

Audley Care Ltd

# Audley Care LTD - Binswood

## 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

### About the service

Audley Care Limited Binswood is registered to provide personal care to older people. Care and support was provided to people at prearranged times in a specialist 'independent living' service. Audley Care Limited Binswood consists of 114 on site 'village' retirement properties. People living on site own their own home and share on site communal facilities such as a passenger lift, lounge, dining room, therapy and gymnasium facilities, swimming pool, a library and the use of an onsite restaurant.

This provider is based on site and provides emergency support to everyone living there. Planned day to day personal care can be provided by staff based at this site or from other agencies who provide personal care and support packages. Not everyone living on site receives regulated personal care. In addition to providing personal care to people on site, this service also supports people in the local community in their own homes.

At the time of this inspection visit, Audley Care Limited Binswood supported 10 people on site and 32 people in the local community so we only looked at the care and support for those people receiving personal care from this provider.

### People's experience of using this service and what we found

People and relatives without exception were complimentary about the service they or their relative received.

People were safe because staff were recruited safely. Staff and the provider knew how to keep people safe and protected from abusive practice. Systems to learn lessons when things went wrong helped to drive improvements and the registered manager notified us and the relevant body at the right times.

People said staff were extremely kind, caring, sensitive and always willing to do what was needed and expected of them. People were cared for by staff who attended training relevant to their roles as well as further developmental opportunities in other health related topics. Assessments were completed before care was provided. This helped to ensure staff had the relevant skills and knowledge to meet a person's needs.

Staff followed infection control procedures in line with national guidance for reducing the spread of COVID-19.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People's plans of care were sufficient for staff to provide safe care. However, where people used specialist

equipment or were at risk of falling, more detail was required. Risks related to people's care were recorded and reviewed. There were instructions for staff to follow to manage those identified risks, however some risks, such as risks related to specialist equipment needed to be more personalised. The registered manager assured us this would be addressed. Conversations with staff showed they knew how to manage risk and in some examples, intervention by a GP or occupational therapist had been sought to help keep people safe.

Staff's knowledge of how to support people was consistent with people's care records and what people told us. Staff said there was limited or no reliance on agency staff, which meant the staff team worked well together because they knew people and their preferred routines.

Within some agreed care packages, staff had time to support people with their social interests and hobbies. Through the pandemic, government restrictions had impacted on people's confidence to re-engage with the wider society. Staff spent time with people encouraging them to venture out and to do the things they enjoyed doing. The registered manager shared examples of how this had enriched people's lives.

People receiving a home care service, their relatives and staff were complimentary about the way the registered manager ran the agency, and how approachable they were. The quality and safety of the service people received was routinely monitored by the registered manager. The registered manager promoted an open and inclusive culture which sought the views of people who used the service, their relatives and staff.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

This service was registered with us on 30 October 2019 and this is the first inspection under the new provider. This provider was previously registered at another location under a different legal entity.

#### Why we inspected

This was a planned inspection based on the date the service was first registered with the CQC.

#### Follow up

We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well led.

Details are in our well led findings below.

Good ●

# Audley Care LTD - Binswood

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector who visited Audley Care Limited Binswood on the 19 October 2021. Off site, an expert by experience undertook telephone calls to people and relatives who consented to us calling them. An expert by experience is someone who has experience of using this type of service. These calls were completed on 18 October 2021 and the inspector made telephone calls to staff on 21 October 2021.

#### Service and service type

Audley Care Limited Binswood provides a domiciliary care service to people in their own homes. CQC regulates the personal care provided.

The service had a registered manager. This means the registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave short notice of the inspection because of the risks associated with COVID-19. This meant that we could discuss how to ensure everyone remained safe during the inspection.

#### What we did before inspection

We reviewed information we had received about the service, such as people's and relatives' experiences and

statutory notifications. We used any information the provider had sent us from their annual Provider Information Return. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with seven people who received a service and five relatives of those who were supported by the agency to understand their experiences about the quality of service. We spoke with five members of care staff who supported people, some who had additional responsibilities and whose job titles included care co-ordinator, quality care supervisor and deputy manager. We also spoke with the registered manager.

We reviewed a range of records. This included four people's care records and examples of medication records. We also looked at two staff recruitment files and records that related to the management and quality assurance of the service, especially around managing risk, medicines management, complaints, compliments and systems to manage care call timings.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We also reviewed additional information given to us by the registered manager which provided people and relatives feedback from those who did not want to speak directly with us.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and relatives were confident their family members were safe when care staff provided support. Comments included, "Very safe, because I'm very aware how safe they are as they care for (relative) very well" and, "Very safe, we are very fortunate with Audley."
- People told us the same staff team supported them which made them feel safe because they got to know each other and what worked well, particularly preferred routines. Relatives agreed, one relative told us, "Nine times out of ten we have the same ladies (staff) all the time. They know her well and she knows them."
- Staff told us they had received training in how to keep people safe and understood how to report safeguarding concerns. One staff member said, "I would tell you (CQC) and the management."

Preventing and controlling infection

- People were supported by staff who followed safe infection control practices. One person said, "They wear aprons, gloves, face masks and they've got face shields as well. They also wear shoe covers." Another person said, "They're really over the top with it" which gave added confidence safe standards were upheld.
- Staff told us they had a plentiful supply of personal protective equipment (PPE) and they disposed of used PPE safely. Staff followed their training as well as updates in government guidance which helped keep them and those they supported, safe.
- Staff were part of the COVID-19 weekly testing programme.

Staffing and recruitment

- Recruitment checks were robust, and the registered manager said when they recruited staff, all security checks were completed to ensure staff were safe to work with people and of suitable character. Safe recruitment checks included obtaining written references from previous employers and checks with the Disclosure and Barring Service (DBS).

Learning lessons when things go wrong

- Incidents were followed up and where appropriate, measures were put in place to mitigate the risk of reoccurrence. Lessons learnt were shared with staff at meetings and through individual staff supervisions.

Using medicines safely

- Where staff did support people to take their medicines, records confirmed what medicine was provided and when. The deputy manager said daily checks were completed of the electronic medicines record to ensure medicines were given as prescribed.
- Regular checks of medicine administration records and checks of staff's competency and observed

practice, ensured medicines were administered safely.

#### Assessing risk, safety monitoring and management

- Staff understood where people required support to reduce the risk of causing unnecessary harm or injury. Individual plans of care recorded some risk control measures for staff to follow to keep people safe.
- Some improvements to records were required, for example, when people used specific mobility aids. However, speaking with staff, they knew how to keep people safe and what equipment to use.
- Risks associated with certain health conditions such as increased frequency of falling and risks related to catheter care were not always written in the person's individual care plan. However, when we asked staff about how to minimise those risks, they could tell us.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance; Assessing people's needs and choices; delivering care in line with standards, guidance and the law

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 service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority from the Court of Protection.

- Everyone receiving a regulated activity, had their own home and were not restricted in how they lived in all aspects of their lives.
- Care plans encouraged people to make their own decisions at each care call. Staff said they assumed the person had capacity to make their own decisions and understood the importance of obtaining people's consent.
- People and relatives said staff always sought consent, even if people had limited capacity.
- Staff understood the importance of consent and asking people what they wanted, formed part of everyday practice. Staff recognised some people had limited capacity, but continued to ask, involve and explain.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People and relatives were able to make their own choices to seek health professional support. One person said when they found themselves needing help, staff called the emergency services.
- The registered manager told us they supported people, if required, to access health support such as occupational therapists, GPs and district nurses if people needed additional healthcare intervention.

Staff support: induction, training, skills and experience

- People and relatives said staff were trained and knowledgeable to meet their needs. One person said, "They (staff) are very, very competent." A relative said, "They seem very good. The one thing I've found is they're consistently of a good standard, they seem capable, caring and empathetic."
- Staff told us they received the support, training and supervision to carry out their roles safely and effectively.
- Staff were very complimentary about the training opportunities. One staff member said, "We have the Audley Academy, good for new starters, it is intense." They went on to say about the training, "Audley is one

of the best care companies."

- The registered manager told us the academy supported new and existing staff with additional learning opportunities and a variety of health-related training that was tailored to specific topics or health related conditions.

Supporting people to eat and drink enough to maintain a balanced diet

- People received support in line with their assessed needs, this varied from making people a drink through to supporting people with meal preparation. Most people and relatives we spoke with said, staff mainly helped them in the morning. A typical comment was, "They help me prepare breakfast, it's all done fine."

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Supporting people to express their views and be involved in making decisions about their care

- People and relatives felt very involved in how their care and support was delivered. Comments included, "I find it so refreshing when they come in, they take the time to sit and talk to (relative), it's that four or five minutes that makes all the difference to my (relative) who then goes confidently with them" and, "They always ask me what I want, they don't take it into their own head, they always ask what my needs are."
- Regular newsletters, meetings, quality surveys and feedback at care reviews helped keep people and relatives involved in not only their own care, but the responses of the wider organisation. People said the communication was very good.
- When people had requested changes or where changes were needed, they felt listened to and their care and support was not affected. One person said, "They have been quick to call me if there are any issues, it's more that way than me contacting them, they are very proactive."
- For people living on-site, on call support ensured there was support 24 hours a day, seven days a week. One person who had used this service told us, "When I call to alter the hours they react as quickly as they can, they are very good." The deputy manager told us about a call received at 3am and dealt with in time for the person's next care call.

Respecting and promoting people's privacy, dignity and independence

- Every person and relative complimented staff on their competency, behaviour and interpersonal skills which made receiving personal care, comfortable and dignified. Comments included, "When they (staff) come in, I leave it totally in their hands, I 110% trust them" and, "It's done with warmth and efficiency. They have quite an intimate job to do, they are so good at it and I don't feel embarrassed."
- Staff told us how they respected people's privacy and dignity. They ensured all doors, curtains and windows were closed and always involved the person with what they were about to do so it never came as a surprise. Staff said speaking with people beforehand helped relax the person and gain trust.
- Throughout the COVID-19 pandemic, staff were kept updated and followed the same national restrictions as other members of the public, including following each step in the government's roadmap around social contact.

Ensuring people are well treated and supported; respecting equality and diversity

- People's equality needs were respected. Important information was used to personalise people's individual plans. Important contact information was held to keep people most important to them, updated.
- We asked people if they had been asked about their preference of gender of care staff who would support them with their personal care needs. Four people and one relative said they were not asked. However, everyone we spoke with wanted female staff and their choice had been respected. We discussed the

benefits of a formal system to record people's choices with the registered manager.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received good quality care and support which was personalised and met their needs and preferences. People and relatives were involved in the initial assessments to determine what levels of care and support they needed.
- Care calls could be rearranged by people and their relatives and support remained flexible to what people needed so they could live their lives as they wished. One person said, "I have changed on three occasions because of appointments. I requested through the office to change times and they say, 'no problem', they always agree."
- A care co-ordinator explained how they allocated calls to ensure continuity of staff was maintained, especially for calls requiring two care staff. Calls were planned to reduce travel time to those people who lived off the Binswood site.
- Staff told us they cared for the same people and double up calls were often the same staff, so staff were familiar and confident to use certain specialist equipment or support a more complex health condition. People confirmed they had the same staff team.
- Staff feedback was they knew people well and any changes were shared and known promptly.
- Individual care files contained a range of person-centred information, including a profile of the person, a summary of their care needs, what was important to them and what was required on each care call. Reviews took place but we found in some examples, the review had not identified and recorded changes in care. The registered manager agreed to review all care plans, so they continued to support consistent care.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Most people were able to understand the literature in its written form. Any alterations could be made to those documents, such as translation.
- Some people had limited communication or a cognitive impairment. In one example, staff told us how they spoke with that person, such as being face on or using certain hand signals. Staff understood and interpreted people's own body language to understand how people communicated.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff understood the importance of stimulating people's interests and social engagement.

- Staff recognised the impact the COVID-19 pandemic had on some people who now lacked confidence to go outside and mix in the wider society. Staff spent time with people encouraging them and where possible, staff took people out to do the things they used to do, for example to go shopping.
- The registered manager shared examples of how this had enriched people's lives. In those cases, additional support was provided to help with mobility, confidence or to provide support and friendship to those people. Relatives feedback provided to the registered manager, showed they appreciated the lengths staff went to.

#### Improving care quality in response to complaints or concerns

- No complaints had been made since the provider's registration with us. There was a process for people and relatives to follow which was known and understood.
- Everyone we spoke with was very satisfied with the service provided and relevant information was held in their care file in their home to explain the process.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Audits, monitoring systems and governance of the service helped drive improvements. Areas monitored included care visit duration and quality, care plans, staff recruitment, incidents and compliments. The provider reviewed and analysed these areas so they could take the most appropriate actions where a need for improvement was identified.
- The registered manager responded to issues as far as practicable where this was under their control. However, we found when duties were delegated to others, specifically around care plans, these were not fully effective. Examples of reviewed care records we saw, did not fully reflect the care people now received. The registered manager and senior staff told us the format of care records did not always allow for the right information to be recorded. They assured us they would raise this with the provider or put a system in place that captured the information needed.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people, engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People told us effective systems enabled them to provide their feedback on the quality of care.
- People and their relatives were complimentary about the support they received, especially through the COVID-19 pandemic. People and relatives said they were encouraged to shape the service they received around them. Comments included, 'I would say it's very well managed, they have always been efficient to me', 'I can't fault them. Over Covid they've been absolutely fantastic. They phoned me every day; I wasn't left on my tod' and, 'It's their human side that is the most significant asset they have. It's a tremendous asset.' Everyone we spoke with felt engaged, listened to and their suggestions were acted upon.

Continuous learning and improving care; Working in partnership with others; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager worked successfully with a wide range of stakeholders involved in people's care. These included occupational therapists, health professionals and safeguarding authorities.
- The success of this joined up working meant people could remain living safely at home. The registered manager told us the key to successful joined up working was to recognise a need, seek support when needed, and then act on that guidance.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open

and honest with people when something goes wrong

- The registered manager notified us of reportable incidents and where necessary, investigation and analysis of those incidents took place to limit the chance of reoccurrence. Incident reports were sent to the provider for any further scrutiny they wanted to undertake.
- Where reportable incidents were shared with us, investigations and actions had taken place to ensure similar incidents did not happen again.