

Audley Care Ltd

# Audley Care Ltd - Leamington Spa

## 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 visited the offices of Audley Care Ltd - Leamington Spa on 20 April 2016. The inspection was announced. This was to ensure the registered manager and staff were available when we visited, to talk with us about the service.

Audley Care Ltd - Leamington Spa is a domiciliary care agency which provides personal care and support to people in their own homes. At the time of our visit the service supported 69 people. The service was last inspected on 16 December 2013 when we found no breaches of Regulations.

The service has 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 told us they felt safe using the service and staff understood how to protect people from abuse. There were processes to minimise risks associated with people's care to keep them safe. This included the completion of risk assessments and checks on staff to ensure their suitability to work with people who used the service.

There were enough suitably trained staff to deliver care and support to people. People had regular care workers who stayed for the agreed length of time. Staff received an induction and a programme of training to support them in meeting people's needs effectively. Staff understood the principles of the Mental Capacity Act (MCA), and staff respected people's decisions and gained people's consent before they provided personal care.

People told us staff were kind and caring and had the right skills and experience to provide the care and support they required. Care plans and risk assessments contained relevant information for staff to help them provide the care people required. Staff treated people in a way that respected their dignity and promoted their independence.

People were involved in planning how they were cared for and supported. Care was planned to meet people's individual needs and preferences and care plans were regularly reviewed.

People knew how to complain and were able to share their views and opinions about the service they received. Staff felt well supported by the registered manager and were confident they could raise any concerns or issues, knowing they would be listened to and acted on. The registered manager valued staff and promoted their development.

There were processes to monitor the quality of the service provided and understand the experiences of people who used the service. This was through regular communication with people and staff, returned

surveys, spot checks on staff and a programme of other checks and 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.

People were kept safe because risks to people's individual health and wellbeing were identified and staff followed care plans to minimise these risks. There were sufficient numbers of suitably skilled staff to meet people's individual needs and staff were trained to protect people from the potential risk of abuse. People received their medicines as prescribed and the registered manager checked staff were suitable to deliver care before they started working with people at the service.

### Is the service effective?

Good ●

The service was effective.

Staff were trained and supervised to ensure they had the right skills and knowledge to support people effectively. Staff understood the principles of the Mental Capacity Act 2005 and staff gained people's consent before care was provided. People who required support had enough to eat and drink during the day and had access to healthcare services.

### Is the service caring?

Good ●

The service was caring.

Staff provided a level of care that ensured people had a good quality of life. They respected people's privacy and dignity and encouraged people to maintain their independence.

### Is the service responsive?

Good ●

The service was responsive.

People's care needs were assessed and people received a service that was based on their personal preferences. Staff understood people's individual needs and were kept up to date about changes in people's care. People knew how to make a complaint and the registered manager dealt promptly with any concerns or complaints they received.

## Is the service well-led?

Good 

The service was well-led.

People were satisfied with the service and felt able to contact the office and speak with the registered manager if they needed to. Staff felt well supported by the registered manager and felt able to raise any concerns. The registered manager was dedicated to providing quality care to people. Staff were encouraged to share ideas to make improvements to the service. There were processes to ensure good standards of care were maintained.

# Audley Care Ltd - Leamington Spa

## **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.

The inspection took place on 20 April 2016 and was announced. We told the registered manager one day prior to the inspection that we would be coming, so they and the staff were available to speak with us. The inspection was conducted by one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using, or caring for someone who uses this type of care service.

We reviewed information received about the service, for example the statutory notifications the provider had sent us. A statutory notification is information about important events which the provider is required to send to us by law. Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We found the PIR reflected the service provided. We also contacted the local authority commissioners to find out their views of the service provided. These are people who contract care and support services paid for by the local authority. They had no concerns about the service.

Before our visit we contacted people who used the service by telephone and spoke with 18 people. During our inspection we spoke with the registered manager, the quality care supervisor, the care coordinator and three care staff.

We reviewed four people's care plans to see how their care and support was planned and delivered. We looked at other records related to people's care and how the service operated, including medicine records, staff recruitment records, the provider's quality assurance audits and records of complaints.

# Is the service safe?

## Our findings

People told us they felt safe because they received care from staff they knew well and trusted. Two people told us, "I know [name] is safe in the hands of the staff. I trust them to look after [name]" and "The staff make me feel safe always." People were protected from the risk of abuse because staff knew what to do if concerns were raised. People who used the service told us they felt comfortable talking with staff or the registered manager if they felt unsafe. A member of staff told us, "I am taught in training what to do. I would report a concern to the office or social services. There is someone on call here all the time." They explained they had done this recently and were satisfied with the way the issue had been dealt with. They told us how matters would be referred to the local authority in some circumstances, to protect people's safety. Records showed concerns about potential abuse had been appropriately reported and action was taken by the registered manager to keep people safe.

There was a procedure to identify and manage risks associated with people's care. When people started using the service, an initial assessment of their care needs was completed that identified any potential risks to providing their care and support. Staff knew about individual risks to people's health and wellbeing and how these were to be managed. Records confirmed that risk assessments had been completed and care was planned to take this into account to minimise risk. For example, a member of staff explained how they supported one person whose mobility had suddenly deteriorated. They told us they contacted the office staff who took action straight away to ensure the person was made safe and then reviewed their needs. Another member of staff explained how they supported one person to stay safe in their home, they said, "I make sure I assist [name] to walk safely. I make sure [name] has their life line on. We take it off to wash and then put it back on." A lifeline is a personal alarm which can be used to call for help in an emergency.

Incidents were recorded and actions were taken to protect people and keep them safe. We found records of incidents were detailed and included the actions taken as a result of any incident. For example if a late call was identified, the registered manager analysed the information and actions were taken to make improvements to the service to reduce the risk of any future reoccurrences. The registered manager explained how they assessed other risks to people by monitoring any incidents which took place and reviewing the information to identify any patterns. They said, "Because we are a small office, there is discussion between staff and we look at how to reduce risks." Records showed information about risks were escalated to the provider's compliance manager on a regular basis, where information was reviewed again in order to ensure people were protected.

There were sufficient experienced staff to provide all the calls people who used the service required. People told us staff stayed long enough to meet all their care needs and they were not rushed. One person told us, "The staff are all very good at getting on with things. They talk to me all of the time. I know they are busy but they never rush me". People told us they received a rota to tell them the times of their calls and which staff would call. One person told us, "I get a list so that I know who is coming and it is usually the same people. They come on time but if not, the office ring me to let me know. They have never let me down". Staff told us they had enough time to attend calls and that providing consistent care was important to them. The registered manager told us, "We ensure people are provided with consistent carers, so they have confidence

and can build a relationship with them."

The registered manager had an out of hour's on-call system when the office was closed. Staff told us they felt supported by this system and could always contact a senior member of staff for advice.

The registered manager checked staff were suitable to support people before they began working in the service, which minimised risks of potential abuse to people. Records showed the provider's recruitment procedures included obtaining references from previous employers and checking staff's identities with the Disclosure and Barring Service (DBS) prior to their employment. The DBS is a national agency that holds information about criminal records.

Staff administered medicines to people safely and as prescribed. Staff had received training to administer medicines safely which included checks on their competence. They recorded in people's records when medicines had been given and they signed a medicine administration record (MAR) sheet to confirm this. Completed MAR sheets were returned to the office every month and checked for accuracy by the quality care supervisor. Records showed where checks had identified an issue, staff had been supported by the quality care supervisor, to make improvements. A member of staff confirmed this and told us, "This is helpful." Staff knew to contact senior staff if they had any concerns regarding people's medicines, and told us they felt supported to do so. One member of staff told us, "I noticed one person had difficulty taking tablets, so I notified the office and their medicines were reviewed." They told us the person was now prescribed a different type of medicine which was easier for them to take.

## Is the service effective?

### Our findings

People we spoke with told us staff had the skills they needed to support them effectively. Two people told us, "The staff look after me well they know what they are doing" and, "I think all the staff are well trained they all look after [name] well."

Staff received training considered essential to meet people's care and support needs. This included training in supporting people to move safely, medicine administration and safeguarding people. Different methods of training were provided which suited different ways of learning, for example online training courses and external training courses. Staff were positive about the training they received. A member of staff told us, "I have just finished a distance learning course on dementia. I chose to do it paper based rather than on the computer. I found it interesting, I can apply it to my clients." Staff said they were supported to do training linked to people's needs, such as dementia awareness. However, some staff told us they would like more training on specific needs, such as Parkinson's disease. We discussed this with the registered manager who told us, "I am always looking to better staff skills, so will try and set up more training."

Staff told us they completed an induction when they first started work, that prepared them for their role before they worked alone in people's homes. One member of staff said, "I had a good week of induction training." The induction included training and working alongside a more experienced worker, before they worked on their own. Staff told us they felt happy to ask to shadow experienced staff for longer, if they felt they needed to. Staff told us they felt well supported by the provider to study for care qualifications. The registered manager told us some staff had already obtained and some were currently working towards completing the nationally recognised Care Certificate. The Care Certificate sets the standard for the fundamental skills and knowledge expected from staff within a care environment.

Staff told us their knowledge and learning was monitored through a system of supervision meetings and unannounced spot checks of their practice. Records confirmed senior staff observed staff practice in people's homes and assessed staff performance to ensure they put their learning into practice. The registered manager explained that staff received spot checks and supervision, every three months and twice during their probation. Supervision is a meeting between the manager and member of staff to discuss the individual's work performance and areas for development. The registered manager told us they found supervision, "Useful and informative." They said during supervision they asked staff what they had done well, what support they needed and if they had any training requirements. A member of staff told us, "It's a good time to raise personal concerns."

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. We checked whether the registered manager was working within the principles of the MCA. The registered manager told us there was no one using the service at the

time of our inspection that lacked capacity to make decisions about how they lived their daily lives. We were told some people lacked capacity to make certain complex decisions, for example how they managed their finances, but they all had somebody who could support them to make these decisions in their best interest. For example a best interest decision about future accommodation had been made for one person. The decision had been clearly recorded in their care plan and involved appropriate people including health professionals. We found there were no documented mental capacity assessments for these people, so their capacity to make decisions was not always clear. We discussed this with the registered manager who agreed they would seek clarification on this issue and conduct assessments where necessary.

People told us staff gained their consent before supporting them. A relative told us, "The staff respect [name]'s wishes. They are very patient with [name]." Staff told us they had completed training in MCA and knew they could only provide care and support to people who had given their consent. Staff gave examples of how they asked people for their permission before they supported them to do certain things.

Some people told us they received food and drinks prepared by staff. Two people said, "The staff will make me my breakfast, I like a poached egg" and "They [staff] always check what I fancy that day." Staff told us they knew people's individual requirements and made sure people were supported with food and drink, in a way that met their needs. Two members of staff told us, "Care plans are very specific and it is clear what people like" and "We give people a choice of what's available. We make sure people have drinks available, for example, one person has a jug of squash." We saw people's dietary requirements, food preferences and any allergies were recorded in their care plans.

Staff told us they supported people to manage their health and well-being if this was part of their care plan. The registered manager told us, "Everyone has a good support network. If we had concerns, we would contact the family first and ask them to refer to health professionals. If the family don't want to make a referral, then we would do it." Records confirmed the service involved other health professionals with people's care when required, including district nurses and occupational therapists.

## Is the service caring?

### Our findings

People told us staff were caring and treated them with kindness. Two people told us, "The staff were lovely with [name], [name] grew to love them" and "They always treat me well they have all been excellent. They always ask if I need anything else before they leave. I look forward to them coming because they make a fuss of me." Staff told us they liked working at the service and they enjoyed helping people to be independent and supporting people according to their individual needs. Two members of staff told us, "I talk to people and listen to them, it's important to build a rapport with people and their families" and "I absolutely love it, I can't believe I get paid for what I do." The registered manager explained how they tried to ensure staff were compassionate. They said, "From the moment we interview, we are looking for genuinely caring people. We look at how they come across, how they talk about people and the reason why they want the job. We are looking for people who want to make a difference."

Staff told us senior staff gave them opportunities for personal development within the service and were caring and this made them feel motivated in their role. Two members of staff told us, "The girls in the office are always willing to listen" and "Office staff will ask you to sit down and chat and have a cup of tea."

People told us they were supported to maintain their independence as much as possible and the support they received was flexible to their needs. Two people told us, "They help me keep as independent as I can. They are caring in the way they look after me" and "They take time with [name] and encourage them to do as much for themselves as possible." Staff told us they had enough time allocated for calls to encourage people to do things for themselves where possible. A member of staff gave an example of this, "I encourage people to do things for themselves, for example, putting on underwear and washing themselves." Another member of staff said, "It's all about choice. We assist people to do things so that makes them feel more independent."

The registered manager was in the process of arranging social events to encourage people to take part in and maintain their independence. For example, people were being invited to celebrate nationally recognised 'carer's week', by listening to speakers. People were also being invited to attend a lunch to celebrate the Queen's birthday.

People we spoke with confirmed they were involved in making decisions about their care and were able to ask staff for what they wanted. The registered manager told us, "We focus on the choices of the individual and we work with individuals and families to get together the best care plan." A staff member explained how they had worked with one person and their family to review the person's needs and updated their care plan to include their preferences for personal care. Care plans were personalised and included details of how staff could encourage people to maintain their independence and support them to make decisions. There were detailed instructions on people's care plans about how staff should support people in their daily routines.

People told us staff were kind and treated them with dignity and respect. Two people told us, "The staff look after me, they always treat me with dignity and respect" and "The staff are really good at getting [name] up."

They let them take their time, sit on the edge of the bed and will talk them through what they are doing". Two members of staff explained how they maintained people's dignity whilst supporting them. They said, "I try and treat people as I'd want my mother to be treated" and "I ask people what they'd like to be called, it's very important."

## Is the service responsive?

### Our findings

People told us they were happy with their care and support and that staff knew them well. One person told us, "The staff are all very good at getting on with things and they talk to me all of the time." People told us the service was flexible to their needs. One person said, "We have used them on and off for several years. They come in when I ask them to. I am very happy with the service because they understand my needs." The registered manager explained the person centred ethos of the service. They said, "Everything revolves around the needs of the person, to give them self-esteem. Everyone is unique and we listen to people and do what they want." They explained that they had customers who returned to use the service following recovery from illness and treatments, until they felt confident to live independently again.

People told us their support needs had been discussed and agreed with them when the service started and that staff knew their likes and preferences. Staff told us they read people's care plans so they knew what people's preferences were and to ensure they supported people in the way they preferred. One member of staff told us, "I get so much information just by talking to people, I build up a picture about what they like." They gave an example where one person had expressed an interest to look at their stamp collection and they had supported to them to do this. Staff we spoke with had good understanding of people's care and support needs. For example a member of staff told us about one person who was diabetic. They worked closely with the district nurse to ensure their medicine was kept under review and this helped them maintain a good quality of life. People's likes, dislikes and preferences for care were clearly defined in their care plans. People had shared information about what was important to them and staff followed this.

People told us they had been involved in planning their care. A relative told us, "I helped put [name]'s care plan together and it was adjusted as necessary over time". Staff told us care plans were reviewed regularly and they had the required information to meet people's needs. A member of staff told us, "Care plans are up to date, they are always being modified." The quality care supervisor told us people were visited every six months and their care was reviewed. They told us people's relatives were invited to take part if people wished them to. The registered manager said, "We make calls to clients three days into their care calls, to find out if they are satisfied. If there any changes we will make them on the care plans." We saw evidence that any changes discussed with people at reviews were recorded and care plans were updated.

Communication between staff allowed them to share information and ensured people received care which met their needs. A member of staff told us, "The office let you know on your phone if there's a change to a client's needs, or they may talk to us in the office." Another member of staff told us, "If people's needs change we report it to the office and they're very good at responding to review people's care." Staff told us they read people's daily records to ensure the continuity of their care and to see if there were changes to their needs. The registered manager explained before staff visited someone they had not met before, they received a handover so they could be confident to deliver their care, ask questions and look at the care plans.

Records showed people were asked about their beliefs and cultural backgrounds as part of their care planning. People were encouraged to maintain their religious beliefs and were supported to attend religious

services.

People and their relatives said they would raise any concerns with the registered manager and the staff in the office. One person told us, "I would ring the office if I wasn't happy about anything, but so far I have not needed to. I think they would listen and do something about it if I had a complaint." Two people told us they had raised issues with the registered manager and their concerns had been dealt with in a timely way and to their satisfaction. Staff knew how to support people if they wanted to complain. There was a written complaints policy, which was contained in the customer guide which each person had in their home. The policy informed people how to make a complaint and the timescale for investigating a complaint once it had been received. It also provided information about where people could escalate their concerns outside the service if they were unhappy with how their complaint had been dealt with. Records showed there had been seven complaints in the last 12 months, which were dealt with in a timely way and in accordance with the provider's policy.

Compliments about the service had been recorded, for example, one relative had written, 'We couldn't have managed without you.' The registered manager told us, "We share compliments with staff at supervision meetings, or give them a call." They told us, "We received a compliment today to say the, 'Carer was absolutely fantastic.' We've already rung the carer to advise them." Staff confirmed this and told us they received feedback from their manager.

We found the registered manager had listened to people's views and taken steps to improve the service. The registered manager explained there were several ways people could share their experiences of the service using surveys, care reviews and client forum meetings. They explained a client forum meeting was held twice a year at the provider's retirement village. People were asked questions about the quality of care they received. The responses showed one person had commented that care calls had been cut short due to staff travel time. The registered manager explained they had analysed people's responses and taken steps to make improvements, for example they had taken action to alter travel times on the staff rota.

## Is the service well-led?

### Our findings

Everyone we spoke with told us they were satisfied with the quality of the service. Two people told us, "I think the service is well managed. I get everything I need and I am perfectly satisfied" and "I believe they are well organised and managed." People told us they had already or would in future, recommend the service to other people. Staff told us, "It's the best care company, they're very good with training" and "Audley are very client focused, it's all about the quality of care." The registered manager told us, "We are a small, personal service and we know our customers well."

Staff told us they felt well supported by the registered manager and senior staff in the office. Staff understood their roles and responsibilities and what was expected of them. They knew who to report concerns to and were aware of the provider's whistle blowing procedure. Staff were complimentary about the leadership of the service and about the support and guidance they were offered. A member of staff told us, "The office staff are very approachable and understanding" The registered manager told us, "We have an open door policy, I prefer people to be open and honest rather than building things up." Staff told us the registered manager was approachable. One member of staff said, "We can pop into the office anytime we want to."

We saw there were regular staff meetings where staff were asked to contribute and raise issues to discuss. Ideas for staff development and new guidance were shared. The registered manager asked for feedback from staff about how the service could be improved. Staff confirmed there was good communication between staff members and they were motivated to improve the service.

The manager was aware of their responsibilities as a registered manager and had arranged for the quality care supervisor to undertake their duties whilst they were absent from the service, between November 2015 to March 2016. Together they had provided us with statutory notifications about important events and incidents that occurred at the service. They had notified other relevant professionals about issues where appropriate, such as the local authority. The quality care supervisor had completed the provider information return (PIR) which is required by law. We found the information in the PIR was an accurate assessment of how the service operated.

The registered manager told us how they kept staff up to date with best practice. They said, "Updates are cascaded down at staff meetings from the compliance manager. We post updates out to staff with their rotas and they are shared with staff on the provider's internal website. For example, we were given a days training on the CQCs new methodology which was useful because we knew what to expect."

Records showed people were encouraged to provide feedback about the service through observational spot checks, care plan reviews and satisfaction surveys. We saw the most recent questionnaires had been sent to people in 2014, asking for their opinions of the service. The registered manager explained people's responses had been analysed by the provider. We saw where negative comments had been made, the provider had developed an action plan, which the registered manager had followed and taken steps to improve the quality of the service.

Quality checks made sure the service was meeting people's needs. For example, that people received their medicines as prescribed and care was delivered as outlined in their care plans. The provider's compliance manager conducted audits of the service, four times each year. The last check had been completed in February 2016 and resulted in an 85 per cent compliance rating. Records showed the registered manger had completed all the requested improvement actions. For example, they had ensured body maps were included on people's care plans to show where topical cream should be applied.

The registered manager had devised their own action plan, which incorporated required actions from any audits done, including the providers. It also highlighted when people's care reviews and staff supervision meetings were due. The registered manager told us they updated the plan weekly. We saw the outcomes of actions were recorded and completed in a timely way.

People told us the information they received from the service was clear and easy to understand, for example the complaints policy. Staff told us they had good access to information on the provider's internal website. They could check their personal details and look at policies, procedures and the provider's newsletters. One member of staff said it was, "Informative."