

Audley Homecare Limited

Audley Homecare

Inspection report

Unit 5, Rectory Farm Barns
Walden Road, Little Chesterford
Saffron Walden
Essex
CB10 1UD

Tel: 01799530780

Website: www.audleyhomecare.co.uk

Date of inspection visit:

24 February 2016

25 February 2016

Date of publication:

16 March 2016

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 the 24 February and was announced. 48 hours notice of the inspection was given because the service is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Audley Homecare is a domiciliary care service providing personal care to people in their own home including live in care. On the day of our inspection there were 12 people using the service.

There was 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.

People's safety had been considered and at a reduced risk of harm as staff understood their roles and responsibilities. Staff had the required knowledge and knew what action to take to protect people from harm and what action to take if they had concerns regarding the risk of abuse.

There were enough qualified, skilled and experienced staff to meet people's needs. The manager followed safe recruitment practices.

Staff were provided with regular supervision and staff meetings. Staff had easy access to management support. This enabled staff to be supported in the roles they were employed to perform and provided with opportunities to discuss their work performance and plan their training and development needs.

People were satisfied with the care provided. Everyone we spoke with expressed their satisfaction with the way the service was managed and the support provided by staff. People told us they felt safe and were treated with kindness and compassion. They also told us their dignity had been respected when staff supported them with personal care.

The care needs of people had been assessed prior to their moving into the service. Risks to people's health and wellbeing were clearly identified and actions were in place to minimise these.

People were provided with opportunities to express their views regarding the quality of the service they received. People were knowledgeable of the provider's system for receiving and responding to complaints.

The culture of the service was open, transparent and focused on the needs of people who used the service. Staff were supported by the manager who they described as supportive and approachable.

The manager had systems in place to monitor the quality and safety of the service. This included assessment of staff performance, assessment of risks and medicines audits.

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

The provider had systems in place and staff trained to reduce the risk of people experiencing abuse and poor care.

There were enough staff employed to keep people safe and meet their needs.

The provider had systems and processes in place to ensure regular safety audits of the service. Where risks to people had been identified, guidance with actions to take to mitigate risks had been provided for staff.

Is the service effective?

Good ●

The service was effective as staff were well supported and received training relevant to their roles and responsibilities.

People were asked their consent before they received care.

Staff supported people to have enough to eat and drink. People were supported to access healthcare when required.

Is the service caring?

Good ●

The service was caring.

Feedback from people who used the service was consistently positive about the standard of care they received.

People were treated with dignity and respect.

Is the service responsive?

Good ●

The service was responsive. People had their needs assessed prior to commencement of the service and were involved in the development of their care plans.

Staff listened to people and responded to their wishes. People knew who to complain to and told us they would not hesitate to

Speak with the manager and were confident their concerns would be responded to appropriately.

The provider's service user guide provided people with the information about how to complain should they wish to do so.

Is the service well-led?

The service was well led.

The culture of the service was open and transparent. Staff morale was good.

Staff were supported by the registered manager and described an open, friendly, caring culture where they were able to raise any issues or concerns that they might have.

People told us they received a good service and were confident in the management of the service.

The quality and safety of the service was monitored regularly by the manager.

Good ●

Audley Homecare

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 the 24 and 25 February 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service where people are often out during the day; we needed to be sure that someone would be in.

This inspection was carried out by one inspector.

This was the first inspection of this service since it was registered in 2015. Before we carried out our inspection we reviewed the information we held about the service. This included statutory notifications that had been sent to us in the last year. This is information about important events which the provider is required to send us by law. We would use this information to plan what areas we were going to focus on during our inspection.

We spoke with seven people who used the service. Two people we visited in their homes alongside staff and we spoke to five people on the telephone following our visit to the location office. We also spoke with two relatives.

We spoke with three care staff, the registered manager, the provider and the training manager. We reviewed three care and support plans, medication administration records, three staff recruitment files, staff training, staff meeting minutes and records relating to the quality and safety monitoring of the service. We also looked at a sample of surveys completed by people who used the service.

Is the service safe?

Our findings

All of the people we spoke with told us they felt safe with all of the staff who supported them. One person said, "I feel safe with all of them. They are all very kind. I prefer the older ones but the young ones are sweet. They tell me to say if they are not doing things right." Another told us, "I am very happy with the care they provide it is so much better than I have experienced elsewhere. They are all very good to me."

Staff had received training in recognising the signs of abuse and reporting action they should take in response. One member of staff told us, "I have never worked in care before and they teach you how to look for subtle signs of abuse. For example, if someone has become quiet and withdrawn. We are told to speak to the office staff if we have any concerns whatsoever. They teach you how to use body maps to record any unexplained bruising. I have learnt so much."

We noted from a review of staff handbooks and the policies and procedures available for staff that the provider did not have in place a safeguarding policy with procedural guidance available for staff. There was a whistleblowing policy in place. This policy provided guidance for staff in relation to 'public interest disclosure' but failed to provide guidance for staff in relation to actions they should take in safeguarding adults from the risk of abuse. There was also no guidance provided with contact information for reporting concerns to the local safeguarding authority. This meant staff did not have clear procedures to follow if they had concerns about people's safety and wellbeing. We discussed this with the provider who responded positively and took immediate action to amend their procedural guidance for staff to include a detailed safeguarding policy and amended whistleblowing policy.

Risks to people's safety and welfare had been assessed and actions taken to reduce these risks whilst supporting people's choice to take informed risks. Staff understood what measures were in place to mitigate any risks to people's health, welfare and safety. Risk assessments had been produced for a range of situations. For example, the use of equipment to safely support people when mobilising and risks for staff associated with working in a family home environment.

The provider had procedures in place to guide staff in the event of emergencies. Accidents and incidents were recorded and analysed by the provider. Staff were supported out of hours with an on call duty rota where they could access support and advise when required. One member of care staff told us, "They are always available and answer the phone quickly. They are always easy to get hold of."

There were sufficient numbers of suitably qualified staff to meet people's needs. People told us that the staffing levels were sufficient to meet their assessed care and support needs. There were a number of people who required two staff to support them with their personal care. They told us that staff were organised to arrive together.

Staff and the manager told us there were enough staff at the present time balanced with the care hours provided so that all visits were covered efficiently. The manager told us they were recruiting new staff as they took on new clients to enable them to grow the business.

People told us that staff did not ever miss calls and if they were running late they would on occasions inform people. One person said, "They are sometimes running late and sometimes they let me know but I don't always get a call, I have to call them, but they do apologise." Another said, "They are sometimes late but they have a lot of people to see to. Last weekend there was a bit of confusion because they have new people to see to but they are not excessively late. It is much better than the other agency I used to have."

When asked if staff stayed their allocated time people told us, "They are really good. One carer was so kind this morning, they asked if I would like my hair washed and she fitted this in to her other jobs", "They always find time to do what they need to do and stay and have a little chat with you after" and ", "They always ask if there is anything else they can do for you before they leave. They are so helpful." People also told us they had regular carers which meant they received consistent care from staff who knew them well. Staff told us that their schedules allowed for them to get from one person to another and to stay for the required time.

People's medicines were managed safely. Staff who handled medicines had been provided with training. People were satisfied with staff handling their medicines and told us they received their medicines in a timely manner. Staff maintained appropriate records of administration and regular management audits had been carried out. This assured us that steps were in place to train staff, identify and respond to medicines administration errors.

The provider had established and operated effective recruitment procedures. This ensured that staff employed were competent and had the skills necessary for the work they were employed to perform. We looked at the staff recruitment records for three staff recently appointed. Recruitment records showed that the provider had carried out a number of checks on staff before they were employed to work alone with people. These included checking their identification, health, conduct during previous employment and checks to make sure that they were safe to work with older adults.

Is the service effective?

Our findings

People told us they were satisfied with the care and support they received. They told us that staff were, "Professional", "Skilled and know what they are doing" and "At my age you prefer to have the older ones wash you but they are all good at what they do." A relative told us, "They are very good. We have been pleased with this agency. My [relative] is happy with the care they provide so we cannot ask for more."

Staff told us that they received supervision and the opportunity to meet as a team together at team meetings. These provided staff with opportunities to discuss their training needs and staff performance issues. Staff also said the registered manager was always available for support when they needed them and occasionally worked hands on alongside them. Staff performance was regularly assessed to check the quality of care they provided to people and to assess their competency. Spot checks were carried out by the manager and this had been recorded in great detail with feedback provided to staff identifying any areas for learning.

Staff received training appropriate to the roles for which they were employed to perform. We observed assessors visiting the service to support staff with opportunities to work towards professional qualifications, such as the Quality Care Framework (QCF) diploma.

One newly appointed member of staff told us they had received adequate training before they started working alone and that this enabled them to carry out their role effectively. They said, "I attended training in the office for four days. It was full on and very informative. I have never worked in care and the training they provided for me equipped me for this job. I then shadowed other more experienced staff and they made sure I was confident before I went out alone."

Training records showed us that staff had received training in a variety of subjects relevant to the roles that they performed. This included training to enable the staff to support people with specific health conditions. Staff had also received training in understanding their roles and responsibilities with regards to the Mental Capacity Act 2005 (MCA) and related Deprivation of Liberty Safeguards. This meant that staff had the required knowledge to protect people's human rights and identify when a person who may lack capacity to make decisions about their everyday lives was referred for specialist support when required.

People were supported to eat and drink according to their dietary needs, choices, wishes and preferences. One person told us, "They sort it out with my [relative] and plan what I will eat. They heat up my main meal and make me a sandwich for tea. I enjoy jelly and cream and they do this for me." Another said, "They always make sure I have enough drink left beside me as I cannot walk and they ask me if I am drinking enough." People told us staff provided them with choice. Some people chose to receive support from care staff with the heating up of pre-packed meals whilst others had support from family to prepare their meals and staff heated up what was provided. Relatives told us that staff would report back to them if there were concerns that their relative was not eating or drinking enough and discuss how further support could be provided.

Some people were able to manage their healthcare independently or with support from their relatives. Daily notes recorded the outcome of any access to clinical health support and recorded any recommended treatment or when follow up was required. Care plans documented people's healthcare needs and important personal information to guide staff in supporting people appropriately. Staff recorded the support that they provided at each visit and other relevant observations about the person's health and wellbeing. People's records showed us that when necessary staff had taken action to ensure that people had access to appropriate health care support for example, GP's and community nurses. One relative told us, "The staff keep us informed if they are concerned about [our relative's] health or of any changes."

Is the service caring?

Our findings

Feedback from people who used the service was consistently positive about the standard of care they received. People told us that staff respected their dignity when providing them with their personal care support needs. One person told us, "They do treat me with dignity when they help me to wash and in the way they speak to you." Another said, "They are all incredibly nice people. They take time to chat and reassure you."

Staff were knowledgeable about the people they cared for and spoke with empathy and were respectful. They described how they respected people's views, wishes and preferences. People told us they had been fully involved in making decisions in the planning of their care. They said they had been given information about the service and knew what to expect in terms of their support visits from care staff.

People told us staff were kind and caring in their approach and that as they received consistent care from regular carers. One person told us, "I like them all but I have my favourite and I know that they will be my regular carer." People also told us that their privacy was respected and their dignity always maintained when staff supported them with their personal care.

People told us that they were sometimes informed when staff would be running late. One person told us, "They did not tell me the first time they were running late but since I asked them to do so, they have since." Another said, "They ask you your preference as to the timing of when they will call but we do have to accept they have other people to see to and you need to be flexible."

Relatives told us that they had observed staff to be kind and caring in their approach to their relative. They told us that the privacy and dignity of their relative had been maintained. Comments included, "The staff are professional and polite" and "They are caring and thoughtful. They think of the little things to make sure [my relative] is comfortable and have all they need before they go."

We spent time visiting people in their homes alongside staff. We saw that staff were respectful, took time to consult people as to their wishes and spoke to people in a kind manner. We noted interactions to be warm and friendly. Staff approached people in sensitive manner, requested consent prior to support being provided and interacted positively with people.

Is the service responsive?

Our findings

Staff were knowledgeable of people's needs and had detailed knowledge about each person. They described how they supported people to express their choice and maintain their independence by encouraging them to do as much as they could for themselves with staff support. One person told us, "I am very lucky I have people I like caring for me, they know what is needed." Another said, "They [staff] wash my back and I do the rest. I like to do as much as I can for myself and they encourage me to keep on going." This demonstrated that people were receiving care and support when they needed it whilst maintaining their autonomy and encouraging their independence.

Care plans were comprehensive in detail. Staff told us that care plans were produced following the initial needs assessment, ready and in the person's home on commencement of the service. This demonstrated that staff were provided, in a timely manner with information and guidance to enable them to meet the care and support needs of people. Staff told us that care plans gave them enough information regarding people's assessed care needs and preferences in supporting them to live their daily lives as they chose to do so.

People received their support from regular care workers. They told us that when new staff had been employed to work in the service they had been introduced to them, as staff shadowed more experienced care staff during their induction training.

We asked people if the support they received met their needs and whether any changes to their care arrangements were required. People told us they had been involved in the planning and review of their care. People gave us examples of when staff had responded in the event of for example illness where staff stayed on later to support until relatives arrived. They also described occasions when adjustments had been made to the timing of their support visits in response to appointments and when they were unwell. This meant that care was provided in a flexible way in response to people's needs where possible.

Staff listened to people and responded to their wishes. People knew who to complain to and told us they would not hesitate to speak with the manager and were confident their concerns would be responded to appropriately. People gave us examples of where the manager had responded promptly to concerns when these had been expressed to them. They had confidence in the management to deal with any concerns they might have. One person said, "They are very caring and professional, you know you could phone the office and speak to someone if you are worried about anything."

There was a formal system in place for responding to complaints. We observed information which guided people as to this process was provided to people within a folder placed in their home alongside their care plan and service contract on commencement of the service.

The provider had carried out a recent satisfaction survey in January 2016 which assessed people's views regarding the quality of the service they had been provided. Response from people was positive and all were complimentary of the service. One person had stated, "They always make time for a chat and I feel I have made friends." Another said, "I have been provided with an excellent, reliable, friendly service. This has

greatly assisted my recovery."

Is the service well-led?

Our findings

Everyone we spoke with was satisfied with the service they received. People told us the service was well led. One person said, "I have nothing to complain about. They are professional and employ very good staff," Another said, "You can always get hold of someone in the office if you need to speak to them about anything. They come across as so friendly." One relative told us, "It is a friendly, professional and reliable set up."

The culture of the service was open, transparent and focused on the needs of people who used the service. People, relatives and staff told us the manager was approachable and available when needed and they were confident that they would respond to any queries or concerns they might have.

Staff were complimentary of the registered manager and the provider. They described the culture of the service as, "Friendly", "Caring of their staff" and "much better than other agencies I have worked for." All staff we spoke with told us that staff morale was good and that they enjoyed working at the service. Comments included, "It's not like going to work when you pop into the office. I am so impressed by them", "This is the best place I have ever worked" and "It is a friendly, supportive company."

Staff were provided with regular supervision and opportunity to attend staff meetings. This meant that staff who worked isolated in the community had the opportunity to meet with their manager to discuss their work performance and plan their training and development needs. Minutes of staff meetings we reviewed demonstrated staff were supported to have access to peer support as a team of staff and meetings were used to discuss ideas and planning for improvement of the service.

The manager carried out quality and safety audits. This included carrying out spot checks on staff performance and audits of medicines management to check that staff were supporting people safely and appropriately in the management of their prescribed medicines.

The provider had systems in place to assess risks to people who used the service including assessment of moving and handling risks. Where equipment was required staff told us this was obtained within a timely manner to support staff to mobilise people safely. Care plans and risk assessments were reviewed and updated by senior staff to reflect people's current care needs.

The provider had introduced a telephone based recording system to monitor the timing of staff calls, to improve efficiency, ensure accurate invoicing for people and reduce any risks of missed visits.

The provider had systems in place to assess the views of people who used the service and in response to complaints and concerns. We noted that all of the feedback received following a recent survey was positive.