

Audley Care Ltd

# Audley Care Ltd - Edgbaston

## 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

This inspection took place on 20 April 2017 and was announced. This was the service's first inspection since it was registered in July 2016. Audley Care Ltd – Edgbaston is a domiciliary service and provides care and support to people in their own homes. At the time of our inspection, there were two people receiving the regulated activity of personal care.

There was a registered manager in place who was present throughout 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 2008 and associated Regulations about how the service is run.

People were safe using the service and risk assessments that were in place helped staff to keep people safe and mitigate their risks. Staff had received safeguarding training to help them to identify any concerns or suspicions of abuse to help protect people using the service.

People received calls from consistent carers at their preferred times and for the duration they had agreed. Recruitment checks were conducted appropriately to ensure that people were supported by staff who were suitable. People received some support to manage their medicines. Recording errors which had been identified through audits were addressed with staff to encourage improvement in this area, although audits were not always robust.

People were supported by staff who received ongoing training and guidance for their roles; feedback indicated general satisfaction with the care provided by staff. People were supported to make their own choices and to prepare and have meals as required. Records relating to these support areas were not clear and the registered manager told us that this would be promptly addressed so that people would consistently be supported in line with their needs. People were supported to seek further healthcare support as required to promote their health.

People were involved in their care planning and their independence was promoted. Care was taken to gather information about people's interests and preferences. Most feedback indicated that people were treated with dignity and respect by staff.

People received support that met their needs and this was intended to be monitored and reviewed over the time they used the service. There was a complaints process in place should people and relatives wish to raise concerns, although aspects of the complaints policy required clarity.

The registered provider had systems and processes in place to support the safety and quality of the service. The registered manager had plans to develop and drive improvement at the service and was receptive to our inspection feedback. Staff we spoke with told us they felt supported in their roles and other feedback we

received reflected overall satisfaction with the service.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe. □

Feedback showed that people could feel confident using the service. Staff had received safeguarding training to help them to identify concerns and protect people from abuse and potential abuse.

People were supported by consistent staff who attended calls on time and as planned.

Systems were in place to support safe practice in respect of managing people's risks and medicines support needs.

### Is the service effective?

Good ●

The service was effective.

People were supported by staff who received ongoing training and guidance for their roles.

People were supported to make their own choices and decisions, although records and processes relating to the MCA required further clarity to guide staff.

People were supported with their meals and to seek healthcare support.

### Is the service caring?

Good ●

The service was caring.

People were involved in their care and positive relationships with staff were promoted.

People's independence was promoted and feedback indicated that most staff were kind and respectful.

### Is the service responsive?

Good ●

The service was responsive.

People received care and support in line with their expressed wishes, although care reviews had not fully established people's support needs in a timely way.

The registered provider had a complaints process in place for people and relatives to raise any concerns they had.

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

The service was well led.

There was a registered manager in place who demonstrated awareness of their responsibilities to the Commission.

Staff told us they felt supported in their roles.

Systems were in place to support improvements to the safety and quality of the service.

**Good** 

# Audley Care Ltd - Edgbaston

## **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 checked 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 20 April 2017 and was announced. The provider was given 48 hours' notice so we could ensure that care records and staff were available to help inform our inspection. The inspection was conducted by an inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

As part of our inspection, we reviewed the information we already held about the provider, for example, the details that the provider shared with us when this service was registered. Providers are also required to notify the Care Quality Commission about specific events and incidents that occur. 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. We considered this information to help plan our inspection.

As part of our inspection, we spoke with one person using the service, one person's relative, two staff members and the registered manager. We sampled two staff files, two people's care plans and records maintained at the service about staffing and quality assurance.

# Is the service safe?

## Our findings

People were safe receiving support through this service. One person told us, "I am happy with the service, no worries... I've nothing to fault." A relative we spoke with commented that they felt that the service was safe and they were confident about the care and support provided. Staff we spoke with confirmed that they had received safeguarding training and they were able to describe some types of abuse that people were at risk of. Both staff members we spoke with told us that they would share any concerns they had with the registered manager to help protect people using the service. The registered provider's whistle-blowing line was also in place should staff have wished to share such concerns anonymously.

People were supported to manage their risks, which were assessed and methods established to reduce these risks where possible through care planning. Staff we spoke with showed awareness of the risks of people they supported. One staff member gave an example of how they helped a person to manage a risk and told us that the registered manager helped staff to reflect on people's needs over time to help devise methods of managing people's risks more effectively. Records we sampled confirmed this and our discussions with the registered manager showed that they involved the person, relatives and staff in these discussions. Guidance was available in people's care plans to inform staff of people's expressed needs and preferences.

No incidents had occurred at the service, although the registered provider has processes in place for recording accidents and incidents as necessary. The registered manager showed us that these processes involved investigating and taking appropriate action to address any concerns, as well as monitoring incidents over time to establish any themes or learning for the service.

People were protected by the registered provider's recruitment processes which ensured that they were supported by staff who were suitable. Records we sampled showed that staff had received reference checks to assess their suitability for the role along with checks for any criminal history through the Disclosure and Barring Service before they commenced in their roles.

People received their calls on time by staff who they were able to become familiar with over time. The registered manager informed us through the PIR that people received advance notice of the staff who were scheduled to attend their calls and feedback we received showed that people's care calls were not rushed. A person we spoke with told us, "Staff are on time and I'm not rushed." A relative told us, "There was just one incident where staff ran late but it was explained to us that it was due to an emergency." A relative we spoke with confirmed that a person was supported by consistent staff. Consistency of staff helped to ensure that people were supported by staff who were aware of their routines and support needs.

People received some support from staff with their prescribed medicines and creams. Staff had received up-to-date medicines training to help ensure that they provided this support safely. A relative we spoke with confirmed that a person received assistance with their medicines from staff through the use of a monitored dosage system. This system provided clear guidance to people and staff about which medicines were needed and when. A staff member we spoke with described how they encouraged one person to take their

medicines when they were reluctant to do so and confirmed that they recorded this appropriately on occasions where the person refused to take their medicines or where the person often took their medicines at a later time. The registered manager was aware of advice provided by a healthcare professional in respect of this issue and staff we spoke with confirmed that they checked that the person had taken their medicines at a later time on each occasion.

Records we sampled showed that relevant key information about this person's medicines had been provided to staff so they could help people to manage their medicines safely. We identified through our sample of another person's records however that formal processes had not been introduced to monitor the support this person received to apply creams over a number of weeks. Audits of this person's medicines records had not identified that further guidance was required to ensure that this person received consistent support if and when they required such support. Shortly after our inspection visit, we spoke with a staff member who supported this person and they confirmed that the person had directed them through the support they required with creams. The person told us that they were satisfied with their care and the staff member confirmed that they had since received more guidance in this area from the registered manager.

The registered manager confirmed that where some medicines record errors had been identified through audits, these had been addressed with staff to encourage improved practice and clear record keeping. The registered manager demonstrated that they were receptive to implementing further aspects of new medicines guidelines as part of the registered provider's planned review of the medicines policy.



## Is the service effective?

### Our findings

A person using the service told us that they were, "Very satisfied," with the support they received and that this was in line with their expressed needs. A relative told us, "Communication is good at the office...Staff are well trained, they have different skills but they're kind and take their time." The relative commented that there were ongoing areas of development within the staff group which the registered manager had identified and was offering appropriate support to staff accordingly, to help maintain a satisfactory quality of care. Feedback we received indicated that people were generally happy with the service; that staff met people's support needs and would continue to do so as staff continued to support people over time.

People were supported by staff who received training and guidance for their roles, including observed practice and supervision to aid their development. A staff member told us, "The training is very helpful and [the registered manager] is supportive and gives us tips and things to try [to help meet people's needs]." Another staff member told us, "I most definitely feel supported and have enough training... the training for Audley is fantastic, intense, but it's better that way." Staff had access to guidance about people's healthcare conditions and associated needs in the service office and through online training, although people's care plans did not provide this level of guidance which staff had more regular access to.

Staff were supported to complete the Care Certificate when they first joined the service, which is a set of minimum care standards that new care staff must cover as part of their induction process. Staff received core training for their roles before they commenced care calls and staff had access to a range of e-learning topics to aid their ongoing learning. One staff member commented: "We can keep topping up our knowledge online." The registered manager told us of their ongoing plans to tailor staff training to the specific needs of people using the service to help develop staff knowledge in these key areas.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

One person commented, "I decide what I do." Feedback we received showed that people were supported by staff to make their own choices and decisions in practice. A staff member described how they respected one person's choices and tried to encourage this person to respond to aspects of their care to promote their health. The staff member commented, "Sometimes they refuse, so I try one thing at a time and give it a little while [before trying again]." Another staff member we spoke with demonstrated clear awareness of the Mental Capacity Act (2005) and records we sampled confirmed that training in this area had been provided.

People's care records were not clear however in respect of decisions they had made and were able to make in relation to their care and support. Our discussions with the registered manager indicated that one person

using the service had fluctuating capacity although their care plan did not provide guidance to staff as to specific decisions that the person was able to make and support they needed with other decisions. The registered manager told us that they would review their processes and documentation to ensure that best interests meetings were held when appropriate and other suitable assessments were completed to help the service meet the requirements of the MCA.

People were supported by staff to prepare and have their meals as necessary. A relative told us, "Sometimes the carers will do some food, other times [my relative] can order food to be brought here, there is a wide variety of choices." The registered manager had arranged for staff to monitor one person's food and fluid intake to ensure that this person received adequate nutrition and in line with guidance from a healthcare professional. Staff we spoke with were aware of how this person liked to be supported and ways that they could make meals more appetising to the person. Although this person's care plan stated that their weight was not stable, the registered manager had not established whether this was a significant risk and if any support was required to mitigate this. The registered manager told us that they would revisit this aspect of the person's care through a review to ensure that this person received safe, appropriate support from staff that was in line with their needs.

People using the service arranged their healthcare appointments independently or with the help of a relative. One person commented, "My [relative] makes the appointment, I can go to the doctor or the doctor comes in... the optician and chiropodist comes in." Records we sampled showed that the details of people's doctors were available in care plans should staff need to contact them on behalf of people using the service. A relative we spoke with told us that they were kept informed of their relative's health and any concerns identified by staff. The relative commented, "We arrange appointments between us. If the family can't make it, we arrange it with the carers, we have it covered between us." People were supported to seek healthcare support to promote their health and wellbeing.

## Is the service caring?

### Our findings

People were supported by staff who were encouraged to engage with their interests and to develop positive rapport with them. One person told us, "Staff are kind, the same carers come in, they're very pleasant." A staff member told us, "I like to be helpful to people who need our help." Another staff member described how a person they supported enjoyed socialising with staff and commented, "It's nice to be the person they can talk to."

Our discussions with the registered manager and staff showed that they considered the interests and preferences of people using the service and used these as means to connect with and get to know people using the service. New members of staff were introduced to people by initially shadowing care calls with other regular staff. This helped the staff member to get to know the person and their routines before they supported them alone. The registered manager provided us with examples of where they had tried to make connections for people with staff who shared similar interests.

People were treated with dignity and respect, and their independence was promoted through use of the service. A person we spoke with confirmed this and told us, "I am independent as much as I can be." A staff member we spoke with told us how they promoted people's independence and commented: "We are helping people with day-to-day living, accompanying them to the shops, helping them to keep their independence."

A relative told us, "Staff are kind and compassionate, I do think they are respectful." A staff member provided examples of how they promoted people's privacy and dignity in practice. The staff member commented: "That's what I pride myself on really, the way I always look at things is, if that were my family, I would want them to be treated with the utmost respect. Our team do the same." Aspects of the feedback we received indicated that staff did not take a consistently caring, person-centred approach when supporting one person. Our discussions with the registered manager showed that they were aware of this and were continuing to provide support to staff to aid their ongoing development in the role.

## Is the service responsive?

### Our findings

People, and their relatives as appropriate, were involved in planning their care. People were asked for their feedback and assurance that the support they received from staff was respectful and in line with their needs and wishes. A relative told us, "We sat at home and did the care plan." Feedback we received about the service was generally positive. A staff member commented, "[The service] is helpful for people, it gives them independence having moral and physical support in place." A staff member we spoke with was able to describe the needs and routines of a person they supported and who they had become familiar with over the time they used the service.

Care reviews were scheduled at routine intervals to ensure that people received care in line with their needs. Records we sampled contained person-centred information that had been gathered to guide staff in meeting people's expressed needs, interests and preferences. We identified some examples however where care planning and audits had not yet captured key information relating to people's support over the recent months that they had started to use the service. The registered manager told us that this would be addressed and we saw that the registered manager was proactive in supporting staff and managing issues that they were aware of in respect of people's support needs.

People could be confident that they would be supported to maintain their interests and religious practices as they required. A staff member we spoke with told us that one person using the service was interested in attending a local church service. The staff member confirmed that they had offered to accompany this person if they needed any help to do so. The registered manager told us that one person's care calls had been rescheduled for a more suitable time because they wished to attend a religious festival.

People and relatives were able to complain if they wished to do so through the registered provider's complaints processes. A relative told us, "I do know how to complaint I would speak to [the registered manager]." The relative commented that they would have, "No hesitation at all," in contacting the registered manager with any questions or concerns. We asked a staff member how they would respond to a complaint and they told us, "I would find out what the person doesn't like and learn from it... people can also complain formally so they could ask the manager." We identified that the registered provider's complaints policy and guidance contained inaccurate information about the Commission's role and alternative ways for people to complain outside of the service; the registered manager told us that this would be addressed through the registered provider's planned review of this policy.

## Is the service well-led?

### Our findings

People had started to use the service in recent months and feedback we received indicated that people were satisfied with the support they received. Whilst this was positive to note, we found that processes had not identified key aspects of people's care relating to their support needs and decision making in a timely way, to ensure that people would always receive safe care in line with their expressed wishes and needs. The registered manager had held care reviews with people and told us that they had plans to conduct quality checks which would involve regularly seeking people's feedback over the time that they used the service. The registered manager told us that they had received a score of 97% compliance in March 2017 through the registered provider's routine audit to help identify areas of strength and improvement for the service. This audit had not identified inaccurate guidance in the registered provider's complaints policy and other areas where records had not been robust. Systems were in place to help to continue to develop and drive improvement at the service over time and to continue to monitor people's needs and wishes. A relative we spoke with commented, "Overall we're very happy with the care they provide. [The registered manager] is very good, I am happy with the service."

Staff we spoke with told us they felt supported in their roles and we found that they received appropriate support and ongoing guidance from the registered manager. A staff member we spoke with told us that the registered manager was, "Always there," and accessible if they needed any support. Staff received feedback about their practice. Where issues were identified these had been brought to the staff member's attention and staff confirmed that they were also informed where positive feedback and compliments had been received. Staff were kept informed of updates and developments at the service through team meetings and the registered manager's newsletter.

The registered manager showed that they referred to good practice guidelines and guidance from the Commission. Our discussions with the registered manager showed that they were aware of their responsibilities to the Commission and felt supported by the registered provider to fulfil their role. Monthly management meetings were held to discuss changes and developments at the service and the registered provider requested routine updates to help maintain oversight of the quality and safety of the service. The registered manager demonstrated a keen interest in championing social care and provided examples of ways that they intended to develop and to continuously drive improvement at the service. The registered manager also intended to encourage people's use of Audley Village so they could benefit from a range of health and leisure resources and further companionship within the community. The registered manager was receptive to our feedback during our inspection visit and had plans to continue to drive improvement at the service. The registered provider's processes were effective to support this progress and the running of the service.