Austen Allen Healthcare Limited

Austen Allen Homecare – Gravesham

Inspection report

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Ratings

Overall rating for this service	Requires Improvement
Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

Austen Allen Homecare – Gravesham is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community in Gravesend and surrounding areas. It provides a service to older adults, people with physical disabilities and people with learning disabilities.

Not everyone using Austen Allen Homecare-Gravesham receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. At the time of the inspection the service was providing care for 88 people.

The service was last inspected on 11 January 2017 when it was given an overall rating of Requires Improvement. At that time we found five breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were with regards to the provider failing to: Regulation 9, consistently deliver care in a person centred way; Regulation 11, act in accordance with the requirements on the Mental Capacity Act 2005 where a person lacks capacity to make an informed decision or give consent; Regulation 12, ensure people were safe from risks or avoidable harm and that medicines were managed safely; Regulation 17, operate robust auditing and quality monitoring systems; Regulation 18 ensure suitable deployment of staff.

We asked the provider to send us a plan of action which they returned in the agreed timetable, setting out what they would do to meet legal requirements in relation to the breaches. The provider told us that all breaches of regulation would be met by the end of September 2017. We undertook this inspection to check that they had followed their plan and to confirm that they now met legal requirements.

At this inspection on 7 and 12 February 2018, we found improvements had been made in all areas apart from the management of medicines.

The service was run by a registered manager who was present at the inspection visit to the office. 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.

There had been improvements in the way that medicines were managed so that information about medicines management was included in people's care plans. Although, changes had been made to how staff recorded the medicines they gave people, there continued to be errors highlighted through the auditing process and at this inspection. The provider had identified a new method of medicines recorded and there were plans to roll this out in March 2018.

The provider had reviewed and amended quality monitoring systems and a programme of audits and monitoring were in place. These had highlighted shortfalls in the service but those in relation to medicines recording had not been fully addressed. We have made a recommendation about quality monitoring systems.

The provider had not always followed their recruitment policy when employing new staff. We have made a recommendation about recruitment practices.

A new care planning and risk assessment framework had been introduced in which potential risks had been identified and consistent guidance was in place for staff to follow to make sure that any risks were minimised.

The care planning process enabled people's individual needs, choices, preferences to be identified together with what was important to the person and their aims in using the service. This meant that staff had detailed and personalised guidance to follow in order to meet people's social, physical, health and emotional needs.

There had been improvements to the way that staff were deployed which included allowing time for staff to travel from one person's home to another. This had benefitted people as they were supported by a regular team of staff and there were less occasions when staff arrived outside their expected times.

People felt safe whilst being supported by staff. Staff had received training in how to safeguard people, knew what signs to look out for which would cause concern and how to report them. The registered manager followed agreed protocols to record, alert and investigate any concerns.

People's capacity was assessed in accordance of the Mental Capacity Act (2005) and staff demonstrated that they asked for people's consent before giving care and treatment.

New staff received an induction which ensured that they had the skills they required, before they started to support people in their own homes. Staff undertook refresher training in line with agreed timescales. People and their relatives said that staff had the skills and knowledge they needed to support them.

People's health care and nutrition needs had been assessed and guidance was in place for staff to follow, to ensure their needs were met. People were referred to health and social care professionals when required. A record was kept of people's food choices when they supported people with meals.

Staff respected people's privacy and dignity at all the times. Care plans included information about people's choices, likes, dislikes and personal history which enabled to support people in the way they preferred.

There were processes in place to fully investigate any complaints and outcomes of the investigations were communicated to relevant people.

People, relatives and social care professionals said the service was well-led and that the registered manager

was open, transparent and responded positively to any concerns or suggestions they made about the service.

The values and aims of the service were understood and consistently delivered.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

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 was not always safe.

Medicines were not consistently managed in a safe way.

The provider had not always followed their recruitment policy when employing new staff, but had taken steps to minimise the risks to people.

People's risk assessments had improved and contained guidance on how to mitigate risks identified.

Improvements had been made to the way that staff were deployed so that people were supported by consistent staff.

People were protected against abuse and harm.

Is the service effective?

The service was effective.

People's mental capacity had been assessed to make sure that the principles of the Mental Capacity Act 2005 were applied in practice.

Staff received training that was appropriate to their role and their practice was monitored through spot checks and supervisions.

People were supported with access healthcare when needed and with eating and drinking according to their assessed needs.

Is the service caring?

The service was caring.

People said that staff were kind, caring and compassionate.

People were supported by staff that knew them well and made them feel valued.

People were involved in decisions about their care and

encouraged to maintain their independence.

People were treated with dignity and their privacy was always maintained.

Is the service responsive?

Good

The service was responsive.

Care plans were person centred and gave guidance to staff including people's preferences, likes and dislikes.

People told us they were encouraged to make choices by staff when providing care.

The manager investigated complaints and the provider had ensured that people were aware of the complaints procedure.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Improvements had been made to quality assurance systems and the provider was working towards ensuring that these were embedded so that all shortfalls were addressed.

People, staff and professionals spoke positively about the registered manager and agreed that the service was well-led. The registered manager and staff understood the values and aims of the service and how to put these into practice.

Feedback from people was sought and the provider had processes in place to increase its frequency.

Care Quality Commission

Austen Allen Homecare – Gravesham

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.

We gave the service 48 hours' notice of the inspection visit because we wanted to be sure that the registered manager and staff were available. This inspection site visit started on 7 February and ended on 12 February 2018. Prior to the inspection, we looked at previous inspection reports and notifications about important events that had taken place at the service.

The inspection was carried out by two inspectors 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. The inspection was informed by feedback from seven people and five relatives. We visited three people in their own homes and spoke to four people and five people's relatives on the telephone to gain their views and experiences. Positive feedback was received about the service from a case manager, a commissioning officer from the local authority and an occupational therapist.

We spoke to the registered manager, provider, care assessor, care coordinator, four care staff and administrator. We viewed a number of records including eight people's care plans, compliments and complaints logs, the safeguarding, medicines and complaints policies, service user guide, audits and quality assurance questionnaires, surveys and local authority monitoring reports. We also looked at three staff files, the staff training programme, staff team minutes and staff handbook.

At the inspection we asked the provider to send us up to date information on the staff training programme

and this was sent within the agreed timescale.

Requires Improvement

Our findings

People and their relatives said they felt safe when receiving care and support. Comments from people included, "Yes I feel safe. Staff are very careful and they don't rush me"; and "I am very safe. Staff let me do what I can and make sure I don't hurt myself". A relative told us, "He is completely safe. They have to hoist him morning and evening and we have never had to worry at all". A health care professional said they had observed that staff followed guidance in moving and handling plans and used equipment in an appropriate manner.

At the last inspection on 11 January 2017, we identified breaches of Regulation 12 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to ensure that people were completely safe from risks or avoidable harm; that medicines were managed safely or in accordance with best practice; and that there was suitable deployment of staff.

At this inspection on 7 and 12 February 2018, we found that improvements had been so that potential risks to people had been identified and minimised. Staff were deployed in suitable numbers to meet people's needs. However, the recording and management of medicines did not ensure that people were always given their medicines as prescribed.

People told us they received differing amounts of support with their medicines. Some people required staff to give them their medicines, some people were independent and others needed assurances to make sure they took their prescribed medicines. Comments included, "Staff give me my tablets when they are here and that is all I need"; "I take my medicines while staff are here because sometimes I spill my water, so they watch in case I need help"; and "I take my own medicines but staff watch me doing it".

Medication administration records (MAR) had been introduced since the last inspection, which detailed the name of each individual medicine a person had been prescribed. The service had a medicines policy which set out the storage, administration, recording and disposal of medicines. Staff had received training in administering medicines and had their competency to do so assessed. A system of audits had been introduced to check MAR sheets to ensure people had received their medicines as prescribed by their doctor. Any shortfalls had been highlighted and action taken to address them such as adding details of the pharmacist to people's records, missing staff signatures and staff entering people's medicines in the incorrect section of the MAR sheet. However, a number of shortfalls were found with the medicines records of one person on a home visit.

Most medicines had been pre-dispensed by the pharmacist into a dossette box. Staff made one signature to record they had given the person all their medicines from their dossette box. If they did not take one of these medicines then they were required to record this in another section on the form. However, for one person their medicine prescribed for high blood pressure stopped by their GP and was not available, but the MAR had not been updated. Therefore, staff had signed to say they had given this person their blood pressure medicine, when they had not actually done so. Staff had incorrectly added directions for an oral medicine in the same section as a cream which needed to be applied to their body. The person required the oral medicine twice a day, but the cream three times a day. Staff had signed three times each day which indicated they had given the person their oral medicine three times, rather than twice as prescribed. This person also had a cream prescribed for pain relief to help them move around but this had not been recorded on the MAR. The registered manager told us this was to be used once the person was out of bed as they spent time in bed currently. However, there was no record of this at the person's home to guide staff.

The provider told us in the information they sent to us before the inspection that they planned to improve medicines recording by introducing an electronic system and confirmed at the inspection visit that this would take place in March 2018. However, this system was not in place at the time of the inspection.

The provider had not ensured that medicines were managed safely. This is a continued breach of Regulation 12 of the Health and Social Care Act Regulations 2014.

The provider had introduced travelling time into staff's rotas so they had time to get from one person's home to another person's home. This had had a significant impact on the people's experiences. People said that when they first started to use the service, it was explained to them that although they were given an exact time when care staff would arrive at their home, there may be a 30-40 minute variance. Everyone told us that none of their care calls had been missed that staff did not rush them and most people said they had a regular carer who arrived within the agreed times. Comments included, "Our regular carer is always on time and even when it is someone else they are pretty good"; and "They do quite well for time within about 40 minutes, and they never leave without asking me if there is anything else they can do". However, one person although, satisfied with the service over all, told us that their carer had been two hours late the previous weekend and that they had not been informed of any delays. The provider looked into this matter and put a plan in place to reduce the chance of the person receiving a late call again without being contacted.

The provider had improved the way it assessed and managed risks. Before a person received a service an assessment of any risks in the environment was undertaken such as hazards in the home, slips trips and falls and electrical appliances. Risk assessments also identified individual risks and gave staff guidance on how to mitigate those risks to maintain people's safety and well-being. Risks were rated so that it was clear to staff the potential risk of harm to the person. They were carried out in relation to the areas of each person's daily needs such as when supporting people to move, the management of medicines, people's skin integrity and a person's well-being. For people that smoked in bed this had been identified as a fire risk and staff were directed to ensure their cigarette was extinguished before they left their home. For people at risk of developing pressure areas guidance was in place to use prescribed creams, to monitor their skin and turn the person at each visit. Body charts were used to record any marks or pressure sores so that their progress could be monitored. Moving and handling assessments identified whether the person was independent or needed staff support or specialist equipment in all daily living needs such as moving in bed, sitting to standing and moving around their home. The equipment that each person required was identified together with specific instructions about how to use it safely according to the person's individual needs

Staff said that they checked people's equipment to ensure it had been serviced. It had been identified that

one person's hoist was due for a service and therefore was not safe to use, so they were being cared for in bed. The service was liaising with the person's family and servicing company so the equipment could be used to enable the person to get out of bed. The dates that people's moving and handling equipment was due to be serviced was inconsistently recorded in people's care notes. The registered manager confirmed the day after the inspection visit that a spreadsheet had been set up with the dates of that all equipment needed to be serviced to ensure people could maintain their mobility and staff did not use equipment that was out of service date.

The provider's recruitment and selection policy stated that Disclosure and Barring Service checks (DBS) and two suitable references should be obtained before new staff were employed at the service. Disclosure and Barring Service (DBS) identify if prospective staff had a criminal record or were barred from working with children or vulnerable people. However, two staff had started employment without any references. Although contact had been made with some referees to gain their feedback, this had not been successful and alternative references had not been sought. The provider had minimised the risk by making sure these staff did not provide any personal care and worked alongside an experienced member of staff. The provider informed us after the inspection that satisfactory references had been received for both members of staff. Potential staff also attended a face to face interview to assess their skills and attitude towards caring for people, which included discussing a number of scenarios.

We recommend that the provider consider current guidance on the recruitment and selection of staff and update their practice accordingly.

Staff were aware of the reporting process for any accidents or incidents that occurred. These events were reviewed at management meetings to ensure staff had taken appropriate action and made a record of the event. A log had been established of all accidents and incidents which was reviewed by the registered manager and included the circumstances of the event and the service's response. This log was colour coded and the record of each incident closed only once all necessary follow up action had been taken. The record also helped to identify if there were any patterns or trends which required further investigation and action.

Staff had received training in how to safeguard adults and plans were in place for staff to complete the safeguarding children component of the Care Certificate. The service had a safeguarding adult's policy which set out the types of abuse, how to recognise abuse, staff's responsibility to report any concerns and the responsibility of the service to contact the local authority as appropriate. Staff said they knew people well and could tell if people were acting differently, which would prompt them to gently ask what was wrong. They demonstrated they knew what signs and symptoms to look out for and felt confident that if they reported any concerns to a member of the management team that they would be taken seriously and acted on. Staff also knew how to "blow the whistle". This is where staff are protected if they report the poor practice of another person employed at the service, if they do so in good faith. Staff explained that if the service did not take any concern seriously they would report it to an external organisation such as the police, Care Quality Commission or the local authority. The service also had a copy of multi-agency safeguarding vulnerable adult protection policy, protocols and guidance for Kent and Medway local authorities and their contact details. These policies contain guidance for staff and managers on how to protect and act on any allegations of abuse. The registered manager had followed these procedures to help keep people safe.

Staff had received infection control training and were provided with gloves, aprons and hand gel. Guidance about practices to minimise any infections were contained in people's care plans. Staff confirmed that they could access more equipment when required. There was a stock of personal protective equipment (PPE) kept in the office which staff could access regularly to stock up.

Good

Our findings

Everyone responded that staff had the right skills to support them in an individual manner. One person told us, "Staff are brilliant and very skilled". A relative said, "Dad can be awkward and he refuses some care, but staff are able to make compromises so that he gets washed in a way that he accepts". Most people said they had regular care staff to support them whom they knew well. They said that this meant that staff were effective in noticing and acting on changes in their health and well-being. A relative told us, "Staff must have the right experience because they notice when things aren't right. For example, they called me last week because they noticed some discharge around his catheter and thought there might be an infection and asked me to call the Doctor, which I did".

At the last inspection on 11 January 2017, we identified a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to ensure that staff were acting in accordance with the requirements on the Mental Capacity Act 2005 where a person lacks capacity to make an informed decision or give consent.

At this inspection on 7 and 12 February 2018, we found that improvements had been made to ensure that staff supported people within the principles of the Mental Capacity Act 2005.

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. Staff had received training in the MCA 2005 and capacity assessments had been undertaken to assess if people had capacity to make day to day decisions about their care. Staff explained how one person had capacity to make decisions, but was not able to make their needs known verbally. They said that in these situations they explained what they were going to do and the person and they acknowledged their consent through non-verbal communication such as moving their head.

People said that a representative from the service met them to discuss their needs before receiving a service. This included people's social, physical and mental health needs and their individual preferences. One person told us, "There was an initial visit although there have been some adjustments since". Health and social care professionals told us that they carried out joint visits to assess and review people's care needs.

A health care professional told us that the service made appropriate referrals and, worked in collaboration

with them to achieve the best outcome for our service users. "The service have been keen on promoting quality of life for example having a moving and handling assessment to ensure the person can be hoisted out safely and also an assessment for suitable seating to facilitate this".

People's health care and nutritional needs were assessed. Care plans included information about people's medical history, skin integrity, eye sight and hearing. Individual guidance was in place about how to support people effectively. This included how to care for people's skin to keep it healthy and to support people who used a catheter. Staff understood how to put this guidance into practice. When staff identified concerns with people's health they advised them or their relative to contact a medical professional. When people did not have any one to act on their behalf, they contacted health care professionals such as a person's doctor or a district nurse. People's daily notes recorded any concerns with people's health and if they had spent time in hospital. This was so there was a complete picture of people's health and well-being that staff could use to guide their practice.

People's needs with regards to eating and drinking varied. Some people got their own meals and for other people they were provided by relatives or another agency. The level of support people required was recorded in their care plans. A record was made of what people ate and drank. Staff understood the importance of people having access to food and drink. At home visits staff encouraged people to eat and made sure that drinks were refreshed and left within their reach.

New staff completed an in-house three day induction programme which included training essential to their role such as moving and handling, first aid, safeguarding, supporting people living with dementia and equality and human rights. Staff also shadowed existing staff and completed the Care Certificate. The Care Certificate includes the standards people working in adult social care need to meet before they are assessed as being safe to work unsupervised. New staff had a probationary period in which they had a number of supervisions and spot checks to assess their skills and knowledge in practice. A new training programme was in place to check staff's competency and knowledge in key areas related to their practice. The provider had reviewed the way that staff training was delivered to make sure that it was effective. Specialist training was accessed from the community nursing team when it was required to ensure people's health needs were met.

Staff said they felt well supported by the management team. They said they were able to contact members of the office team for support and that when they did so that they were given the guidance, knowledge or emotional support they required. Staff were formally supported through supervision and appraisal. Although staff said they received support when they needed it, the service was aware that there was some inconsistency the frequently of supervision sessions between individual staff members. Supervision and appraisal are processes which offer support, assurances and learning to help staff development. Unannounced checks took place to observe staff practice such as use of personal protective equipment and record keeping. Staff were aware of the on-call system which was available out of normal office hours and people were given this information when they first started to use the service.

Good

Our findings

Everyone told us that staff were very kind, caring and compassionate. One person told us, "Staff are friendly, efficient, experienced and caring. We always have a chat together". Another person told us, "Staff are very good at their job and one or two are outstanding". A relative said, "Staff are really kind and always willing to do little extras. They seem genuinely fond of Dad". People and their relatives said staff supported them in a way that made them feel valued as individuals. One person told us, "Staff always treat me like an auntie: Sort of affectionate but still polite". A relative told us, "Our regular carer is so lovely, Gran feels like a million dollars when she has been. The morning wash is more like a pamper session".

A health care professional told us, "Austen Allen care have appeared to be caring, as during joint assessment they have been keen on involving the person with moving and handling;being sensitive to their individual needs especially amongst patients with dementia".

The service had received a compliment about the caring nature of the staff team and how they had supported the person and people who were important to them. "The way your carers looked after my Dad but also supported and befriended my Mother was so wonderful. It's the way they did the work, the empathy and care that they put into their work was very humbling".

Feedback from everyone was that people were treated with dignity and that their privacy was always respected. They said that staff listened to them and talked to them in a way they could understand and respond to. A relative told us, "Staff do talk to my family member, even though she won't talk to them. Staff try to do everything in a nice way". People said that staff showed concern for their well-being and showed patience and understanding. One person told us, "Staff have a great attitude when they are here and never make me feel like a burden because I am slow". People's care plans contained information about how to maintain people's privacy and dignity to ensure they were respected at all times. For example, one person's plan stated that staff should ensure that their curtains were closed before supporting them with their personal care. It advised staff to cover the person with towels to maintain their dignity and to stop them from getting cold when assisting them with specific care tasks.

People and their relatives said that they were involved in planning their or their family member's care. They said that they were consulted about their likes and dislikes about how they wanted their support to be provided. Feedback was that as people usually had regular members of staff, that staff knew them well including their choices and preferences. One relative told us, "Dad's likes and dislikes are written down and staff know him and his ways". Staff were able to explain about the individual care and support people

needed. They were knowledgeable about the people they supported, what was important to them and their personalities and preferences. They gave examples of people who enjoyed sharing a joke and benefitted from a lot of laughter and other people who preferred a quieter environment and more serious conversation. Staff described how for people who had limited verbal communication, they were guided by their facial expressions as to whether they were happy or upset. They used this knowledge to guide how they approached supporting the person so that they did so in an individual and caring manner.

Details about people's choices and how to promote their independence were recorded in their care plans. Care plans set out what personal care tasks people were able to do for themselves and which tasks they required verbal or physical support to achieve. For example, one person was able to wash their face and brush their teeth, but needed physical assistance with dressing. This meant that people were encouraged to continue with daily living skills which helped to maintain their independence.

Staff had a good understanding of the need to maintain confidentiality. People's information was treated confidentially. Personal records other than the ones available in people's homes were stored securely in the registered office. People's individual care records were stored in lockable cupboards. Staff files and other records were securely locked in cabinets within the offices to ensure that they were only accessible to those authorised to view them.

Good

Our findings

People and their relatives said that staff carried out all tasks and support that was agreed in their care plan. One person told us, "Staff do a good job and know what is needed when they support me". People said the service was flexible and responded for their changing care needs. One person said that the hours of support they received had increased when they first came out of hospital as they required more help. Another person said that they had become more independent after a period out of hospital and therefore the amount of staff hours they required had decreased. A further person told us, "I used to find the morning visit being half an hour too much of a rush so it has been increased to three quarters of an hour". Health and social care professional told us that the service were flexible and had made itself available to accommodate joint assessments.

At the last inspection on 11 January 2017, we identified breaches of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider could not ensure that care was consistently delivered in a person centred way.

At this inspection on 7 and 12 February 2018, we found that care plans contained essential information about people's support needs. They had been written in consultation with people to ensure they contained information about their individual choices, preferences and support needs.

Care plans had been developed in consultation with each person and included all aspects of the person's health, social and personal care needs. They included detailed information from the person's point of view about their daily lives including, communication, dressing, oral hygiene, nutrition and moving and handling. For people who required support with moving and handling the specific guidance that met their individual needs and kept them safe was included. This included step by step instructions about how to put their hoist safely on the person setting out how each strap should be attached. For people who used a urinary catheter there were instructions about when to empty and change the person's bag. Care plans were reviewed each year or sooner if there were significant changes to their needs.

Personal information was contained in care plans to give a clear and full picture of their character and needs. This included people's personal history, likes and dislikes, religion, sexual orientation, what was particularly important to them and the intended outcome for them when receiving support from the service. This information helped staff to provide care and support in a way that was specific to the person. It had been recorded that for some people their named pets or family members were very important to them so that staff could engage in conversations with people about these topics when providing care. People's likes

and choices were specific so that staff could support them in the particular way that they liked. For example, for one person it had been recorded that they liked to drink a white tea with one sugar in their glass jar, with a lid and a straw.

Everyone said that they knew how to make a complaint about the service. They said that information about how to make a complaint was given to them as part of an information pack when they first started to use the service. One person told us, "This information that I have been given is very useful and easy to understand". Most people told us that they had not needed to make a complaint but they said that they would call the registered manager or ask a friend or relative to do so on their behalf. One person told us about a concern they had raised. The care coordinator confirmed they were aware of their concern and detailed how this was being investigated. A social care professional told that the service was responsive in addressing any issues in a person's care. "Whenever there are any concerns, the service calls me to inform me of these and we work together to resolve these issues".

The provider had a complaints policy and procedures which set out how people could make a complaint and the action the service would take to investigate their concerns. It contained the contact details of relevant external agencies, such as the Local Government Ombudsman and the local authority. The service had followed this policy to acknowledge, investigate and inform people of the outcome of any complaint they had made. In addition to recording complaints, the service had also started to make a record of any concerns that had been raised by people. This was so that people's concerns could be responded to before they developed into a formal complaint. The registered manager reviewed concerns and complaints to make sure the provider's policy was followed and to establish if there were any patterns or trends that required further action.

Requires Improvement

Our findings

Most people said the service was well managed. One person told us, "It is very well managed. The staff in the office are very approachable. There are no problems there". Another person told us, "As far as I can tell it is well organised and the office staff are lovely". Eight out of the twelve people we spoke to said that they would recommend the service to others. When asked why they would recommend the service comments included, "I certainly would recommend them as they are an absolute Godsend: Staff are kind and cheerful and we couldn't manage without them"; I would recommend the service as staff are lovely and they do a great job"; and, "Yes I would recommend the service as I feel very well looked after".

Social care and health professionals said the service was well led. Comments included, "Austen Allen has always been easy to contact and they respond within good time. They are very proactive in dealing with situations that come up"; "The service is collaborative and open and transparent when engaging with us. The registered manager is very effective in managing the service"; and, "It appears Austen Allen have developed a very approachable culture and have been a pleasure to collaborate with".

At the last inspection on 11 January 2017, we identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not ensured that robust auditing and quality monitoring systems were in place to identify shortfalls within the service.

At this inspection on 7 and 12 February 2018, we found that the provider had reviewed and amended quality monitoring systems. There had been improvements in most areas and the provider was working towards addressing other areas where shortfalls had been identified.

The provider had developed a planned programme of monitoring and audits to assess the effectiveness of the service and the outcomes for people. A head of quality had been appointed and a policy statement set out how the service planned to achieve and maintain its standards of practice. A programme of audits was in place which covered all areas including staff training and supervisions, complaints, safeguarding, care plans, risk assessments and daily contact sheets. As a result, the service was more effective in highlighting shortfalls and taking action to resolve them. Audits had highlighted inconsistencies in medicines recording and as a result the provider planned to introduce an electronic medicines recording system in March 2018. In the short term, action was being taken to address these shortfalls as they arose, but some inconsistencies continued.

We recommend the provider seeks advice and guidance about how to ensure shortfalls in the service are

acted on in a more timely manner.

A new care planning and risk assessment format had been introduced which was person centred and this documentation had been appropriately completed so it gave a holistic picture of each person and their care and treatment. A new software package had been installed which enabled the service to monitor staff rostering and this had provided better outcomes for people with regards to regular care staff. The computer programme also meant that the service could more easily analyse how effectively systems were working, access auditing information and see in real time when staff were visiting and leaving a person's home so any delays could be more easily identified and communicated.

The registered manager was responsible for overseeing the day to day running of this and another of the provider's services. They worked with the provider and were supported by a team of staff. The registered manager and their staff team understood the values of the service which were to put people first, be supportive and have a positive teamwork ethic. Feedback from people, relatives and social care professionals confirmed that these aims were met by the staff team. There was an open door policy and staff said that the registered manager was available, listened and responded to them and was very supportive. Staff said that as a result they felt valued and proud to work for the service.

Communication in the service had been improved through handovers with on-call staff and regular office meetings. There were also meetings with the management team and with the providers other service. At these meetings any concerns, actions or issues were discussed and addressed. Staff were kept informed of any changes, training they needed to complete and also thanked for their support through regular newsletters. As English was not the first language for a significant percentage of staff who worked for the service, sometimes these newsletters were written in their native language so complex issues were easier for them to understand.

The provider and registered manager understood their obligation in relation to submitting notifications of significant events to the Commission. They were proactive in keeping people safe. One person told us that the service was concerned about the vulnerability of their relative in a specific situation. A meeting had been arranged by the service to discuss and address the concerns and help keep the person safe. The registered manager kept up to date with changes and practice through meetings with external organisations and joint working with other health and social care professionals. All policies had been reviewed and maintained to ensure that staff had access to up to date information and guidance to support them within their roles.

The service worked with health care professionals and accessed their support when needed. This included district nurses, occupational therapists, palliative care nurses and mental health professionals. For example, one person had a mental health need that fluctuated. Details of the appropriate professional to contact for advice and also in an emergency were contained in their care plan. This ensured the right support was secured for people in a timely manner.

Feedback from people about the quality of the service was undertaken through an annual survey. The results of the survey in 2017 were that everyone rated the care and support they received as good, very good or excellent. The majority of people said that they had continuity of staff, that staff were punctual and that there was good communication with office staff. Everyone said that their privacy was respected. Comments about what people thought was particularly good about the service included the nature of the staff team who were hard working, friendly, polite and quick to learn. One person commented about their carer, "She is a lovely girl who goes above and beyond". The actions from the survey were to introduce a new care planning system to improve communication and continuity of staff. The provider had introduced a programme of planned telephone calls to people every three months in order to be more proactive in

checking the quality of the service and identifying anything that needed to be changed. Overall there had been positive feedback from people although there had been a few comments about lack of communication and changing staff which had been passed to the care coordinator to address with the individuals concerned. Auditing processes had identified that these telephone checks were taking place for people six monthly rather than yearly as originally planned.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. We found the provider had conspicuously displayed their rating at the service and on their website.

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered provider had not ensured the proper and safe management of medicines. Regulation 12(2)(g)