

Audley Care Ltd

# Audley Care Ilkley

## Inspection report

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15 July 2016

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

On the 7, 8 and 15 July 2016 we inspected Audley Care Ilkley. At the time of our inspection, there were 22 people using the service. This was an unannounced inspection.

Audley Care provides care and support services for people living in their own homes. It is based in Ilkley and supports people who live in the surrounding area. There is good disabled access to the Audley Care office with parking also available.

The service had a registered manager in place at the time of our inspection. 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. The registered manager was present throughout the inspection.

People were complimentary about the service they received. They said they had developed a good relationship with staff and felt safe, as staff knew them well. They said staff arrived on time or rang them if they were running late.

People told us they never felt rushed and enjoyed their time with staff. They said staff promoted their privacy and dignity and supported them in a caring manner.

People were aware of how to make a complaint and would confidently raise any issues of concern or abuse, if required.

Staff supported or prompted people with their medicines in a safe way, although appropriate documentation was not always completed.

The service regularly asked people their opinion of the service and were fully involved in the development of their care plan. People told us the service was responsive to their needs and their visit took place at a time which was convenient to them. They said the office staff were flexible and able to change their visit at short notice if needed.

People's care records were person centred and created around their needs. Regular reviews were completed to reflect people's current support needs. People told us they received their care in line with their requirements and said staff knew them well.

Any risks had been identified and risk assessments formulated when working with people. These records made it clear where risks were and how to minimise risks. Environmental assessments were completed before people came to use the service.

Staff told us the consistency of visits enabled them to develop relationships and know people's likes and dislikes. They said they were given sufficient time to travel from one person to another and had adequate time within each visit to support people effectively. They said this meant they were rarely rushing or running late for visits.

Staff told us they had the required training to do their job effectively but could ask for additional support if they were not sure about a particular topic. Staff told us they were very well supported and received regular informal and formal support from the management team.

The service was well managed with clear leadership. The registered manager had developed a range of systems since their appointment and was committed to improving the service further.

There were enough staff to support people effectively with focused recruitment taking place to accommodate new care packages. People were given consistency through the allocation of their visits. Regular audits, telephone interviews or visits to people were effectively monitoring service provision.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People told us the service was reliable and there were no issues with late or missed visits.

Individual risks to people's safety were appropriately identified and acted on to enhance people's safety.

There were enough staff to effectively meet people's needs. Recruitment practices ensured all new staff were suitable for their role.

### Is the service effective?

Good ●

The service was effective.

People received support from a small team of staff who knew them well.

Staff felt valued and were well supported. Staff received a range of training to help them do their job effectively.

People were happy with the nutritional support they received from staff.

### Is the service caring?

Good ●

The service was caring.

People were positive about the staff and the service they provided.

The consistency of visits enabled relationships between people and staff to be developed. This enhanced the quality of interactions and people's confidence.

Staff promoted people's rights to privacy, dignity, choice and independence.

### Is the service responsive?

Good ●

The service was responsive.

Staff were responsive to people's needs, which enabled individuals to live in their own home and follow their preferred interests.

Each person had a care plan, which identified the tasks to be completed in a person centred way.

People received regular reviews to ensure their care remained appropriate and any required changes were made.

People knew how to raise a concern but did not feel the need to do so.

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

The service was well-led.

The registered manager provided clear leadership and was committed to the development of the service.

A range of audits were being used to assess, monitor and improve the safety and quality of the service.

People were encouraged to give feedback about the service.

**Good** ●

# Audley Care Ilkley

## **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 the 7, 8 and 15 July 2016 and the visit was unannounced. We last inspected Audley Care Ilkley in September 2014 when we found it compliant in all areas inspected at that time.

The inspection team consisted of one inspector.

Before the inspection we reviewed the information we held about the service. This included speaking with the local authority contracts and safeguarding teams. We asked the provider to complete 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. This document was completed and returned to us.

We looked at how people were supported throughout the day with their daily routines and activities. We observed staff carrying out their duties. These included supporting people with their preferred activities. We assessed if people's care needs were being met by reviewing their care records.

We looked at three care records for people that used the service and three staff files. We spoke with four people who used the service, the registered manager, the care co-ordinator and two support workers. We looked at quality monitoring arrangements and other staff support documents including supervision records, team meeting minutes and individual training records.

# Is the service safe?

## Our findings

Some people told us they managed their medicines independently. Staff confirmed this. They told us people were encouraged to manage their own medicines, as this promoted their independence and control. People received their medicines from the pharmacist in a way that suited them. For example, one person used a blister pack system. A blister pack system is a storage system, designed to simplify the administration of solid, oral dose medicines. Staff told us most people were prompted or asked if they had taken their medicines or were supported in applying creams and ointments due to people's dexterity.

The provider had a medicines policy in place. The medicine policy stated how staff were to 'prompt' or 'administer' people's medicines. We asked staff how they supported people with their medicines and we found current practice was safe. Medicines Administration Records (MAR) were completed in full and signed by staff after administration.

People's care records indicated to staff if they required a 'prompt' or if they needed their medicines administered. If people required their medicines to be administered, their care records had more detail describing how they liked to take their medicines. For example, one person's care records told us they liked their medicines with a drink after a cup of tea. However we noted one person's care records listed their current medicines had not been updated since September 2015. We checked this record against their current MAR and found the list of medicines did not entirely match. We mentioned this to the registered manager and they said they would update their records to match their current medicines. We saw some people's medicines risk assessments had not been completed. The registered manager agreed to put this in place as a matter of urgency.

People told us they felt safe for a number of reasons. One person told us, "The staff enter my home and I trust them." One relative told us, "There's no problem with the safety of staff, I trust them and there has never been a problem." Another person said, "I feel safe as I know they're keeping an eye on me. It's someone looking in on you. It gives you peace of mind."

The registered manager and staff told us there were currently enough staff to support people effectively. At times of staff sickness or annual leave, the existing staff team provided cover. The registered manager told us staff were committed to supporting people and were happy to do so when required. The registered manager told us staff were very good at their jobs and were punctual and as they normally supported the same people, there were no difficulties in ensuring all visits were allocated effectively. The registered manager and staff told us there were rarely missed calls. If staff were running late, they would call the office to inform them. This information would then be passed on to the person concerned. Staff told us they received travel time and were given enough time to support people effectively. This meant late calls were rare. Staff told us arriving late for a call was not a usual occurrence, only happening if a person's support was 'running over' or extensive traffic.

People told us they had never experienced a 'missed' visit, where a member of staff had not arrived to support them. They said staff could occasionally be a little late but this was rare and not a problem. People

said the reason for lateness was generally traffic or they were supporting someone else who required additional support, which could not be helped. For example, on the day of inspection staff were supporting a person who was not feeling well and they had to call an ambulance. If staff were running very late, people told us staff or the office would inform them so they did not worry. One person told us, "I never worry about them not coming, as I know they will. They're so reliable." A relative told us, "They always arrive when they say they will. I'm sure they would ring if there was a problem." The registered manager investigated all 'missed calls' to prevent reoccurrence. The service had two 'missed calls' in 2016 and both were fully investigated and analysed for any improvements that could be made.

People told us they would inform the registered manager or the office if they experienced any poor practice or were mistreated. One person told us, "It would never happen but I know I can speak with the manager." Another person told us, "I know all the staff that visit me well, there's no problem there."

Staff told us they had received updated training about keeping people safe. They said they would immediately raise any suspicion or allegation of abuse with the registered manager. One staff member told us, "We would report anything that worried us straight away, after we made sure the vulnerable person was safe." Another member of staff told us, "The manager is really good and she would deal with any problems we came to her with." Staff were confident any issue would be properly investigated, in line with local safeguarding procedures.

The registered manager was clear about their responsibility to report any suspicion or allegation of abuse. They said safeguarding procedures and contact details for reporting purposes were readily available for reference if required. They said all staff were given a copy of local safeguarding procedures, within the staff handbook, when they started employment with the agency.

Assessments regarding potential risks to people and staff had been undertaken. These covered aspects such as environmental hazards and lone working. Staff told us they would inform the office if they came across a hazard in relation to a person's support or their property. They were confident any issues would be properly addressed.

The registered manager told us they filled staff vacancies as soon as possible. However, they told us they had strict criteria and would only accept applicants who were suitable for the role. This included having the right attitude, being open to criticism and professional development. The registered manager told us they would be involved in all interviews of prospective new staff. Records showed the agency's recruitment policy had been properly followed. Each applicant had completed an application form, provided evidence of their identity and had supplied details of two people, who were able to comment on their character and work performance. A Disclosure and Barring Service check (DBS) had been undertaken to ensure they were suitable to work with vulnerable people. Records showed details of the person's interview and details of their appointment.

Accident and incidents were monitored by the registered manager. All accidents and incidents were recorded on provider documentation and were submitted to the registered manager for their review. The registered manager told us they looked at all accidents and incidents that had taken place to see where the service could be made safer for people and to look for trends. This information was then audited and figures were passed to senior management. We saw accidents and incidents had been recorded in line with the provider's policy.



## Is the service effective?

### Our findings

Audley Care Ilkley had a team of 16 staff who supported people in the community and in the retirement village. This included a registered manager and an administrator who were based in the office and a care coordinator, customer care supervisor, 11 personal assistants and a domestic member of staff who supported people with cleaning. The registered manager told us the size of the agency enabled people to be supported by the same staff to ensure consistency of care. They said a newsletter was circulated to people who used the service indicating any staff changes and introductions to new staff where necessary. This ensured there were no surprises if other staff had to provide support to people in the event of staff sickness. Office staff told us they also met people who received a service in person. This enabled people to relate to staff when calling the office.

Staff told us they always supported the same people and if a new care package was introduced they would meet the person before assisting them. They said this ensured consistency and enabled positive relationship to be built. Staff told us they knew people well and knew where things were kept in their properties due to regular visits. They said this meant they did not have to keep asking for things, which could be frustrating for the person. Staff also told us they became familiar with people's likes, dislikes and personal preferences. One member of staff told us, "I have a great relationship with people. As I see people regularly we always start up a conversation and can have a laugh," and, "I know how they like things done, everyone likes things done in certain ways." Another member of staff told us consistency made interactions less stressful for them and the person, particularly during intimate personal care.

People told us they felt staff were well trained. One person said, "They are all very professional and know what they are doing." A relative told us, "They have all the skills required, I would not doubt that they are trained to a high standard."

Staff told us they had regular training, which enabled them to do their job effectively. One member of staff told us, "Training is great," and, "There are lots of course to complete but the office always remind us if we need to do another one to keep up to date." Another member of staff told us, "If I need a course then they can book me on it." All staff we spoke with confirmed they had sufficient training to enable them to support people to meet their needs in a safe way.

Training was monitored on a computer system by the registered manager. The registered manager told us they were alerted by the system if a person's training became overdue. This enabled the staff to be booked on the next available course. The computer system was shown to us and we found it easy to review staff training records. Staff had training certificates in their files to evidence their attendance at courses and this was then entered onto the system. After staff had attended a training course, they completed a 'knowledge check' sheet and they received a three monthly observation to check their understanding in practice. We saw staff had completed all mandatory training. This included topics such as fire safety, infection control, medicine administration, safeguarding people from harm and moving people safely.

Staff told us when they started employment at the agency they went through an induction process. They

said this was thorough and helped them understand the ethos of the agency, as well as completing training in subjects such as moving people safely. The induction included the Care Certificate which is a government backed training scheme which covers 16 different subject areas in sufficient depth to work safely and effectively. All new staff shadowed more experienced staff for a number of shifts dependent on their needs.

Staff told us they felt valued and very well supported. They told us they regularly met with their manager to discuss their work and any concerns they had. In addition, they said they visited the office when they had time, to have a cup of tea and a chat with the registered manager and other staff. The registered manager told us this informal practice was important, as it provided support but also enhanced teamwork. We saw records demonstrating discussions held within the formal supervision process.

Spot checks of staff practice were undertaken as part of the staff support and supervision process. This meant additional training or support could be sourced if the manager recognised this was required. The registered manager told us they felt it was important to ensure staff were undertaking their role effectively but also wanted to support and value staff. As part of this support, they said they tried to be as accommodating as possible and ensure staff had regular breaks so they did not become too tired. In addition, they said they regularly thanked individuals for their work and wanted them to feel appreciated.

People told us staff supported them well with their meals. One person told us, "They make me what I want." Some people who lived in the retirement village told us they ate at the central bistro. Staff told us they had undertaken food hygiene training to enable them to prepare food safely. They said they always asked people what they wanted to eat, based on the food and time available. If there were any concerns about people's food intake, staff told us they would inform the office.

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. In the case of Domiciliary Care applications must be made to the Court of Protection (COP). At the time of our inspection, no referrals had been made to the COP. We found no evidence people should be referred to the COP. Staff told us they worked in the least restrictive ways and followed people's directions whilst respecting their decisions. The service was acting in line of the principles of the MCA.

## Is the service caring?

### Our findings

People and their relatives were very positive about the staff who provided their support. One family member told us, "We are very happy with the care provided by Audley, staff are very good and we have grown very close with some of the carers. I have nothing but positive things to say about them." One person told us, "They are helpful in every way. They anticipate what needs doing so they are ready for it. They would do anything I asked them to do and they often do more than what's needed." Other comments included, "I adore all the girls (staff)," and, "They are all very caring and they always treat me with respect." Another person told us, "The staff are happy to do the service we need and we are pleased with all aspects of the care provided."

We spoke with staff and questioned them about people routines, likes and dislikes. Staff were able to explain in detail how they supported people and what to consider when supporting certain people. Staff were specific in telling us how different people like different things done. For example, when one person was supported with personal care, they like staff to remove their glasses and place them in a specific spot so they could find them later. Staff were aware of this. This showed us staff had a very good understanding of people.

The registered manager told us they always told staff to treat people with dignity and care. Staff confirmed this. One member of staff said, "I always treat people how I would want people to treat members of my family." Another member of staff told us, "We base everything around what they want." Staff were confident when asked about promoting people's rights. They said the agency promoted people's independence and always enabled individuals to do as much as possible for themselves. They said they had established a good rapport with people and promoted their privacy and dignity. One member of staff told us, "We always knock on doors and wait to be let inside people's homes. If people want something done in a certain way then we do it."

Staff told us they felt it was important for people to see a familiar face. They said they never rushed people and always encouraged individuals to take their time. Staff told us they had time to talk to people and never felt the need to rush to the next person. All staff were given travelling time in between visits so they reached these on time and without pressure. One member of staff told us this and the consistency of visits made their visits successful. They told us they had built good relationships with people and often used humour when supporting people.

People confirmed staff promoted their privacy and dignity. One person told us, "They respect me and my home. They are always very polite and treat me with dignity." Another person told us, "Without question they respect me."

People told us and we saw they and their families had been involved in their care planning. This was important to ensure staff knew how to support people in a way that reflected their needs. We saw documentation had been signed by people to say they were involved in the process. One family member told us they had regular reviews of which their relative was at the centre of. This showed us people were

involved in the planning of their care.

## Is the service responsive?

### Our findings

Each person had a plan of their care in their home and a copy was kept in the office. Information contained in people's care records informed staff of their needs and the support they required. The tasks which the person wanted to be completed were listed in order as part of their routine. This included what staff needed to do and take into account when supporting a person to have a bath or a shower. The information was clear and informative and there was good detail about what was important or specific to the person. This made care plans within people's care records very person centred. People told us they were happy with their care and staff were responsive to their needs. One person told us, "They only do things how I like them, I don't think they mind me telling them how I like things done."

People told us the service was flexible and able to accommodate any changes required. One person told us, "We have changed times of visits very late before and they do their best to accommodate me." A relative told us, "They work around what we need to help us. Great service." On the day of inspection we overheard a relative who had a meeting at lunch time ask if staff could support their relative at short notice. Staff immediately arranged the support to be in place which meant the family member was able to concentrate on their meeting. This showed us the service operated in a flexible manner to accommodate people's changing support needs.

The registered manager told us people were fully involved in directing their care. They said people were asked what they wanted to achieve, what they wanted staff to do and at what time. A staff member documented the information and checked the accuracy with the person before formalising a plan of care and support. The registered manager told us they were always looking at ways, with people's consent, to enable families to be more involved in the care planning process. One member of staff told us they felt this would be useful as it would promote a more consistent approach to the person's overall care.

People told us they knew how to make a complaint but they did not feel the need to do so. One person told us, "I would speak with staff, but I have never had to complain." Another person told us, "I know I can speak with the manager if I need to but I don't need to." A relative told us, "Any concerns they have dealt with quickly, they always check if we are happy after." Records showed there had not been any recent formal complaints. The registered manager told us any concerns would be used as a learning tool to develop the service and avoid reoccurrence. They said a copy of the complaints procedure was given to people when they first started using the service. The procedure described how the agency wanted to make it easy for people to raise a concern if they needed to. The registered manager had documented any missed calls and these were investigated in the same way as a complaint, with feedback given to the person who raised the concern.

As part of people's care records they had a section about their social lives. This included a list of people's interests and hobbies and what activities they liked to take part in. Staff were not employed to support people with activities but they made people aware of events of potential interest in the retirement village and the local community. There were a wide variety of on-site events including archery, cinema evenings and celebrations of sporting events. The village also benefitted from a gym and swimming pool on site.

## Is the service well-led?

### Our findings

The registered manager had become registered at the service in July 2015 although. They had been employed by the service prior to this so were already familiar with the service being offered. Since their appointment, the registered manager told us they had developed various systems to enhance the agency's operation with support from the staff team. This included staff supervisions, defining roles, introducing new paperwork and sending schedules to people to inform them of their visits for the following week. They told us they had a clear action plan in terms of further developments they wanted to make. This included the introduction of a staff phone system to register all their visits automatically. The registered manager said end of life care was an area of specialism they planned to be given initial focus. The Care Quality Commission received statutory notifications from the registered manager.

The registered manager told us they were passionate about staff training and the effects this had on practice. They told us they wanted the agency to reach its full potential by employing the right people for the job. They said they wanted staff to be loyal, caring, have a willingness to learn and to work towards Audley's values.

The registered manager told us the ethos of the service was to consistently provide high quality care, which shaped the agency's reputation. They said, "We have a great staff team and I get some great feedback from people who used the service." The registered manager told us they were confident this was effectively in place and portrayed by the whole staff team. They said the agency's ethos was promoted through good communication with staff on a formal and informal basis. This included staff meetings and supervision sessions as well as discussions over lunch or breaks in-between calls. One member of staff told us a newsletter had recently been introduced which enhanced communication. They said this was particularly important to keep staff who were working on their own in touch with what was happening within the service and people who used the service to have pictures of new staff and be informed of any changes.

The registered manager told us they regularly met with other managers from other services run by the provider to discuss the service and agree the best way forward. They were required to provide a weekly report to senior managers to show an updated portrayal of the service. In addition, the report was used as a monitoring tool to identify potential challenges or areas for further development. The registered manager told us senior managers were in the process of updating the agency's policies and procedures. We saw additional audits were completed and covered areas such as medicines, service user files, safeguarding, risk assessments, health and safety and infection control. Overall assessments of the audits were completed so any patterns or trends in areas requiring improvement could be identified. Completed audits fed information into an ongoing action plan that had been created. This showed us the service had an effective system for monitoring the quality of care and support provided and driving improvements with the service.

The registered manager told us they wanted staff to contribute to new ideas and develop their work. They said staff were currently being asked their views on developing different parts of the service through supervisions, team meetings and surveys. They said each staff member's contribution was seen as important since they would be providing the service. One staff member told us management were

supportive of their needs. They also told us they could ask for support or an item to help do their role (e.g. personal protective equipment or a uniform).

The culture in the service was very supportive and positive. Staff had a good relationship with the people they supported and with each other. Staff told us good communication was key to upholding a positive culture and staff would bring any concerns to the team meetings to solve collectively. This gave staff responsibility for helping shape their work environment whilst supported by the registered manager.

Staff were complimentary about the registered manager and their management style. One member of staff told us, "They're very good, we all have a clear direction we are headed in and they listen to everything and act on any concerns we may have." Another member of staff told us, "You can go to them for a chat, just to blow off steam or they will always help if we need advice." For example, staff told us about one person who required equipment in their home to help them mobilise. When staff tried to do this, it was unclear who should complete the assessment of potential equipment since the agency had been told by the local occupational therapy team they should complete this. Staff were concerned since none of them were trained or skilled in occupational therapy. They voiced their concerns to the registered manager who agreed with staff, followed up the matter and organised a suitably qualified person to complete the assessment.

There were a range of audits in place which assessed the quality of the service. People were visited or telephoned on a regular basis to ensure the care provided continued to meet their needs. Records showed people had been asked to give their views about potential developments of the service. In addition to verbal discussions, surveys were sent to people to gain further feedback. People were positive about the opportunity to raise their views. During our conversations with people and the feedback from the surveys Audley had sent out to people, overwhelmingly positive remarks were made about the care people received and how they received it.

People told us they regularly met the registered manager to discuss their care and the service provided. One person told us, "I often see or I can ring the manager if I wish, if they're not there then they always ring me back." Another person told us, "I see the manager often. Sometimes she's comes out with the girls (staff) and sometimes on her own." Other comments included, "Any concerns or changes we wanted we had gone to the manager and they were very efficient in making those changes."

There was a statement of purpose in place. The statement of purpose included details of the agency's aims and objectives, the staffing structure and provisions of service, their right to complain contact details for contacting the service.