

Audley Care Ltd

# Audley Care Ltd - Bearsted

## Inspection report

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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

We inspected this service on 10 January 2017. The inspection was announced.

Audley Care Ltd – Bearsted provides care and support for people in their own homes living within the retirement village and people living within the local community. This includes older people who may be living with dementia. The registered office is situated in a retirement village in Maidstone. The agency had previously been registered at a different location, the current office was registered in March 2016. At the time of our inspection they were supporting 51 people.

There was not a registered managers employed 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. However, at the time of our inspection there was a manager in place who had applied to become the registered manager.

People received a service that was safe and told us they felt safe. Staff and the management team had received training about protecting people from abuse, and they knew what action to take if they suspected abuse. The safety of staff who were working out in the community had been assessed with systems put into place to reduce the risk to staff. Risks to people's safety had been assessed and recorded with measures put into place to manage any hazards identified.

People received support and assistance from enough staff to fulfil their expected care packages and meet their assessed needs. Recruitment practices were safe and checks were carried out to make sure staff were suitable to work with people who needed care and support. Staff had received the training they required to meet people's needs. A comprehensive induction programme was in place which all new staff completed. Staff had a clear understanding of their roles and people's needs. Staff were supported in their role from the management team.

Where staff were involved in assisting people to manage their medicines, they did so safely. Policies and procedures were in place for the safe administration of medicines and staff had been trained to administer medicines safely.

People's needs had been assessed to identify the care and support they required. Care and support was planned with people and reviewed to make sure people continued to have the support they needed. Detailed guidance was provided to staff within people's homes and in the registered office about how to provide all areas of the care and support people needed.

People were supported to remain as healthy as possible. Guidance was available within peoples support plans to inform the staff of any specific health condition support. People were encouraged to maintain as much independence as possible.

People were treated with kindness and respect whilst receiving care and support from the agency. Staff understood the principles of the Mental Capacity Act 2005 and staff asked people's consent before any care or support tasks were carried out.

People were encouraged to give their views about the service they received through annual questionnaires. Systems were in place to enable people to make a complaint if they were not happy about the service they received.

Systems were in place for monitoring the quality and safety of the service and assessing people's experiences. These included face to face reviews and regular spot checks.

## 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 felt safe when receiving support. Staff understood the importance of protecting people from abuse and the action to take if they suspected abuse.

Risks to the safety of people and staff were appropriately assessed and managed.

Safe recruitment procedures were in place to protect people from being supported by staff who were unsuitable.

People were supported to receive their medicines as prescribed by their GP.

### Is the service effective?

Good ●

The service was effective.

Staff received training to meet people's needs. An induction and training programme was in place for all staff.

Staff were supported in their role by the management team.

Staff understood their responsibilities under the Mental Capacity Act and used these in their everyday practice. Staff understood the importance of gaining consent from people before they delivered any care.

People were supported to remain as healthy as possible including maintaining their nutrition and hydration.

### Is the service caring?

Good ●

The service was caring.

Staff were caring, kind and respectful.

People were involved in the development of their care and risk management plans. People's personal preferences were recorded.

Staff had access to people's likes, dislikes and personal histories.

Information was available to people using the service.

### **Is the service responsive?**

The service was responsive.

People's needs were assessed recorded and reviewed.

People were included in decisions about their care and support.

Systems were in place to ensure staff were responding to people's needs.

A complaints policy and procedure was in place and available to people.

**Good** ●

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

The service was well-led.

The manager ensured effective communication between the management team and staff working within the community.

There were effective systems for assessing, monitoring and developing the quality of the service being provided to people.

People's views were sought to develop and improve the service people received.

**Good** ●

# Audley Care Ltd - Bearsted

## 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 10 January 2017 and was announced. The provider was given 48 hours' notice because the service provides a domiciliary care service; we needed to be sure that the registered manager was available and someone would be in.

The inspection team consisted of two inspectors and an expert by experience. The expert by experience made phone calls to people and the relatives of people using the service. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, 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 home, what the agency does well and improvements they plan to make. We also looked at previous inspection reports and notifications about important events that had taken place at the service, which the provider is required to tell us by law.

We spoke with eight people or their representatives about their experience of the service. We spoke with three staff, the manager and the quality manager to gain their views.

We spent time looking at records, policies and procedures, complaint and incident and accident monitoring systems, internal audits and the quality assurance system. We looked at four people's care files, four staff files, the staff training programme and induction programme.

A previous inspection took place on 6 November 2013; the service had met the standards of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

## Is the service safe?

### Our findings

People using the service told us they felt safe with the staff that supported them. Comments included, "Yes I do, the carers help me to get dressed and washed." A relative told us that their loved one required constant reassurance with what the staff were doing, which the staff did. Another relative said, "Yes he does feels safe, he is comfortable to speak to with the carers."

People were protected from the potential risk of abuse. Staff had access to the providers Safeguarding Adults policy which was available online and also a hard copy within the registered office. Staff received annual training relating to the Safeguarding of Vulnerable Adults, and knew what action to take if they suspected abuse. Staff told us they were confident that the management would take any concerns that they had seriously.

Recruitment checks were completed to ensure staff were suitable to work with people who needed care and support. These included obtaining suitable references, identity checks and completing a Disclose and Baring Service (DBS) background check. These checked employment histories and considered applicant's suitability to help ensure they were safe to work at the service. Staff completed an application form, gave a full employment history, showed proof of identity and had a formal interview as part of their recruitment. Written references from previous employers had been obtained. Staff were given a job description which outlined their role and a contract of employment. The provider used an online tracking system which enabled the manager and the provider's HR department to track each member of staff and ensure the correct documentation was in place.

There were enough staff employed to meet peoples assessed needs. Each person had been assessed on an individual basis and had a set amount of care and support hours. The manager told us there was a continuous recruitment process in place to ensure that there was always sufficient staff to meet people's needs.

There was a disciplinary procedure which outlined the requirements for managers and employees to follow, where staff were not performing their role to an acceptable standard, in line with the requirements of the company and the policies and procedures in place.

People received their medicines safely when they needed them if this was part of their care package. One person said, "Staff help me, they give me my tablets and I take them." Staff followed a medicines policy and procedure and received regular training in the safe administration of medicines. People who required support with their medicines were given a medication administration record (MAR) chart. A MAR is a document which records the medicine a person requires, when they require it and, the support they required to take the medicines. MAR charts were audited by a member of the management team on a monthly basis. Any concerns that were found had been recorded and addressed with the member of staff, such as not signing the MAR once a person's medicines had been administered. Guidance was available to staff informing them of the support people required with their medicines.

Potential risks to people in their everyday lives had been assessed and recorded on an individual basis and to the staff who supported them. For example, risks relating to personal care, management of medicines and any health condition support. Each risk had been assessed to identify any potential hazards which were then followed by action on how to manage and reduce the risk. Environmental risk assessments were undertaken to identify risks to people or staff by hazards inside or outside of people's homes. For example, tripping hazards or appliance risks. People and staff were kept safe by detailed individual risk assessments for staff to follow.

The safety of staff working within the registered office had been managed. All office staff completed a visual display unit (VDU) assessment to minimise any potential risks from the use of a computer. An external health and safety company were responsible for emergency situations such as a fire. All of these checks ensured the safety of people and staff had been considered and processes were put into place to ensure everyone's safety. The provider had a business continuity plan to make sure they could respond to emergency situations such as adverse weather conditions, staff unavailability through sickness and absence and a fire or flood.

Accidents and incidents involving people and staff had been monitored and recorded. An investigation was completed by a member of the management team with a record of any outcome such as further training.

## Is the service effective?

### Our findings

People told us the staff arrived on time and always stayed for the allocated amount of time. People told us they were given a copy of their own personal rota. This enabled people to know which member of staff would be coming to support them. Comments included, "I am familiar with all the carers, there is a rota and I know which carer is coming." And, "I am familiar with all the carers, but I don't have the same ones every day." A relative said, "I am familiar with the carers, they are not the same every day. I get a rota weekly to let me know who is coming." Another said, "We have a pool of three or four. There is a rota system, I know who is coming."

Staff were provided with an induction when they joined the service. This included an introduction to the provider's organisation and the expectation from the provider of how they staff were expected to work. This was called 'The Audley Way' and 'Caring the Audley Way'. During this time staff completed the provider's mandatory training courses. New staff then completed a 12 week induction programme with a supervisor which incorporated the Care Certificate. The agency used a 'mentoring' system which new staff would work alongside more experienced staff to observe their practice until they felt competent. Regular quality assurance checks were completed by a member of the management team to observe staff's practice. Staff we spoke with confirmed that they had been through this process and they were also introduced to the people that they would be working with.

Staff were trained and supported to have the right skills, knowledge and qualifications necessary to give people the right support. The manager had a training plan in place which recorded when staffs' training was due to be updated. Staff told us they had received the training they required to meet peoples' needs. Comments from staff included, "There's lots of training on-line and always follow-ups. The trainer keeps an eye on what we are all doing." Staff told us that they had access to the training system away from work which gave them an opportunity to complete additional course online which they had an interest in. Staff were given training to meet peoples' specific health condition support such as Dementia Awareness and Parkinson's'.

Staff told us they felt supported by their manager and the staff team. Staff received support and supervision in different formats which included face to face supervisions, spot checks and observations with a line manager in line with the provider's policy. The face to face supervision provided opportunities for staff to discuss their performance, development and training needs. Spot check supervisions included checking staff appearance and that they were wearing the appropriate corporate image, record keeping, time keeping, communication, how tasks were completed on the call and notes or concerns. These checks also included an observation of the member of staffs working practice. At the end of the call people were asked to give feedback to the manager. This information as well as the observation was then used within debrief and feedback sessions held with the member of staff. The manager or member of the management team also carried out annual appraisals with staff to discuss and provide feedback on their performance and set goals for the forthcoming year.

The manager and staff were aware of their responsibilities under the Mental Capacity Act (MCA) 2005. Staff

had been trained to understand and use these in practice for example, how they applied it to their work such as through capacity assessments, offering choices and asking people if they were happy to proceed before carrying out any care. One member of staff said that the ethos of the service was, "People make their own decisions and we provide the extra support that they ask for." Another said, "People are involved in day to day decisions and we make sure they consent to care given, but there will be changes when people age, and, we understand how to monitor and address those changes." People's capacity to consent to care and support had been assessed and recorded within their 'care and risk management plan'. A policy and procedure was in place to advise staff on any action they needed to take regarding a person's capacity.

People were supported to maintain their nutrition and hydration if this was part of their package of care. Detailed guidance was available to staff within peoples' 'care and risk management plan' regarding the specific support they required from the staff. One person's read, 'I require assistance at meal times, with food preparation and cutting food into small pieces.' Some people had a log which staff recorded food and fluid intake. One member of staff said, "If the care plan includes supporting with meals, we log what people have to eat and drink, so there is a history that can be referred to. We see changes in people's appetites as a key indicator of changes in health to be monitored." People who required specialist support with eating and drinking had support from health care professionals when it was required. Food hygiene training was provided to staff to enable them to understand food safety and hygiene. People's nutrition and hydration needs had been considered and met by staff who had the knowledge and skills.

People if required, were supported to maintain good health. Guidelines were in place to inform staff of the specific support the person required during their call and any equipment staff were required to use. For example, the use of any moving or standing aids. Staff had word with health care professionals such as district nurses and occupational therapists to develop guidelines to enable them to meet people's specific needs.

## Is the service caring?

### Our findings

People told us the staff were kind, respectful and caring. Their comments included, "They (staff) are very friendly, we have a chat, they are very caring. They are extremely helpful." Another said, "They are all very nice, very friendly girls. I feel comfortable with them." A third said, "The carers are polite and pleasant." Feedback from the provider's annual survey in 2016 showed that a high percentage of people rated the service they received as 'very good'. Staff respected people's privacy and dignity whilst meeting their care and support needs.

People were encouraged to share information about their life history which was recorded in their 'care and risk management plan'. Examples we saw included information about past occupations, family history and social activity likes and dislikes. This information enabled staff to get to know the people they were supporting and they were used to engage people in conversations. Staff said, "Consistency of care is important. We get to know a lot about people's past and personalities. You're going into someone's home, it's a big responsibility and important not to be invasive, you have to build rapport." Another said, "We learn a lot about people's backgrounds. We plan with them the service they want to receive."

People were encouraged to maintain as much independence as possible. Guidance was available within people's 'care and risk management plan' for staff to follow to promote people's independence. For example, details regarding what people were able to do for themselves and any aids used to promote independence. People could be assured that their independence would be encouraged and promoted.

People and their relatives told us they made their own decisions about the care and support they required with the involvement of their relatives in some cases and the staff at the agency. People said they had been involved in the planning and delivery of the service they received. A relative said, "There is a care plan, it is reviewed regularly. They do listen and implement things in the care plan." People had an individual care and risk management plan in place which had been developed with them, their relatives and a senior member of staff. These recorded the exact support needs people had for each of their calls, what they were able to do for themselves and what they required staff support with.

The provider had produced a comprehensive customer guide which was given to people prior to them receiving a service. This document was regularly reviewed to make sure it had up to date information. This document included the aims and objectives of the agency, vision, values and mission, quality assurance and information about what people should expect from the agency. The manager used annual customer forums and monthly 'drop in care surgeries' to enable people to express their views and suggest ideas to improve the service. People using the agency were given the information they needed about what to expect from the provider and the service they were receiving.

## Is the service responsive?

### Our findings

People told us they received the care and support they required when they needed it. Feedback from the provider's 2016 customer questionnaire showed that people felt the staff stayed for the full length of their visit. The feedback also showed that as a branch people were offered continuity with the staff that supported them. Systems were in place to cover annual leave and sickness to ensure continuity for people who were receiving a service.

Referrals were made directly from the local authority but people could also make direct contact with the agency themselves. The referral form detailed the specific support which was required from staff, the frequency of visits and the duration. A comprehensive initial assessment was then completed with people and or their relatives and a member of the management team before the service could commence. The assessment form detailed the specific support which was required from staff, the frequency of visits, duration, any health condition support and lifestyle choice. A record of people's emergency contact details and medical history was recorded which included any aids the person used such as a ceiling hoist or stand aid. It also included the expected outcomes the person wanted from using the agency. The assessment and referral process supported staff to find out people's expectations of the service and to provide what had been requested.

Information from the initial assessment/referral form was used to develop a 'care and risk management plan' with people and/or their relatives. People were involved in the development of their plan by advising staff how and when they would like the service provided. Records showed and people confirmed that they had been involved in the development of their plan of care.

Systems were in place to ensure people's individual care and risk management plans were reviewed with them on a regular basis. People and/or their relatives told us that a member of the management team visited them regularly to check they were receiving the correct support and were happy with the agency. The reviews were completed on a rolling programme which included a new customer 14 day review, six month review and an annual face to face review with a member of the management team. Records showed people had been involved in the development and review of their care and risk management plans.

Systems were in place to monitor and record any missed or late calls that had taken place. These were then investigated by the branch manager with a record kept of any action that had been taken such as a meeting with a member of staff. People were supported to make a formal complaint about the matter if they wished to.

People told us they knew how to make a complaint and who to speak to if they were unhappy. People were given the office phone number and an 'out of hours' contact number. Systems were in place to make sure that people's concerns were dealt with promptly before they became complaints. There was regular contact between people using the service and the management team. The management team always tried to improve people's experiences of the service by asking for and responding to feedback.

A complaints policy and procedure was in place which detailed how people could make a complaint and the action that would be taken in the event of a complaint or concerns being raised. Information about how to make a complaint was recorded within the customer guide which was given to people when they started to use the service. There had not been any formal complaints in the past 12 months prior to our inspection.

The provider had received a number of compliments from people using the service or their relatives in the form of cards or emails. One read, 'Thank you and your amazing team for all the help you have given us over the past year.' Another read, 'Thank you for all your hard work.' A third read, 'A big thank you to (staff name) for the way she has organised ways for mum to meet other residents and for taking her over to the coffee morning. (staff name) help has been invaluable and made a huge difference to mum and her wellbeing.'

## Is the service well-led?

### Our findings

The agency had a manager in place who had applied to become registered with the Care Quality Commission. People told us they were happy with the service they received and they felt the service was well managed. Staff said there was visible leadership within the agency and they knew what was expected of them. One member of staff said, "It's a very approachable and welcoming office. Management are clear about what they expect of staff. I feel confident back-up is always there."

Staff understood the management structure of the service, who they were accountable to, and their role and responsibility in providing care for people. Each member of staff was given an employee guide this outlined the responsibilities and expectations for both the new employee and the provider. Staff felt there was an open culture and clear communication between them and the management team. A morning management meeting was held daily within the registered office, these meetings were used to discuss work practices and any contractual concerns.

The manager understood their responsibilities in providing quality care and support to people. The manager told us they were supported by the senior manager and previous registered manager, who they met with on a regular basis to discuss any concerns or potential risks. The manager had a number of years' experience within the health and social care sector and kept up to date with training and current best practice. The manager understood that they were required to submit information to the Care Quality Commission (CQC) when reportable incidents had occurred. For example, if a person had died or had an accident. All notifiable incidents had been reported correctly.

People and their representatives were involved in the development of the service being provided to people. Systems were in place to regularly monitor the quality of the service that was provided. People and their representative's views about the service were sought through annual questionnaires. These were written in a way people could understand. The results were collated and used to produce an action plan. Results from the 2016 questionnaire showed that a high proportion of people were happy and had been involved with the service they received. The provider also sent out an annual questionnaire to all members of staff. Feedback from the 2016 questionnaire showed that staff were fairly satisfied with their role and felt proud to work for the organisation. The manager had also introduced a suggestion box within the registered office for staff to highlight any concerns or areas for improvement. People, those acting on their behalf and staff had their comments and complaints listened to and acted on.

An audit schedule was in place to monitor the quality of the service being provided to people. This included audits by a member of the management team to discuss people's experience of using the service. A review of the service took place with people and staff on a quarterly basis which included spot checks. A twice year audit was completed by the providers senior management team which created an action plan. When shortfalls were identified either through the audits or questionnaires these were discussed with the management team, staff and action taken. Reports following the audits detailed any actions that were required.