

Audley Willicombe Limited

Audley Care Tunbridge Wells

Inspection report

Willicombe House
Willicombe Park
Tunbridge Wells
Kent
TN2 3UU

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Website: www.audleycare.co.uk

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

Audley Care Tunbridge Wells provides care and support to people who want to retain their independence in their own home. The service was located on the same site as a sheltered housing scheme and provided care and support to people who lived there and who lived in the community. At the time of this inspection 50 people were using the service.

There was a registered manager at the service. 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 2008 and associated Regulations about how the service is run.

The service had safeguarding and whistleblowing policies in place and staff knew what action to take if they suspected someone was being abused. The provider had a system in place to protect people from financial abuse. Safe recruitment checks were carried out. People had risk assessments carried out to ensure safe care was provided and potential risks were minimised. There were systems in place to ensure people were supported to manage their medicines safely.

Staff were supported with regular training opportunities, supervisions and appraisals. The registered manager and staff were knowledgeable about their responsibilities around the Mental Capacity Act (2005) and when they needed to obtain consent from people. Staff supported people with meal preparation and were aware of people's nutritional requirements and food preferences.

Staff were aware of people's needs and how to develop positive relationships. People and relatives thought staff were caring. Staff demonstrated their awareness of how to provide dignified care, respect people's privacy and encourage independence.

Care plans were personalised and staff demonstrated awareness of providing personalised care. Complaints were dealt with appropriately and in accordance with the provider's policy.

The provider had systems to check the quality of the service provided. People and staff were asked for their views about the service. Staff had regular staff meetings to receive updates on the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. Relevant recruitment checks were carried out for new staff and criminal record checks were up to date. Staff were knowledgeable about safeguarding and whistleblowing procedures.

People had risk assessments in place to ensure risks were minimised and managed. The provider had arrangements in place to manage people's money and to reduce the risk of financial abuse. There were appropriate arrangements in place for the administration of medicines to ensure people received their medicines as prescribed.

Good 

Is the service effective?

The service was effective. Staff were supported because they received regular supervisions, performance appraisals and training opportunities.

The provider was knowledgeable about what was required of them to work within the legal framework of the Mental Capacity Act (2005). Staff were aware of when they needed to obtain consent from people.

Staff were aware of people's dietary requirements. The provider worked with healthcare professionals to assist people to meet their health needs.

Good 

Is the service caring?

The service was caring. People and relatives thought staff were caring. Staff demonstrated a good understanding of people's needs. Care plans included information about people's wishes around resuscitation at the end of their life and if the person had a lasting power of attorney arrangement to make decisions on their behalf.

People received a customer guide which contained information on the standard of care they could expect to receive. Staff were

Good 

knowledgeable about respecting people's privacy and dignity. People were offered choices and were assisted to maintain their independence.

Is the service responsive?

Good ●

The service was responsive. Care plans were comprehensive and were written in a personalised way. Staff knew how to deliver care in a personalised manner and were aware of people's preferences.

People and their relatives knew how to raise concerns or make a complaint. The provider had a complaints policy and complaints were recorded and responded to in accordance with the policy. The service kept a record of compliments received. Complaints and compliments were used by the provider to improve the service.

Is the service well-led?

Good ●

The service was well led. People, relatives and staff spoke positively about the management team. The provider regularly obtained feedback from people and staff.

The provider had systems to audit the quality of the service provided. These systems included feedback surveys, spot check visits and quality monitoring visits. The service had regular meetings for care staff and office staff.

Audley Care Tunbridge Wells

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 19 December 2016 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. One inspector carried out this inspection.

Before the inspection, the provider completed a Provider Information Return (PIR). 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. We looked at the evidence we already held about the service. This included the last inspection report and notifications the provider had sent us. We also contacted the local authority to obtain their views about the service.

During the inspection, we spoke with the registered manager and one person who used the service. We reviewed six care records, three staff files and records relating to the management of the service including medicines, staff training, complaints, policies and quality assurance. After the inspection, we spoke with two people who used the service, three care staff and two relatives.

Is the service safe?

Our findings

People told us they felt safe with care staff. One person told us, "Oh yes, I feel safe with every one of them." A relative told us, "Absolutely safe."

Staff confirmed there were enough care staff working. One staff member told us, "If [care worker] is off sick, we all pull together and help each other out." The registered manager told us a small team of care staff was allocated to each person using the service to ensure there were always staff available if their regular carer was absent. People and relatives confirmed this was the case.

The registered manager told us people who used the service had a folder in their homes which contained an electronic tag which staff scanned with their mobile phone to log their arrival and departure times. This information was transferred wirelessly to the office and alerted office staff if a call was missed. This meant the provider could take immediate relevant action and arrange alternative cover if needed.

There was a process in place for recruiting staff that ensured relevant checks were carried out before someone was employed. For example, we found staff had produced proof of identification, confirmation of their legal entitlement to work in the UK and the provider had received written references. New staff had criminal record checks carried out to confirm they were suitable to work with people and the provider had a system to obtain regular updates. This meant a safe recruitment procedure was in place.

Staff confirmed they had received training in safeguarding and whistleblowing and were knowledgeable about how to recognise and report concerns of abuse. One staff member told us, "If you are not happy with how someone else [care worker] is working, report it." Another staff member said, "Whistleblowing is when I feel that something's not right and I can report it. There's a folder in the office with the information." A third staff member told us, "I would report [abuse] to the manager, the police, social services."

The provider had up to date safeguarding and whistleblowing policies which gave guidance to staff on who to contact if they had concerns. Two safeguarding incidents had taken place within the six months prior to inspection. The provider had notified CQC and taken appropriate action in both cases.

The provider also had a policy on handling money which gave guidance to staff on when they are allowed to handle money belonging to people using the service and the procedure they must follow. The service had a system in place for recording financial transactions on behalf of people who used the service. We reviewed these records and saw transactions were detailed and signed by the person who used the service and the care worker and receipts for money spent were kept.

The provider had people's money stored securely. Records showed that people who had money stored in the office safe had risk assessments which included what the money could be used for. For example, one person's risk management plan stated, 'Money held in office safe for shopping – a senior member of the team will gain access for the PA [care worker] and sign all log transaction sheets. Receipts and change must be given to the senior member. [Family member] brings in money when low.].' This meant the risk of

financial abuse to people who used the service was minimised.

People had detailed and up to date risk assessments documented in their care plans to assess the safety of delivering care in the person's home. For example, one person's risk assessment stated, 'Steep staircase so care worker to take extra care on staircase and [person who used the service] to use the stair lift.' Another example was for one person who smoked cigarettes in bed. The risk management plan stated, '[Person who used the service] has agreed to refrain from smoking when PA's [care workers] are visiting. A smoke detector and fire retardant sheets have been provided.' Other risk assessments included general and physical health, moving and handling, mental health and emotional well-being, medicines, money, electrical appliances and lone working. This meant that risks to people who used the service and to care staff were mitigated.

The provider had an out of hours on call system shared between the registered manager, quality co-ordinator and the two senior staff. This meant staff could get assistance, advice and support if needed outside of office hours.

Appropriate arrangements were in place for the safe management of medicines. One person we spoke with confirmed that staff administered medicines to them and told us, "They've got a tight list set out by the doctor. They adhere to that faithfully." Staff had up to date training and competency testing relating to medicines administration. People's medicine administration records (MAR) sheets gave information on each of their prescribed medicines.

The service had a comprehensive medicines policy which gave clear guidance to care staff of their responsibilities regarding medicines management. MAR sheets were kept at people's homes and were brought to the office on a monthly basis to be checked. Records showed the registered manager signed off the MAR sheets after they were audited. We reviewed the audit for the November 2016 MAR sheets and saw it was noted that all were completed correctly with the exception of red or blue pen being used by some care staff. The audit noted that reasons for not giving a medicine were correctly stated on the back of the MAR sheets where appropriate. The audit also noted care staff had stated the time of administration on the front of the MAR sheets. The registered manager confirmed that any issues such as using the wrong colour pen was discussed with the care staff concerned.

Is the service effective?

Our findings

People and relatives told us care staff had the skills needed to provide them with the care they needed. One person told us, "Yes they do." Another person said, "Very satisfied." A relative told us, "We are very happy with the care they provide. They are very proactive." Another relative told us, "Audley is a very good company. No problems at all."

Staff confirmed they had regular opportunities for training and skill development. For example, one staff member told us, "We do training online [e-learning] every month. Audley's training is so above others [agencies]."

Records showed staff had regular training opportunities in a classroom setting and through e-learning on the computer including refresher training in mandatory courses. For example the training matrix showed that training staff completed included fire safety, first aid, fluid and nutrition, food allergens, infection control and the Mental Capacity Act 2005.

New staff received induction training which included five days based in a classroom covering topics such as moving and handling, medicines, first aid, food hygiene and dementia. Records showed that new staff received an average of three mentoring days where they worked alongside senior carers. The registered manager told us they spent time with each new staff member to give general employment information such as accessing the online human resources system, holidays, sickness and how to access policies.

Records showed that new staff were given a Care Certificate workbook which they had to complete within the first twelve weeks of employment. The Care Certificate is training in an identified set of standards of care to help staff who are new to care work to deliver care effectively. The service had a system of carrying out observations of new staff working to check they were meeting the competencies required for the Care Certificate to be awarded. Records confirmed this.

The registered manager told us new staff completed a probationary period which lasted a maximum of six months, but a review took place after three months of employment at which point the staff member's probationary period could be signed off or extended.

Records confirmed that staff received support through regular supervisions. The registered manager told us that staff received supervision every three to six months. Care quality checks were carried out every three months and recorded prior to supervision meetings taking place so that any issues could be discussed. Staff files showed that supervision discussions included what the staff member had done well and any difficulties they were having. Staff received yearly appraisals when staff could discuss their performance over the last year and review their personal development plan.

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. We checked whether the service was working within the principles of the MCA. Records showed one person was receiving care as a result of a Best Interests decision due to the risk of self-neglect. We saw this was documented correctly in line with the principles of the MCA.

Staff told us when they should obtain people's consent and confirmed they asked people for permission before carrying out care tasks. Records showed that people had agreed to their support by signing a consent to care form and signing an agreement to the service's terms and conditions. One staff member told us, "I always ask their [person who used the service] permission to do things." Another staff member said, "Have to get consent all the time even with someone lacking capacity, you still need to get consent but it's still a work in progress." A third staff member told us, "I always ask, 'What would you like me to do?'"

Staff and records confirmed that some people who used the service received assistance with food preparation or through food deliveries from the provider's onsite restaurant. Staff were knowledgeable about people's individual nutritional needs and food preferences. For example, one staff member told us, "[Person] is gluten free and quite a few [people who used the service] are diabetic." Records showed that people had nutrition and hydration charts for care staff to complete when there were concerns about malnutrition or dehydration.

Records showed the service worked closely with health professionals to ensure people's health needs were met. For example, one person's care plan stated they were to have their blood sugar monitored under the district nurses instructions and that person used sweetener instead of sugar.

Is the service caring?

Our findings

People and relatives told us staff were caring and gave positive comments about care provided. One person who used the service told us, "They're extremely good here." Another person told us, "They're very good. The girls [care staff] are all very caring. Even if you want them to water the plants, they will do." A third person told us, "Oh yes, [care staff] very caring indeed. I'm very satisfied."

Care staff demonstrated awareness about developing positive relationships with people who used the service and were knowledgeable about people's care needs. One staff member told us, "Getting to know them, to be honest, and chatting to them. A lot of [people who used the service] just want friendship." Another staff member told us, "I try to find a common ground with [people who used the service]. I talk to them about their families. My personality is I am a nurturer." A third staff member told us they got to know people, "By talking and listening to [people who used the service]."

Care records showed when people had a Do Not Attempt to Resuscitate form (DNAR) in place. This meant people's wishes could be respected at the end of their life. Care plans also documented if a person had a Lasting Power of Attorney (LPA) which is a legal document that allows a person to appoint one or more people to help make care or financial decisions on their behalf if they lacked mental capacity at some time in the future or no longer wish to make decisions themselves.

The registered manager told us and records showed there was nobody currently using the service where equality and diversity issues applied in terms of sexuality or ethnic diversity. The training matrix showed that staff received training in equality and diversity. People using the service received a customer guide which gave clear guidance about the standard of care they could expect to receive from staff which included that people could expect to be treated equally and fairly, have their dignity respected at all times and be encouraged to be as independent as possible. The provider also had a confidentiality policy which gave clear guidance to staff about maintaining confidentiality.

Staff demonstrated awareness about how to give dignified care. One staff member told us, "When [person who used the service] are naked, if you are washing them, always cover them up. If [person who used the service] is using the toilet, I always go out of the room. I always say, 'just shout when you are finished'." Another staff member told us, "I make [people who use the service] feel safe. Make sure curtains are closed and towels are covering them." A third staff member told us, "Make sure there's nobody else in the room. Cover them with a towel and make sure all the doors are closed."

Staff were knowledgeable about how to maintain people's independence. One staff member told us, "By encouraging [person who used the service] to do things. I try to get the person involved in what I'm doing." Another staff member told us, "Try to get them to do as much for themselves. One [person who used the service] always says, 'You give me confidence'." A third staff member told us, "I try to encourage them to do as much as they can and if they can't manage, I help them."

Is the service responsive?

Our findings

Staff were knowledgeable about giving personalised care. One staff member told us, "I try to always give [person who used the service] the choice. Everyone is different and they [people who used the service] have the right to change their mind." Another staff member said, "Depending on who the person is, how they like things on a daily basis can change." A third staff member told us, "It's for the individual, for their [care] needs and to what they require and what they like."

People received an assessment of their needs before the service began or if care was required urgently, the assessment was done within the first 24 hours. Records showed that new care packages were reviewed within the first two weeks. Care plans were personalised and stated whether they preferred to be addressed by their first name or their title and surname. People's preferences were recorded, for example, one person's care plan stated that they liked one glass of sherry a day.

A relative told us the service, "Review [care plan] every few months." Records showed people's care plans were reviewed every six months and sooner if there was a change in need. For example, we saw one person's care plan had been reviewed on 16 November 2016 which resulted in additional care visits due to increased needs. Records showed that people were supported by staff to go shopping or to the hairdressers when this was part of their care plan.

People told us they knew how to make a complaint but had not needed to. One relative told us, "No complaints." Another relative told us they had previously had a concern and had phoned the office to discuss this. They confirmed the issue was resolved in a timely manner and to their satisfaction.

The provider had a comprehensive policy on receiving complaints and compliments. Records showed that three complaints had been made in 2016. We saw this was acknowledged on the same day of receipt and dealt with in a timely manner and to the complainant's satisfaction. For example, another agency had raised concerns that one person's key safe had been left open. On investigation, it was found new care staff had not been aware of the need to enter the code when they closed the key safe door. The registered manager apologised to the agency and sent an email to staff reminding them of how to close key safe doors.

Compliments received by the service in 2016 included, a call to the office to say "very impressed with [care worker], can be left to get on, is thorough and has requested to have [care worker] as much as possible," "Thank you very much for the care and kindness you and your staff gave" and "We want to take this opportunity to thank you hugely for all the practical love and care you gave [person who used the service]. In our experience and opinion the care you have shown [person who used the service] goes far beyond the expected. We appreciated all this enormously."

Is the service well-led?

Our findings

The service had a registered manager. People and relatives gave positive feedback about the management team. One person told us, "The manager is fine." One relative told us, "[Senior Carer] comes to check regularly." Another relative told us the management team were, "Approachable."

Staff told us they felt supported in their care working role. One staff member told us, "They [the management team] do encourage you." Another staff member told us, "[Registered manager] is the best boss I've ever had by far." A third staff member told us, "I feel I can ask anybody there [management team] and they all seem very helpful."

People and relatives told us they were regularly asked for feedback and one relative said, "I do [feedback] all the time." The provider had a system of obtaining feedback annually from people who used the service which they used to make improvements to the service. We reviewed the outcome of the 2016 customer survey and saw 36 people had responded. The provider had drawn up an action plan to respond to issues raised and actions were documented as completed on 14 November 2016. For example, 22% of the survey respondents had indicated that the service never or rarely notified them in advance if a different carer would be visiting. The action taken around this was that each person using the service was sent a copy of their weekly visit sheet with the names of the carers that would be attending and any changes to this was communicated by telephone.

The provider held meetings for care staff quarterly and for office staff weekly. Staff told us they found these meetings useful. For example, one staff member told us, "It's useful for if we have any questions and to get updates it's very important." We reviewed two recent office staff meeting records from 21 November 2016 and 7 December 2016. Topics discussed included staff contracts, care plan reviews, spot checks and new packages. At the care staff meeting held on 11 July 2016, topics discussed included the introduction of new care staff, confidentiality, new people using the service, mental capacity and the new training system. Records showed at the care staff meeting held on 25 October 2016, topics of discussion included working at Christmas, the staff survey, medicines, issuing of mobile phones to care staff to use for reporting activity and care staff were advised to continue logging their visits on paper as well so the new mobile phone system could be cross-referenced.

Staff were asked to complete feedback surveys about their experience of Audley Care as an employer. We saw out of 27 staff employed at the service, 16 staff had completed the feedback questionnaire. For example, the survey showed all staff indicated they were satisfied with the training they received and they knew what was expected of them as care workers.

Records showed the care co-ordinator emailed staff on a weekly basis to thank them for their input, raise concerns, update on changes in people's needs or new customers starting and to remind of good working practices. The provider held a branch manager of the year award and care staff of the year award voted for by peers and customers (one care staff for each branch). The provider also gave a gift to each staff member at Christmas

Quarterly spot checks were done by senior carers and the care quality supervisor to check that care staff were complying with the provider's policies, following the person's care plan and meeting the provider's customer service standards. The second part of the form used for this purpose was used to obtain feedback from the person using the service and included care staff punctuality and whether the staff member stayed the required amount of time, Staff records showed they received feedback in supervision meetings about the observation.

Records were kept of carers visits and were stored in the person's home. These were brought to the office on a monthly basis to be checked. For example we reviewed the audit of the October 2016 visit records for six people and saw no issues were found for three people's records. The registered manager confirmed that issues found for the other three people's records included record keeping. Records showed the registered manager regularly checked that visit records audits had been completed in a timely manner and that care plans had been reviewed when they should have been.