

Almond Care Providers Ltd

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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 Almond Care Providers on 26 and 31 May 2017 at the registered office in South Norwood. Almond Care Providers is registered to provide personal care to people in their own home. At the time of our inspection there were 13 people with learning disabilities using the service.

At the last inspection in 2015, the service was rated "Good". At this inspection we found the service remained "Good".

People were protected from abuse and foreseeable harm. They felt safe and knew who to speak to if they had any concerns about their safety. There was a sufficient number of staff to support people safely, meet their needs and support them to go out into the community. The provider ensured staff had the necessary training, skills and experience to support people effectively.

Staff obtained people's consent before providing care or support. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. People received care which met their individual needs from a consistent staff team who knew them well and were kind and caring.

Staff encouraged people to have a balanced diet and a sufficient amount to eat and drink. Staff supported people to maintain good physical and mental health and liaised well with outside social and health care professionals. People took their medicines as prescribed.

People were supported to be as independent as they could be. They were also encouraged and assisted to keep in contact with their family and friends which helped to ensure they did not become socially isolated.

People were given opportunities to feedback on the care they received. They felt able to complain if the need arose. The registered manager listened to and used feedback to improve the quality of care people received. There were appropriate systems in place to assess and monitor the quality of care people received. The service was well organised and managed.

Further information is in the detailed findings below.

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 remains safe.	Good ●
Is the service effective? The service remains effective.	Good ●
Is the service caring? The service remains caring.	Good ●
Is the service responsive? The service remains responsive.	Good ●
Is the service well-led? The service remains well-led.	Good ●

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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 26 and 31 May 2017 and was announced. The provider was given 48 hours' notice because the location provides domiciliary care services and we needed to be sure that the registered manager would be available. The inspection was undertaken by one inspector.

Prior to the inspection, we reviewed the information we held about the service. This included the provider's registration information and the previous inspection report.

During the inspection, with their consent, we visited four people in their homes. In total, we spoke with five people who use the service and three relatives. We spoke with three members of staff and the registered manager. We also spoke to two healthcare professionals who have regular contact with the service, as well as a representative from a local authority which commissions the service. We reviewed a range of records. These included five people's care records, four staff files and records relating to the management of the service.

Is the service safe?

Our findings

People felt safe and protected from abuse. One person told us, "I always feel safe." Another person commented, "I'm safe. [The registered manager] has taken away my stress." A relative commented, "From the minute I first spoke with [the registered manager] I knew [the person] would be safe." Another relative told us, "I have no concerns at all. I am confident [the person] is safe and is being treated well."

Staff had received safeguarding training. They had a good understanding of how to recognise abuse and report any concerns both internally and externally. All the staff we spoke with were confident the registered manager would take action if he was made aware of any concerns about people's safety. A member of staff commented, "I would report any concerns straightaway to [the registered manager]. He is always reminding us to be alert and I know that he would deal with it but I also know that I can discuss any concerns with the safeguarding team, CQC or the police."

People were protected from foreseeable harm. People had personalised risk assessments which gave staff detailed guidance on how to mitigate the risk of harm people faced. The risk management plans enabled staff to support people to live full, active lives and helped to ensure they were safe whilst doing so. Staff were aware of the particular risks people faced and knew how to support people to reduce any risk of harm. Staff discussed people's needs daily. A staff member told us, "Any changes in a person's need or risk is discussed, their care plans updated and action is taken straightaway."

People were supported by a sufficient number of staff who had the right mix of skills and experience to help keep them safe and meet their personal care and social needs. One person commented, "I think there are enough staff to look after me." Another person told us, "There is always someone here if I need anything." Staffing levels were determined by the number of people who used the service and the level of support each person required.

The provider had a thorough recruitment process which was consistently applied. We found that appropriate checks were conducted on applicants before they began to work with people. These included Disclosure and Barring Service checks, requesting professional references and proof of an applicant's identity and right to work in the UK. Prospective staff were interviewed so the registered manager could assess their previous experience, and whether they had the aptitude to provide safe, effective and compassionate care to people. These measures helped to ensure that people were supported by staff who were suitable for their role.

People were supported to take their medicines safely and as prescribed. One person told us, "The carers remind me to take my tablets." Staff had received training in the safe administration of medicines and there were systems in place to check that staff had understood their training and supporting people to take their medicines safely. A staff member told us, "I have had medication training and I feel confident supporting people with their medicines." We looked at people's medicine administration records (MAR) and saw they were fully completed. These measures helped to ensure people received their medicines as prescribed and in a safe way from staff who were competent to do so.

People were protected from the risk and spread of infection because staff followed the provider's infection control procedures. There were effective systems in place to maintain appropriate standards of cleanliness and hygiene in people's homes which staff consistently followed. Staff had received training in infection control and spoke knowledgeably about how to minimise the risk of infection. Staff told us they had an ample supply of personal protective equipment (PPE).

Is the service effective?

Our findings

Relatives told us that staff had the skills and knowledge to support their loved ones effectively. One relative told us, "Every member of staff I've met is obviously really well trained and professional." Another relative told us, "The staff are very good at what they do and they know how to get the best out of [the person]." A healthcare professional commented, "[The person's] behaviour can be very challenging but the staff are well trained and have worked hard to get to know what triggers such behaviour. The person's behaviour is much less challenging now."

Staff were required to undertake an induction when first recruited to their job. New staff members who had limited previous care experience were required to participate in a longer induction process than those who had recent, relevant experience. This included shadowing an experienced member of staff to build their confidence in the role and get to know the people they would be supporting. Staff received training relevant to their role such as, health and safety awareness and first aid training. We saw that staff had regular staff and one-to-one supervision meetings, and an annual performance review if they had been employed for more than one year.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The registered manager told us that if they had any concerns regarding a person's ability to make a decision they would work with the person and their relatives, if appropriate, and any relevant health and social care professionals to ensure appropriate capacity assessments were undertaken. They said if someone did not have the capacity to make decisions about their care, their family members and health and social care professionals would be involved in making decisions on their behalf and in their 'best interests' in line with the Mental Capacity Act 2005.

Staff were aware of the importance of allowing people to make their own decisions and told us they would report any concerns regarding a person's capacity to the registered manager. We observed that people were asked for their consent before support was provided and that people's decisions were respected by staff.

People were protected against the risk of poor nutrition and dehydration. Staff supported people to go food shopping as often as they needed, to ensure the refrigerator and larder were always well stocked with a variety of foods. People who preferred to prepare their own meals did so and those who required assistance were supported by staff. People chose what and when they ate. They were encouraged by staff to choose a healthy, balanced diet and to eat a sufficient amount. One person told us, "I have plenty to eat and drink, my carers make sure of that." Another person told us, "We have lots to eat here and we go to the pub or go out for dinner."

Staff supported people to maintain good health. Care plans contained information about the support people required to manage their health conditions. Staff monitored people's health and well-being. When staff were concerned about people's health, people were promptly referred to the appropriate healthcare professional. The registered manager told us that care plans were reviewed immediately when there was a change in a person's health condition or circumstances. Where any changes were identified in people's needs, their records were updated so that staff had access to up to date information about how to support them.

Is the service caring?

Our findings

People were very complimentary about the attitude of staff and the standard of care they received. People told us the staff were kind and caring. One person told us, "All the carers are really nice to me and help me if I need it." Other comments we received about staff were, "They're lovely" and "They're [great]." Relatives told us, "They are incredibly patient. Nothing is too much trouble" and "I'm very happy with these carers."

The registered manager told us the core values of the service included treating people with dignity and respect. Staff were reminded at staff and supervision meetings of their obligation to treat people with dignity, and to respect them and their privacy. People told us they were always treated with respect by staff. A relative told us, "They [staff] treat [the person] as an equal and I think that's important for [the person's] confidence and self esteem." People received continuity of care because they were supported by a consistent staff team. People told us they appreciated this consistency. One person told us, "We have the same carers all the time and I like that because I know them all and they are all nice." Another person told us, "The same people are here every day and we all get on."

The registered manager took account of people's diversity and had a policy of matching staff to the people they were supporting in terms of gender, race and age. This helped to ensure that people were supported by staff they could relate to and who could understand their values. This also facilitated the development of meaningful relationships which in turn benefitted people's general well-being. A relative commented, "They [the person using the service and staff] are just like good friends. It's been great to see how happy [the person] is and how well they all get along."

The provider ensured people were given information to help them understand the care and support choices available to them before they started using the service. People told us this helped them understand what they could expect from the service. People and where appropriate their relatives, were involved in the care planning process and fully consulted about how their care was provided. This helped to ensure people felt their views mattered and that they were in control of the way their care was provided.

People were supported to be as independent as they could and wanted to be. Care plans contained good information about people's level of dependency. Staff were encouraged to prompt people to do as much for themselves as they could, to enable them to retain control and independence over their lives. For example, one person who liked cooking was encouraged and supported to take the lead on preparing meals.

Is the service responsive?

Our findings

People were satisfied with the quality of care they received. One person told us, "I'm very happy. The staff that work here are very nice." Another person told us, "I love it. I couldn't be happier." Relatives also gave positive feedback on the quality of care their family members received." A relative told us, "I think they are very good. I have no complaints at all." Another relative commented, "I think they do a good job."

People's care plans were personalised. They took account of people's specific needs, abilities, preferences and life histories. They also included information about the level of support each person required to stay safe and have their needs met, as well as how they preferred staff to provide their care. The registered manager was in the process of making life story books with people, which captured memories, significant events, relevant information about people's interests and the people that mattered to them. This was a live document which was added to as and when new events occurred. The life story book was a means of enabling a person to share their life story, a method of facilitating communication between the individual and staff; and helped to promote person-centred care.

People told us the care and support they received met their needs. Staff had a good understanding of what constituted person-centred care. Staff demonstrated a good understanding of the specific needs and preferences of the people they supported and clearly knew these individuals well. Staff had regular discussions about people's needs and effective handovers which meant that changes in people's needs were immediately met; and their care plans and risk assessments amended accordingly.

Staff supported people to spend their time day-to-day in the way they preferred. People had active social lives which reflected their age and interests. Staff enabled people to maintain relationships with the people who mattered to them. One person told us, "I'm cooking dinner for my girlfriend tonight and later we might go out." Another person told us, "I like making cakes and sometimes [staff members] help me to sell them." Other people commented, "I like going out and I'm always out. I go to the pub. I go out for dinner or I go swimming or the cinema" and "I like going shopping and the staff come with me to my appointments." The registered manager looked for activities offered in the local community which gave people the opportunity to make new friends. These measures helped to ensure that people did not become socially isolated.

People were supported to express their views on the quality of care they received. The registered manager took into account the views of people using the service and their relatives through regular visits, telephone calls and annual satisfaction surveys. The surveys we looked at had positive comments from people on their experience of receiving care from the service.

There was an appropriate procedure in place to record, investigate and respond to complaints. Complaints made were acted upon and learnt from with care and support being adjusted accordingly. Staff were aware of their responsibility to enable people using the service to make complaints or raise concerns. People told us they were aware of the complaints procedure and how to use it. The procedure was included in the information provided for them when they first began to use the service.

Is the service well-led?

Our findings

The service had a registered manager. 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. The registered manager had worked in the adult social care sector for many years and understood what was required to provide good quality care. He was keen to ensure that people using the service had positive experiences of receiving care and were supported to lead healthy, happy lives. Staff took their lead from the registered manager and worked well as a team to support people.

The service was well-organised and managed which meant that people felt safe and received consistently good care from a skilled team of staff. The registered manager was approachable and accessible. People were comfortable speaking with him and told us they would go to see him if they had any concerns about the care provided. Relatives were complimentary about the way the service was run and had confidence in the registered manager and his staff.

Staff told us they were well supported by the registered manager. The manager was in frequent contact with staff and this enabled them to voice their opinions and exchange knowledge and information. Staff were confident they could discuss any concerns and that they would be responded to appropriately. A staff member told us, "[The registered manager] is always available if I need to discuss anything. He is a good manager, very supportive." The registered manager aimed to develop his staff by giving them responsibility for designated tasks. Staff understood their roles and responsibilities; they felt valued and told us they enjoyed working for the service.

It was clear from speaking to the registered manager that he was constantly looking for ways to improve the service and enhance people's experience of receiving care. The registered manager liaised with other local providers to keep abreast of developments in social care and discuss good practice. The registered manager shared learning and best practice with staff so they understood what was expected of them. Staff felt able to give feedback on the day-to-day procedures involved in the running of the service.

The registered manager ensured there was good liaison with people's families, social and healthcare professionals and the local authority commissioning teams and acted on their feedback to improve the service. Staff conducted a variety of regular audits including audits of peoples' files, staff files, support plans, risk assessments, infection control and medicine recording. Information from the audits was used to identify how the service was performing, areas that required improvement and areas in which the service performed well. Where areas for improvement were identified, action was taken to make the required improvements.

We requested a variety of records relating to the people using the service, staff and management of the service. People's care records, including their medical records were comprehensive, fully completed and up to date. People's confidentiality was protected because the records were securely stored and only accessible by staff. The staff files and records relating to the management of the service were well organised

and promptly located.