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# Autumn Years Care

## 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 undertook an announced inspection of Autumn Years on 9 and 10 January 2018.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older people and younger adults in and around Oxfordshire.

At our last inspection on 18 and 22 April 2016, we asked the provider to take action and operate effective recruitment procedures to ensure that information specified in Schedule 3 was available. These concerns were a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. On this inspection on 9 and 10 January 2018, we found improvements had been made and the provider was no longer in breach of this regulation.

At the last inspection, the service was rated requires improvement in the safe domain and good overall.

At this inspection, we found the service remained Good overall.

Why the service was rated Good:

People who were supported by the service felt safe. Staff had a clear understanding on how to safeguard people and protect their health and well-being. People received their medicines as prescribed. There were systems in place to manage safe administration and storage of medicines.

The service had robust recruitment procedures and conducted background checks to ensure staff were suitable for their roles. There were enough staff to meet people's needs.

People had a range of individualised risk assessments in place to keep them safe and to help them maintain their independence. Where risks to people had been identified, action had been taken to manage the risks. Staff were aware of people's needs and followed guidance to keep them safe.

People continued to receive effective care from staff who had the skills and knowledge to support them and meet their needs. People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible; the procedures in the service supported this practice. People were supported to access health professionals when needed and staff worked closely with people's GPs to ensure their health and well-being was monitored.

The service continued to provide support in a caring way. People were involved in decisions about their care needs and the support they required to meet those needs. Staff supported people with kindness and compassion. Staff respected people as individuals and treated them with dignity.

The service continued to be responsive to people's needs and ensured people were supported in a

personalised way. People's changing needs were responded to promptly. People were supported to have access to activities of their choice in the community.

People knew how to complain and complaints were dealt with in line with the provider's complaints policy. People's input was valued and they were encouraged to feedback on the quality of the service and make suggestions for improvements. Where people had received end of life care, staff had taken actions to ensure people would have as dignified and comfortable death as possible.

Autumn Years was led by a registered manager who promoted a service that put people at the forefront of all the service did. There was a positive culture that valued people, relatives and staff and promoted a caring ethos. Staff told us they worked well as a team and felt valued. The registered manager led by example.

The registered manager monitored the quality of the service and looked for continuous improvement. There was a clear vision to deliver high-quality care and support and promote a positive culture that was person-centred, open, inclusive and empowering, which achieved good outcomes for people.

## 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.

Risks to people were assessed and risk management plans were in place to keep people safe.

Staff understood safeguarding procedures.

The service had enough staff to meet people's needs.

Medicines were managed safely.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Autumn Years Care

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection was carried out by an inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. This inspection took place on 9 and 10 January 2018 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service to people in their homes; we needed to be sure that someone would be in.

Before the inspection we reviewed the information we held about the service and the service provider. The registered provider had not completed a Provider Information Return (PIR) as this had not been requested. 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 looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law.

We spoke with six people and one relative. We looked at three people's care records and medicine administration records (MAR). We observed staff supporting three people in their homes. We spoke with the registered manager, carers manager, operations manager and four support staff. We reviewed a range of records relating to the management of the service. These included five staff files, quality assurance audits, minutes of meetings with staff, incident reports, complaints and compliments. In addition, we reviewed feedback from people who had used the service and their relatives.

# Is the service safe?

## Our findings

At our last inspection on 18 and 22 April 2016, we found the registered provider did not operate effective recruitment procedures to ensure that information specified in Schedule 3 was available. These concerns were a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. On this inspection on 9 and 10 January 2018, we found improvements had been made and the service was no longer in breach of this regulation.

The registered provider followed safe recruitment practices. Staff files included application forms, records of identification and three appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (DBS) to make sure staff were suitable to work with vulnerable people. The DBS check helps employers make safe recruitment decisions and prevents unsuitable people from working with vulnerable people.

People told us they felt safe receiving care from Autumn Years. They said, "I've been with them a few years and feel safe", "Yes I feel safe. They look after me, which has made improvements in my health since I started receiving care" and "I feel perfectly safe. They are such a nice lot and I'm very satisfied". People's relatives also told us their relatives were safe with staff from Autumn Years. They commented, "We feel safe, they are very careful with my wife and I don't have any concerns" and "We totally trust them".

Staff had received training in safeguarding adults and understood their responsibilities to identify and report any concerns. Staff were aware of the different types and signs of possible abuse. Staff were confident that action would be taken if they raised any concerns relating to potential abuse. Staff told us, "Abuse can show as change in behaviour, depression or bruising. We record and report to the manager" and "We can report abuse to safeguarding, police or CQC (Care Quality Commission)". The provider had a whistle blowing policy in place that was available to staff across the service. The policy contained the contact details of relevant authorities for staff to call if they had concerns.

We looked at the arrangements for safeguarding people's money. We saw that where a person was unable to do their own shopping, appropriate arrangements were in place for staff to support them safely. All money spent on behalf of people was recorded, receipts were obtained and audits conducted by the registered manager. This system protected people effectively from the risk of financial abuse.

People's care plans included risk assessments and where risks were identified there were management plans in place to manage the risks. Staff were aware of the risks to people and used the risk assessments to inform care delivery and to support people to be independent. Risk assessments included risks associated with: medicines, using the shower, nutrition and environment. For example, one person had a stoma. (An opening on the surface of the abdomen, which has been surgically created to divert the flow of faeces or urine). The stoma risk assessment took into account when staff used equipment to move the person. This was to keep the stoma bag secure and reduce any risk of injury.

The provider had a clear procedure for recording accidents and incidents. Accidents or incidents relating to

people were documented and investigated to reduce the risk of further incidents occurring. The registered manager audited and analysed accidents and incidents to look for patterns and trends to make improvements for people who used the service. Staff knew how to report accidents and incidents. One member of staff said, "We record accidents in the care plan and report to the office".

Autumn Years had enough staff to meet people's needs. People told us they never had missed calls. They said, "There's enough staff, they have enough time for me and do anything for me. They've never missed my visits and they've never been too late", "We've never had any problems there's always been enough staff. They never rush their calls" and "No missed or late calls. Always had enough staff". Records showed the service had not had any missed calls. Staff told us they were enough staff to keep people safe. One member of staff said, "I think we have enough staff. We always cover all shifts".

People received their medicine as prescribed. There were systems in place to manage medicines safely. The provider had a medicines policy and procedures in place. Records relating to the administration of medicine were accurately completed. Medicine administration records (MAR) detailed the number of medicine administered from a monitored dosage system. Where medicines were not dispensed in a monitored dosage system MAR had details of the medicine, which included; dose, strength, method of administration and frequency.

The provider had an infection control policy in place. Staff were aware of the provider's infection control policies and adhered to them. People told us staff used personal protective equipment (PPE) and washed their hands. They said, "They wear aprons and gloves when they put cream on my legs", "They wash their hands and wear gloves and aprons" and "When they do anything to look after me, they always wear gloves and aprons". During the inspection, we saw staff followed the provider's infection control policy.

The service learned from mistakes. Staff told us and records of client memos and staff spot checks showed where issues or shortfalls were identified they were discussed with the aim of learning from them. For example, inconsistencies in recording. Staff were encouraged to always read the care plans and ensure the planned care was delivered.

# Is the service effective?

## Our findings

The service continued to provide effective care. People received care from staff who had the skills and knowledge needed to carry out their roles. New staff were supported to complete a comprehensive induction programme before working on their own. The induction programme included training for their role and shadowing an experienced member of staff. One member of staff told us, "Induction was very good. I shadowed a more experienced staff member until I was confident to work on my own".

People's consent was sought before any care or support was given. Staff we spoke with told us they would explain the support to be given and seek the person's consent. Staff told us consent was always sought and the response was not necessarily obtained verbally. Staff explained how they observed people's body language, which determined if a person was happy with the support offered.

People were supported in line with the principles of the Mental Capacity Act 2005 (MCA). MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. Staff had received training about the MCA and understood how to support people in line with the principles of the Act. One staff member said, "MCA is about allowing people to make choices. We assume capacity in the first instance".

People's care records contained detailed information about their health and social care needs. They reflected how each person wished to receive their care and gave guidance to staff on how best to support people. For example, one person's care record gave guidance for staff on how best to support a person who lived with diabetes. The care plan emphasised on the importance of supporting the person with meals soon after they had their diabetes medicine.

People's needs were assessed prior to accessing the service to ensure their needs could be met. For example, assessments identified people's preferred methods of communication and staff were provided with guidance on how to effectively communicate with people. Assessments also covered people's individual needs relating to mobility and skin integrity. Detailed guidance was provided for staff on how to support people effectively.

Staff told us and records confirmed that staff received support through regular supervision (a one to one meeting with their line manager) and training. Staff training records were maintained and we saw planned training was up to date. Where training was required we saw training events had been booked. Staff also had further training opportunities.

People were supported to maintain good health. Various professionals were involved in assessing, planning and evaluating people's care and treatment. These included the GPs and occupational therapists. Visits by healthcare professionals, assessments and referrals were all recorded in people's care records.

People's nutritional needs continued to be met. Care plans gave detailed guidance on people's needs, including their preferences, special dietary needs and any allergies. One person told us, "They get my food



out of the fridge or freezer for me daily. They prepare the meals for me at each visit".

## Is the service caring?

### Our findings

People continued to benefit from positive caring relationships with staff. Staff told us, "We get to know people well and build relationships" and "We see the same clients and get to know them. They feel like family". One person said, "Staff are very happy, upbeat, friendly and like part of the family".

The registered manager promoted a caring culture. They told us they often completed visits alongside staff. They treated people with kindness and compassion and staff mirrored this example of care and support. One person said, "The manager comes out often. A lovely lady, pleasant and experienced".

People were treated with dignity and respect by staff and they were supported in a caring way. One person told us, "They always explain what they are doing. They put a towel over me while washing they are so kind and caring". Staff ensured people received their support in private and staff respected people's dignity. Staff described how they treated people with dignity and respect. One member of staff said, "We talk to people with respect". We observed staff treating people as individuals with dignity and respect during personal care. Support records reflected how staff should support people in a dignified way and respect their privacy. Support plans were written in a respectful manner.

People's needs in relation to gender, faith and disability were clearly recorded in care plans and staff knew the needs of each person well. Staff gave us examples of how they supported people. We asked staff about equality and diversity. One member of staff told us, "We received training in equality and diversity. We treat people equally and respect their choices". Discussions with the registered manager and staff demonstrated that the service respected people's individual needs.

People's care plans demonstrated that people were involved in developing their care plans. We saw evidence that care plans were reviewed regularly. Records showed where appropriate, people's relatives and advocates signed documents in care plans to show they wished to be involved in the plan of care. People's relatives told us they had been involved in developing care plans and reviewing care. One person's relative said, "We were asked to review the care plan recently".

Each person's care plans detailed repeatedly the importance of people maintaining their independence where possible. People told us they were supported to maintain their independence. One person said, "They are very helpful. I am mobile and they just keep an eye on me, they don't interfere with me doing things for myself". Staff told us that people were encouraged to be as independent as possible. One member of staff said, "We encourage people to do things first before we take over".

Staff understood the importance of confidentiality. One member of staff told us, "We talk to people in confidence and only share information on a need to know basis". People's support records were kept in locked cabinets in the office and only accessible to staff. The provider's policy and procedures on confidentiality were available to people, relatives and staff.

## Is the service responsive?

### Our findings

The service continued to be responsive. Care records contained details of people's personal histories, likes, dislikes and preferences and included people's preferred names, interests and hobbies. For example, one person liked completing picture puzzles. We saw staff knew the person's interest and ensured they always had a supply of the picture puzzles.

Care plans were personalised and contained detailed daily routines specific to each person. The registered manager matched staff with people who had similar personality characteristics and the same interests to allow development of relationships. For example, common interests of knitting, animals and music. This gave staff opportunities to talk to people about things that interested them and allowed for the formation of relationships with people. One person was teaching a member of staff a new language. Another person was teaching a staff member how to knit. This was done during visits.

Autumn Years was responsive to people's changing needs. For example, we saw evidence of how the service had responded to changing needs in relation to a person's mobility. The service referred the person to their G.P and the care home support service (CHSS). As a result, additional equipment was fitted within the person's home to support them further with their mobility needs.

People were encouraged and supported to maintain links with the community to ensure they were not socially isolated. For example, people who enjoyed attending coffee mornings and community centres. The service planned people's care visit times flexible enough to accommodate their interests as well as any other social commitments.

The provider checked the service was meeting people's needs through regular telephone reviews and staff 'after call spot checks'. Records showed people were happy with the care and support received. People also fed back on changes they needed. For example, one person needed to have their afternoon call times changed to enable them to attend a community centre. We saw the services had made the changes and the person was pleased.

The service had systems in place to record, investigate and resolve complaints. The service's complaints policy was available to all people, and a copy was kept within people's care records in their homes. No complaints were recorded since our last inspection but we saw historical complaints were dealt with in line with the provider's policy. People knew how to complain and were confident action would be taken. One person said, "I haven't had to make a complaint but yes I feel confident that it would get sorted out".

At the time of our inspection people were not receiving end of life care (EOLC). However, staff told us and records confirmed that staff had received appropriate training in EOLC. One member of staff said, "We requested EOLC training and it was provided". Staff described the importance of keeping people as comfortable as possible as they approached the end of their life. They talked about how they would maintain people's dignity and comfort.

## Is the service well-led?

### Our findings

Autumn Years service continued to be well led. 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 knew the service was well managed. They said, "Well managed, I would say so I've never been dissatisfied", "I do think they're well managed they're always on time and they look after me" and "It's managed beautifully they work really hard".

Staff told us they had confidence in the service and felt it was well managed. Staff said, "Manager is very good. She listens and helps out. Always available at the end of the phone", "Manager is approachable, fair and thoughtful for staff" and "I love working here, it's like a big family. Manager knows the clients and it makes it easy when we have problems". It was clear the registered manager was passionate about their role and had a clear vision to develop and improve the quality of the service. They told us, "We are always looking at ways to improve".

During our visit, management and staff gave us unlimited access to records and documents. They were keen to demonstrate their caring practices and relationships with people. The service had a positive culture that was open and honest. Staff were valued and people treated as individuals. People told us they felt the service was transparent and honest. People said, "Definitely open and transparent because the manager mucks in when they are short staffed and come out" and "Very open and transparent, they have no fear in letting me know things".

The registered manager monitored the quality of service and looked for continuous improvement. Audits were conducted by the registered manager, these included audits of care plans and medicines. Quality assurance systems were operated effectively and used to drive improvement in the service. For example, medicine audits had resulted in improvement in recording.

People told us there was effective communication with the service. They said, "It's been easy when I've needed to contact them" and "It's very easy to get hold of the office". Staff commented positively on communication and teamwork within the team. Information was shared through weekly memos. These allowed continuous updates among staff and aimed at improving people's care. Staff told us, "We work very well together. There is always someone contactable on the phone" and "We have very good communication with the office".

Records showed that Autumn Years worked in partnership with local authorities, healthcare professionals, GPs and social services. Advice was sought and referrals were made in a timely manner, which allowed continuity of care. We saw people had transfer information packs, which had all the basic information other healthcare professional would need. This included medical histories, medicines lists, GPs and allergies.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events. They also understood and complied with their responsibilities under duty of candour, which places a duty on staff, the registered manager and the provider to act in an open way when people come to harm.