

Audley Care Ltd

Audley Care Ltd - Audley Care Clevedon

Inspection report

The Headmasters Cottage Clevedon
Ben Rydding Drive
Ilkley
West Yorkshire
LS29 8AQ

Tel: 01943811604

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04 March 2019

05 March 2019

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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 Care Ltd – Audley Care Clevedon is a domiciliary care agency, providing services to older adults and people with physical disabilities and complex health needs. At the time of our inspection 38 people received personal care from the service.

Not everyone using the service receives the regulated service of personal care. CQC only inspects the personal care service provided to people, that is help with tasks related to personal hygiene and eating. Where personal care is provided to people, we also take account of any wider social care provided.

People's experience of using this service:

Staff were exceptionally caring. Everyone we spoke with was extremely complimentary about staff and the service. People told us they would not hesitate to recommend the service. There was a strongly embedded culture within the service of treating people with dignity, respect, compassion and love.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People's healthcare needs were being met and medicines were being managed safely. Staff knew people very well, including their likes, dislikes and care needs. Staff supported people to access activities in the local community and care village.

People told us they felt safe and staff had been trained to recognise and report suspected abuse. A complaints procedure was in place and people knew how to complain.

Care plans were up to date and detailed what care and support people wanted and needed. Risk assessments were in place and showed what action had been taken to mitigate identified risks.

Staff were mostly recruited safely although we found the required amount of references had not been obtained in one candidate's recruitment profile. There were enough staff to take care of people. Staff were receiving appropriate training and updates. Staff told us the training was good and relevant to their role. Staff were supported by the registered manager and were receiving formal supervision and appraisal where they could discuss their ongoing development needs.

The provider had effective systems in place to monitor the quality of care provided and acted to make improvements when issues were identified. People and staff praised the registered manager and the management team. They told us they were approachable and supportive.

The service met the characteristics of 'Good' in all domains. More information is in the full report.

Rating at last inspection:

The service was rated good at our last inspection in September 2016.

Why we inspected:

This was a planned inspection based on the rating at our last inspection. At this inspection we found the service remained good in all domains.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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 remained good

Details are in our Safe findings below.

Is the service effective?

Good ●

The service remained good

Details are in our Effective findings below.

Is the service caring?

Good ●

The service remained good.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service remained good

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service remained good

Details are in our Well-Led findings below.

Audley Care Ltd - Audley Care Clevedon

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 team consisted of two adult social care inspectors.

Service and service type:

Audley Care Clevedon is a domiciliary care agency that provides personal care and support to people living in their own homes, within a residential community and within the wider community.

The service had a manager registered with the Care Quality Commission. This means that 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:

We gave the service 48 hours' notice of the inspection site visit because we needed to be sure the registered manager and staff would be available.

Our inspection site visit activity started on 1 March 2019 and ended on 5 March 2019. We visited the office location on 4 March 2019 to see the registered manager and office staff and to review care records, policies and procedures.

What we did:

Before the inspection, we reviewed information the provider sent us in the Provider Information Return (PIR). This is 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. We looked at information we held about the service including notifications they had made to us about important events. We also reviewed all other information sent to us from other stakeholders such as the local authority and a health care professional.

On 1 March 2019 we spoke with two people who use the service on the telephone and visited three people and two relatives in their own homes.

On 4 March 2019, we reviewed a range of documentation. This included four people's care records and medication records, three staff recruitment files, staff training records and other records relating to the running and audit of the service. We also spoke with the registered manager, the deputy manager, the care manager, the quality care supervisor, two area managers, three staff members, two people who use the service and one relative.

On 5 March 2019, we spoke with four staff members on the telephone.

Following our inspection, the registered manager sent us additional evidence and information which we reviewed and used as part of our inspection judgement.

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.

Systems and processes to safeguard people from the risk of abuse

- People who used the service were safeguarded from the risk of abuse.
- People told us they felt safe and comfortable with staff. One person commented, "I feel safe - they're so careful. They always make sure I'm ok."
- Staff had been trained to recognise and report any signs of abuse. Where safeguarding concerns were raised, appropriate safeguarding referrals were made.

Assessing risk, safety monitoring and management

- Risks to people's health and safety were assessed and risk assessment documents put in place for staff to follow.
- Electronic call monitoring was in place which provided a key safety net. Management were alerted if staff were 30 minutes late, or tasks including medicine administration had not been completed. This was then followed up immediately by the management team, helping to keep people safe.

Staffing and recruitment

- Overall, safe recruitment procedures were in place. However, we identified in one case, the service had not sought a reference from a staff member's last employment in care. We reminded the registered manager this was a legal requirement.
- There were enough staff deployed to ensure safe care and support. Staff told us rotas were manageable, which corresponded with our findings when we reviewed them.
- Travel time was allocated between calls. Records of care and people's comments showed staff were able to arrive on time. One person told us, "They come as regularly as clockwork."
- The registered manager was very selective about who they employed, ensuring new staff were compassionate, caring and could work to the service's values.

Using medicines safely

- Medicines were managed safely. Medicine administration was recorded electronically and subject to regular checks by the management team. Clear information on the medicines people took and the support they needed was recorded within people's care plans.
- Records showed medicines were given consistently. People told us they always received their medicines on time and safely.

Preventing and controlling infection

- Staff had access to aprons and gloves to use where required.
- Staff had received training on the prevention and control of infection.

Learning lessons when things go wrong

- Systems were in place to log, investigate and learn from incidents. This included re-assessing people following falls and requesting additional equipment.
- Any incidents were sent to head office so they could monitor and analyse any adverse events within the service.

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; ensuring consent to care and treatment in line with law and guidance

- 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 with appropriate legal authority. We checked whether the service was working within the principles of the MCA
- The service was acting within the legal framework of the Act. We saw people had consented to plans of care and where people lacked capacity to make decisions, other professionals had been consulted.
- One person's care plan needed clearer information recording on their capacity, as information recorded throughout the plan was contradictory. We spoke with the registered manager about this.
- People told us they were encouraged to make decisions for themselves and felt involved in making choices wherever possible.

Staff support: induction, training, skills and experience

- Staff received a range of training appropriate to their role, which consisted of face to face training and e-learning. This was bespoke to people who used the service and staff said they could do additional courses if they wanted. Training was kept up-to-date.
- New staff received an extensive induction and support package, including completing the Care Certificate. This is a government recognised tool, designed to equip staff new to care with the required skills for the role. New staff were allocated an experienced staff member as a mentor to offer support and guidance. New staff told us this made them feel valued and well supported.
- The service valued its staff and the turnover rate was relatively low. This helped staff build up a broad knowledge of the people they were supporting. A manager told us, "It is important we value our staff." We saw staff were rewarded for good performance.
- Staff practice was checked on a regular basis. This included competency to administer medicines and whether staff were completing care tasks to a high standard. Staff received annual appraisal which looked at individual staff objectives, performance and development.
- All staff told us they felt well supported by the management team.

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

- People's nutritional needs were assessed as part of care planning. At the time of our inspection, no-one had been assessed as at nutritional risk.

- Most people or their relatives prepared their food for them and others told us they ate in the bistro at the retirement village. One person told us staff helped meet their nutritional needs, preparing food for them appropriately.

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support

- People's healthcare needs were assessed. Key information was recorded on any specific medical conditions people had and how staff should be aware and/or manage these.
- Staff told us they liaised with professionals such as district nurses and GPs when required.

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 said staff were extremely kind and caring. Comments included, "(Care staff member) is just like family... absolutely spot on", "I don't feel judged... it really does feel as though they're treating you as a human being – no 'them and us'... staff go above and beyond – it's their generosity of spirit", "They are all willing, all friendly and caring" and "We haven't had a bad one (care staff) and some are outstanding."
- We saw examples of staff going the extra mile for people. This included meeting their social needs. For example, staff had taken one person out on New Year's Eve so the person didn't have to spend it alone.
- One person commented how a staff member had brought them flowers from their own garden and another staff member had brought a recently released film on DVD for them to watch. They had previously expressed a desire to see the film but were unable to get to the cinema. A third staff member had made a dress for them as a birthday present. They told us these extra touches had meant a great deal to them. They said, "It's wonderful when people do exceptional things like that."
- One staff member told us that one person had been putting on weight and had limited clothing options available to them. The staff member had then made some items of clothing for the person in their own time.
- We saw a staff member had helped make a photo album for one person, organising their pictures so they could enjoy reminiscing about a family wedding. Staff gave us examples of how they went out to get people fish and chips and other treats in their own time if they wanted a change from their usual meals.
- Staff gave examples, and we saw evidence, of them popping in to check on people's welfare outside of the usual care calls. These calls were also to provide comfort and companionship to people. Care staff visited people in hospital in their own time to ensure they were not lonely. This showed staff truly cared about people.
- When people had rung the service distressed, we saw a member of the management team had driven to see them immediately. For example, we saw on one such unplanned visit to a person, they had offered support and liaised with health professionals. This had resulted in an urgent referral for respite care.
- We saw care staff had stayed with one person in their own time, in the person's last hours, talking to them and stroking their hand until they passed away in the early hours. They had then offered extensive support and comfort to their relative and even spoken at the person's funeral. A compliment stated, 'There is no doubt that these actions were above and beyond the call of duty and I owe them and their colleagues, a debt of gratitude which never can be repaid.'
- These examples show strong, positive relationships had been developed between people and care staff.

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

- We saw the management team took great care to match care staff to people. One person commented, "They choose people who are compatible." They explained they met and were asked their opinion about the staff member before they were allocated to them.

- People told us they were involved in decisions about their care and support. For example, when people's call times were allocated, the management team made sure this was convenient for the person. One person told us the management team fitted care visits to suit their lifestyle rather than staff schedules.
- People's preferences were respected. Staff could tell us about how people's views on how they preferred to be supported had been acted on to promote positive outcomes. Our review of records and discussions with people confirmed this.

Respecting and promoting people's privacy, dignity and independence

- People told us and we saw staff treated people with the utmost respect. One person's relative commented, "They really look after (person) really carefully and treat (person) with great respect... as if it really matters."
- Staff knew people well, their individual likes, dislikes, life history and interests.
- Staff supported people in caring way to promote their independence. For example, one person's relative described how sometimes their relative didn't want to get up out of bed. They told us staff would leave them for a while and then return. They said, "They're very good. They chat to (person), and say how much better (they'll) feel when up." They went on to explain how respectful staff were during this period, "Not getting frustrated."
- People told us staff respected their privacy and dignity and staff could give examples of this.
- People told us how staff gently encouraged them to do as much as possible for themselves. For example, when supporting people with personal care, staff were careful not to intervene where people could help themselves. Staff told us this was important to maintain people's independence and feelings of self-worth.
- Compliments received by the service included, 'They have taken the time to help (person) eat, take sips of water and make sure that (person) is comfortable. They talk to (person) and explain what they are doing', 'You gave my (relative) much needed confidence and treated (person) with love and dignity' and 'The care given by Audley Carers in Ilkley has been excellent and the carers have treated my (relative) with dignity and respect throughout.'

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 needs were assessed prior to using the service. A range of detailed and personalised plans of care were in place. These were based on people's needs and preferences for staff to follow.
- People were involved in the planning and review of their care. People were offered choices about all aspects of their care and support. One person told us, "Oh yes; they give me choices (clothes). They're very good at finding me things to wear."
- Staff gave examples of how they communicated effectively with people. For example, one person was given support to write down their choices by staff.
- People received calls at consistent times each day which helped ensure they received appropriate care and support.
- The service was very flexible and responsive to people's individual needs. We saw several examples of people ringing the office asking for additional assistance or earlier and later calls to fit in with their routines. The staff team had been happy to accommodate these requests.
- Care and support calls were very responsive to people's needs, with staff often working beyond their shift to ensure people were comfortable. For example, on one occasion, the district nursing team were providing care when a staff member arrived. The staff member waited for the nurse to leave before providing their support, which meant they worked long beyond their shift.
- Staff had a work phone which could access the various IT systems containing people's care records. This meant staff had immediate access to people's changing needs and the service could check calls had been completed. Access could also be shared with other professionals such as GPs, so they had a full picture of the person.
- Staff provided people with social interaction and companionship; for example, playing scrabble with people and reading poetry to them. Everyone also received information about events happening within the retirement village and were encouraged to attend if they so desired.
- Everyone who used the service received discounted meals in the retirement village bistro and restaurant and could use the leisure facilities if they wished. These included a swimming pool, gym and fitness classes. One person's relative who lived in the community told us they had enjoyed the bistro facilities a couple of times.

Improving care quality in response to complaints or concerns

- A complaints policy was in place. People were given a copy of this, including details of how to raise a concerns or complaint, at service commencement.
- Two complaints had been raised since our last inspection. Although one concern had resulted in the person looking for another provider, appropriate action had been taken. We saw the service had fully investigated and worked with the complainant to try to resolve these concerns.

- The service had received several very positive compliments. These included, 'From even before the onset of my (relative's) care needs to (person) passing away, Audley care covered every aspect of the work required with a friendly approach, dedication, compassion and where appropriate, unfailing humour' and 'You were always there for me and my family, nothing was too much trouble and thank you from the bottom of my heart.'

End of life care and support

- The registered manager told us they specialised in end of life care within the local area. We saw they worked closely with the local authority fast track team to ensure people's needs were met at this time.
- Although the service was not currently supporting any one at end of life, there were processes in place to support people at short notice.
- A healthcare professional praised the end of life care provided by the service. Their comments read, 'Over the past six years I have at times commissioned Audley to provide care for our palliative, end of life patients. Audley have always been very responsive and where possible have accepted care packages for our patients. I have never had any cause for concerns and have only received excellent feedback from patients and their carers. Audley's excellent reputation is known and at times I have had carers ask if Audley can be providing care for their relative as they know that the care they provide is excellent.'

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.

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

- The registered manager and other members of the management team had a good understanding of the people they were supporting, their needs and requirements. This demonstrated they had good oversight of the service.
- The service had a well-defined set of values focusing on fairness, respect, equality, dignity and autonomy. Staff and the management team demonstrated these values during our discussions.
- The provider had been a finalist in national care and domiciliary care awards in 2017/2018 and UK and European employee engagement awards 2019.
- Statutory notifications had been sent to the Care Quality Commission as required.

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

- Systems to check and audit the service were in place. The quality care supervisor audited medicine records and daily records of care monthly to monitor performance. We saw these audits were thorough and identified areas for improvement which were fed back to staff to help ensure continuous improvement of the service.
- Electronic call monitoring provided real-time auditing and checking facility, ensuring staff were arriving on time and completing the care and support tasks.
- Systems were in place to monitor when care reviews, staff supervision and training needed re-completing. The service was organised and there was good oversight of performance.
- The area manager completed a comprehensive quarterly audit of the service. We saw the last audit had shown a high performing service with an overall score of 94%. Actions were sent to the registered manager to complete to further improve the service.
- Everyone we spoke with praised the management team and told us they thought the service was well run.
- Staff praised the management team. One staff member said, "Management is really good, easy to approach. If I had a problem I wouldn't hesitate to go to them and they would resolve it for you."
- Staff and people who used the service all said they would not hesitate to recommend it.

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

- People's feedback was regularly sought. People completed an annual survey which was analysed for any themes and trends, and action taken to address any negative comments. Staff surveys were also completed

and acted on.

- Staff meetings were held every month. We saw attendance at these was very good. A range of quality issues were discussed to improve people's care and support experiences.
- The service held fundraising events throughout the year for different charities. People were invited to take part in these.
- We saw evidence people had been invited to vote for the service's 'care star' of the year. This was an annual award for a member of staff who was seen to provide people with the best care.
- The area manager told us of their plans to include people in future staff recruitment.

Working in partnership with others; Continuous learning and improving care

- The service worked in partnership with healthcare professionals to ensure people received optimum care and support. These included district nurses, the local authority FastTrack team, occupational therapists and GPs.
- The service worked with other groups to help co-ordinate and improve the quality of its care. For example, they were members of the Bradford Care Association, to help keep updated with best practice. The service also worked with a local Alzheimer's group in Ilkley.
- A health professional told us, "I have no concerns and would always recommend Audley as I know the care they provide is excellent, and I have a good working relationship with the care co-ordinators."
- Additional training and guidance was provided to staff at staff meetings, for example, in sepsis and safeguarding, to enhance staff knowledge.