findings

People said, "Yes, I am quite happy with the care. I know I can go to their manager if I have any concerns". A social care professional told us, 'The service appears to be well managed, we can always get hold of the Co-ordinators and discuss anything about the clients and they are always co-operative'. Another said, 'The service is well managed'.

At our last inspection on 19 and 20 December 2016, we identified breaches of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not ensured that quality monitoring systems were effective in highlighting shortfalls in the service. Areas for improvement that had not been identified in the quality audit included, care plans that had not been updated for over two years, risk assessments that were partially blank, medicines systems that were not safe to use and mobility assessments that had not been completed.

At this inspection on 19 February 2018, we found that improvements had been made. The provider had reviewed and amended quality monitoring systems. There had been improvements in most areas and the provider was working towards addressing other areas where shortfalls had been identified.

The provider had developed a planned programme of monitoring and audits to assess the effectiveness of the service and the outcomes for people. A head of quality had been appointed and a policy statement set out how the service planned to achieve and maintain its standards of practice. A programme of audits was in place which covered all areas including staff training and supervisions, complaints, safeguarding, care plans, risk assessments and daily contact sheets. As a result, the service was more effective in highlighting shortfalls and taking action to resolve them. Audits had highlighted inconsistencies in medicines recording and as a result the provider planned to introduce an electronic medicines recording system in March 2018. In the short term, action was being taken to address these shortfalls as they arose, but these inconsistencies continued. Audits of staff files had identified that there had been difficulties in obtaining staff references when they were requested, but staff had commenced work without all their references being obtained.

We recommend that the provider seek advice and guidance from a reputable source, about the implementation of a robust audit system.

A new care planning and risk assessment format had been introduced which was person centred and this documentation had been appropriately completed so it gave a holistic picture of each person and their care and treatment. A new software package had been installed which enabled the service to monitor staff rostering and this had provided better outcomes for people with regards to regular care staff. The computer programme also meant that the service could more easily analyse how effectively systems were working, access auditing information and see in real time when staff were visiting and leaving a person's home so any delays could be more easily identified and communicated.

The registered manager was responsible for overseeing the day to day running of this and another of the provider's services. They worked with the provider and were supported by a team of staff. The registered

manager and their staff team understood the values of the service which were to put people first, be supportive and have a positive teamwork ethic. Feedback from people, relatives and social care professionals confirmed that these aims were met by the staff team. There was an open door policy and staff said that the registered manager was available, listened and responded to them and was very supportive. Staff said that as a result they felt valued and proud to work for the service.

Our discussions with people, the director, registered manager, office manager and staff, including our observation when we inspected showed us that there was an open and positive culture that focused on people. The service had a culture of fairness and openness, and staff were listened to and encouraged to share their ideas. Care workers said they enjoyed working for Austen Allen and they received good support from the registered manager and office staff. One care worker said, "The management do a really good job, always there to listen if I have a problem. They have an open door policy and they are really supportive". Another said, "I find the management of the service to be very good, I feel supported. I have personal issues which are accommodated by the management, they are very understanding of my personal situation. They have been fantastic to me".

The management team included the director, registered manager and the office manager. The director was in attendance for our feedback. The registered manager was familiar with their responsibilities and conditions of registration. The registered manager had set targets for staff supervisions, spot checks, risk assessments and care reviews, and this work was on-going. It was clear that the registered manager showed a passion to ensure that people were looked after to the best of their ability.

There were a range of policies and procedures governing how the service needed to be run. The registered manager followed these in reporting incidents and events internally and to outside agencies. The registered manager kept staff up to date with new developments in social care. All staff had been given an up to date handbook which gave staff instant access to information they may need including policies and procedures.

Communication in the service had been improved through handovers with on-call staff and regular office meetings. There were also meetings with the management team and with the providers other service. At these meetings, any concerns, actions or issues were discussed and addressed. Staff were kept informed of any changes, training they needed to complete and also thanked for their support through regular newsletters. However, some staff felt that communication by office staff could be improved upon. A care staff said, "The management of the service is ok, sometimes you can't speak to manager when she is busy which I understand but the office staff aren't passing on messages quickly enough. Staff morale is good, the ones I work with are a massive support, and we contact each other for guidance". Another said, "Work wise, on the whole, I don't think the management give enough support or appreciation but the manager is lovely and supports me individually. But it could be better run in terms of communication". Staff knew they were accountable to the provider and the registered manager. They said they would report any concerns to them. The provider had regular contact with all care staff, and staff confirmed they were able to voice opinions. We asked staff if they felt comfortable in doing so and they replied that they could contribute and 'be heard', acknowledged and supported.

We recommend that the provider seeks further guidance on how to improve communication from office staff to people who use the service and carers about changes in order to meet people's needs.

Feedback from people about the quality of the service was undertaken through an annual survey. The results of the survey in 2017 were that everyone rated the care and support they received as good, very good or excellent. When asked 'How would you rate Austen Allen?', 16 out of 64 responses rated 'excellent', 21 rated 'very good', nine rated 'good', two rated 'adequate', one rated 'poor' and 15 with no ratings. However,

some people clearly commented on the need for improved communication with office staff as we found during our inspection. For example, one person said, 'Sometimes, there is no communication from office staff'. The provider had put action plan together to address this by informing office staff that they needed to continue to work harder on improving communication with people. This was being monitored as on going by the provider. Everyone said that their privacy was respected. Comments about what people thought was particularly good about the nature of the staff team who they said were, 'Always polite and no one is ever rude'. The actions from the survey were to introduce a new care planning system to improve communication and continuity of staff. The provider had introduced a programme of planned telephone calls to people every three months in order to be more proactive in checking the quality of the service and identifying anything that needed to be changed. Overall there had been positive feedback from people although there had been a few comments about lack of communication and changing staff which had been passed to the registered manager to address with the individuals concerned. Auditing processes had identified that these telephone checks were taking place for people six monthly rather than yearly as originally planned.

The registered manager was aware of when notifications had to be sent to CQC. These notifications would tell us about any important events that had happened in the service. Notifications had been sent in to tell us about incidents that required a notification. We used this information to monitor the service and to check how any events had been handled. They were aware of the statutory Duty of Candour which aimed to ensure that providers are open, honest and transparent with people and others in relation to care and support. The Duty of Candour is to be open and honest when untoward events occurred. The registered provider confirmed that no incidents had met the threshold for Duty of Candour. This demonstrated the registered manager understood their legal obligations.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. We found the provider had conspicuously displayed their rating at the service and on their website.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  The registered provider was not operating effective recruitment procedures.  Regulation 19 (1)(a)(3) (a)