

Audley Care Ltd

Audley Care Ltd - Audley Care Redwood

Inspection report

AudleyCare Redwood
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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

About the service: Audley Court Ltd is registered to provide personal care. At the time of the inspection 12 people were receiving care from the service.

People's experience of using this service:

Medicines were administered to people safely. The service had electronic and paper records and at times these were recording conflicting information about what medicines had been administered. This needed to be reviewed to avoid confusion and potential mistakes.

People felt safe and were supported by staff who had received training in safeguarding adults. However not all staff were able to confirm what external agency's they could go to if they had concerns for people's safety and this needed to be addressed.

People were supported by staff who used personal protective equipment (PPE) appropriately and when required.

People's care plans had risk assessments that identified risks and how they should be managed.

People felt improvements could be made when staff were running late or had been held up.

Staff received training and supervision.

All people at the time of the inspection had capacity and people had choice and control relating to the care they received.

Support could be provided to people if they wished to be supported with their medical appointments.

Staff were kind and caring and had a good knowledge about equality and diversity.

Care plans contained important information relating to people's like and dislikes and routines. However, one electronically held care plan required printing out as the paper copy in the persons home was old and contained out of date information.

People felt able to complain and there was a complaints policy in place.

No one at the time of the inspection was receiving end of life support.

The provider had quality assurance systems in place, these identified shortfalls and there was an action plan in place to make improvements.

People's views were sought by completing annual surveys and at the time of the inspection these views were being collated.

People felt the service was flexible to their needs and that they could support them with additional support if required.

Rating at last inspection: This was the home's first inspection since their registration in May 2018.

Why we inspected: This was a planned comprehensive inspection. All services registered with CQC must have an inspection within the first year of their registration.

Follow up: We will continue to monitor the service through the information we receive. We will inspect in line with our inspection programme or sooner if required.

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

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

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Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

The inspection was carried out by one adult social care inspector, and an expert by experience who made calls to people. An expert by experience is someone who has experience of caring for an older person.

Service and service type:

Audley Care Ltd is a domiciliary care service that provides personal care to people in their own homes.

The service had a manager registered with the Care Quality Commission. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was announced we gave the service 48 hours' notice of the inspection visit because it is small, and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity started on 13 May 2019 and ended on 14 May 2019. We visited the office location on the 13 & 14 May 2019 to see the registered manager and office staff; and to review care records, policies and procedures.

What we did:

We reviewed information we had received about the service. This included details about incidents the provider must notify us about. We also looked at information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with seven people, two relatives and four members of staff, including the registered manager and director. During the inspection we reviewed four people's care and support records and three staff files. We also looked at records relating to the management of the service such as incident and accident records, questionnaires, recruitment and training records, policies, audits and complaints.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Using medicines safely

- People received their medicines safely and when required. However, we found improvements could be made to the recording of medicines as the service had two methods for recording medicines. For example, medicines were recorded electronically and by paper medicines administration records (MARs) at times the two records were not showing the same information. We raised this with the registered manager and operations manager. They confirmed they would address this duplicate recording of medicines as electronically was their preferred method.
- Body maps and guidelines were in place for people who required topical medicines.
- Staff received training to ensure they were competent at administering medicines to people.

Systems and processes to safeguard people from the risk of abuse

- People felt safe. One person told us, "Yep. I'd press my pendant. I always feel safe. The care manager is who I would talk to first". Another person told us, "Absolutely. (Staff) are vigilant at keeping him safe".
- All staff had a good knowledge of the types of abuse however one member of staff was unsure who they would raise concerns with should they have any. This member of staff was able to tell us, "Abuse can be financial, mental and physical. I would go to my manager [Name]". However, the member of staff was unable to confirm any external organisations such as the local authority or The Care Quality Commission who they could also raise concerns with. We fed this back to the registered manager who confirmed they would address this with staff.
- Staff had received training in safeguarding adults.

Assessing risk, safety monitoring and management

- People's care plans had detailed risk assessments in place that identified risks, equipment and support required. Staff knew people well.
- Should an emergency occur people had written information such as next of kin, medical history and medication.

Preventing and controlling infection

- Staff had a good knowledge of using personal protective equipment (PPE).
- Staff demonstrated an effective use of PPE, changing it in-between tasks and how to disposal of it appropriately.
- Staff washed their hands following the use of PPE.

Learning lessons when things go wrong

- Incidents and accidents were recorded electronically including actions taken. Incidents and accidents

were monitored by senior managers to monitor and prevent similar incidents from reoccurring.

Staffing and recruitment

- People were supported by enough staff to meet their needs. However, feedback from people was that improvements could be made when staff were running late. For example, people had experienced on occasions lack of communication when their care staff were running late. One person told us, "That's the one weak link really. If we're only talking about half an hour, then I'm not bothered but if its longer then I'd like to know. There doesn't seem to be a proper system in place to ensure that we are told if the carer is going to be late". Another person told us, "No they don't let me know. They don't phone. Nor do the office let me know". We fed this back to the registered manager who confirmed they had made improvements to the allocating of visits and they hoped these improvements would ensure people's visits and times would be improved.
- Staff had checks completed to ensure they were suitable to work with vulnerable adults. This included a full Disclosure and Barring Service check (DBS), references and an interview.
- The service had an electronic system for monitoring and tracking people's visits. The care co-ordinator was able to monitor and electronically check where staff were at any time whilst at work. The care co-ordinator was also able to review when staff had logged in and out of the visit. This meant should staff be held up in traffic or late for a visit the office staff could review the member of staff's whereabouts.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care plans confirmed important information relating to any specific religion and their personal circumstances.
- Staff had a good knowledge of protected characteristics under the Equalities Act 2010.
- People were able to make choices about their care and treatment and how they wanted this provided on each visit.

Ensuring consent to care and treatment in line with law and guidance

- We checked whether the service was working within the principles of the MCA. People's care plans confirmed if people had a diagnosis that could affect their capacity. Everyone at the time of the inspection had capacity to make decisions about their care and treatment.

Staff support: induction, training, skills and experience

- Staff felt the training they received was good. Staff told us they received training in, first aid, moving and handling, medications, food hygiene, diversity and safeguarding. Copies of certificates were available within staff files.
- Staff received regular supervision, and all felt able to raise any concerns in between these meetings. One member of staff told us, "I have supervision with a care co-ordinator and direct observations with a senior. I can always raise any concerns in-between".
- Due to the service being new staff hadn't been working for the agency long enough to receive an annual appraisal.
- New staff received an induction. This was an opportunity for staff to shadow an experienced member of staff before they work alone.

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

- Care plans contained important information relating to people's dietary requirements. For example, if people required their diet to be modified in a certain way or low in sugar because they were diabetic.
- Food and fluid care plans confirmed specific diet requirements and charts were in place if needed.

Staff working with other agencies to provide consistent, effective, timely care

- People felt supported by staff to attend appointments. One person told us, "I organise this all myself, but the carer would take me to my appointments if I need them to".

Adapting service, design, decoration to meet people's needs

- Most people at the time of the inspection were living in their own homes.

Supporting people to live healthier lives, access healthcare services and support

- Most people were able to independently access health care services and appointments themselves. However, staff were observed offering support to contact health care professionals should people feel they wanted staff's support.

Is the service caring?

Our findings

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People were supported by staff who were kind and caring. One person told us, "They are very kind and very good, very good". Another person told us, "Yes they are very kind and caring". One relative told us, "Oh they're lovely. No problems at all with the staff or carers".
- People were support by staff who had a good knowledge of equality and diversity. One member of staff told us, "It's about giving people choice about doing things regardless of their disability, colour, race, religion, race".

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. Staff gave examples of how they, shut doors, closed curtains and blinds and ensured people were covered with towels whilst supporting them with personal care.
- Staff asked people if they were comfortable and if they were warm enough. One member of staff offered the person a blanket to keep them warm. The person was grateful of this support.
- People were encouraged to remain independent. One person told us, "They encourage me to do what I can myself. They pull back my bedding, but I get into bed myself". Another person said, "Yes they do. I wash myself in the shower".

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

- People were able to make decisions about their care. One person told us, "Yes I do make my own decisions, and they always ask for consent before doing anything". One relative told us, "[Name] can still make decisions, but I'm involved with care plan". During the inspection people made decisions about their care and support. For example, we observed one person make choices about when they wanted their breakfast and what hot beverage they would prefer. This meant they had control about how they wanted their care provided.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's care plans were person centred and included important information relating to people's routines, their life and personal histories. One care plan however hadn't been updated following a change in their care needs. We raised this with the registered manager who confirmed a new care plan was available within the office however a copy hadn't been printed to update the one within the person's home.
- Care plans were reviewed when required or every six months.
- People's likes and dislikes were recorded. Such as what they liked for breakfast including what drink they enjoyed and how the person liked to be addressed.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place. Most people we spoke with were happy with their care. One person and their relative raised a concern with us. They were happy for us to share this directly with the registered manager. Who confirmed they would investigate their concern.
- Where concerns had been raised. These had been recorded and investigated including actions taken to prevent similar incidents from occurring. People told us, "No, I've not had to make a complaint but if there's any niggles then I raise them with the manager" and "I have no complaints about the 'girls'. Another person told us they would call the office. They said, "Yes, I would call the office before 4:30pm".
- Various compliments had been received about people's care. For example, one compliment included, 'Dear [Name], Just an email to thank you and all the brilliant carers who attended and looked after [Name]. Thank you all again for their kindness to [Name] and to us as well. Your carers are wonderful'.

End of life care and support

- No-one at the time of the inspection was receiving end of life care.
- Care plans contained information relating to if there was a 'Do not resuscitate' (DNAR) in place.

Is the service well-led?

Our findings

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service had a registered manager, a care co-ordinator, senior care staff and care staff.
- The registered manager undertook weekly audits of the electronic medication administration records (MARs). Where actions were required records confirmed discussions held with individual staff.
- The registered manager also monitored the quality of the service by reviewing the performance within the electronic system called 'Cold Harbour'. This monitored when people's care plans required reviewing, when supervisions were due, appraisals, incidents and accidents and missed or late visits. The nominated individual also monitored and reviewed the performance of the service. They were able to review this against the providers other services. There was an improvement plan in place that identified actions completed and those in progress. Identified areas for improvement included; new moving and handling equipment, new electronic charts for bowel, urine, fluid and nutrition, a daily log for how the person is feeling so that any trends in them presenting differently could be identified.
- Staff felt valued and were recognised for their individual achievements. The registered manager had a notice board where employees were recognised for their contributions to the service and those they cared for.
- Notifications were submitted to CQC as required.

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

- At the time of the inspection the provider was in the process of gaining people's views. These results were not available at the time of the inspection because they were still being received and collated. The nominated individual confirmed they would review these results once received to see what improvements were required.
- A monthly newsletter was available to staff. Staff also had team meetings. These were an opportunity to raise any changes to people's care and support needs along with any other issues.
- The registered manager attended business meetings which were an opportunity to discuss how the service was performing.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People felt the service provided good care and was flexible if people required more care and support. One person told us, "Yes, if I've got any problems, I ring them up and they make the necessary arrangements". Another person said, "As far as we are concerned, we are happy with what is provided here. It works

beautifully for us as it is. If the time comes, and we need more support we know that it can be provided here".

Continuous learning and improving care

- The registered manager confirmed incidents and accidents were monitored and the nominated individual reviewed and monitored incidents across all their services as part of quality monitoring.

Working in partnership with others

- The registered manager had a forum to share their experience with other registered managers. This was an opportunity to discuss best practice and any other topics relevant to their role.