

Audley Care Ltd

Audley Care Ltd - Audley Care Mote House

Inspection report

Mote House
Mote Park
Nr Bearsted
Kent
ME15 8GA

Tel: 01622633101

Date of inspection visit:
07 October 2019
08 October 2019

Date of publication:
23 December 2019

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Audley Care Ltd provides care and support for people in their own homes living within the retirement village and people living within the local community. The registered office is situated in a retirement village in Maidstone. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of this inspection the service was providing personal care to 32 people.

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

People and their relatives said the service staff were exceptionally caring and there were many examples of the positive impact this had on people's quality of life. People said they looked forward to staffs' visits, and their company and cheerfulness made a difference to their days.

The provider's vision of high quality, person-centred care that was inclusive and took account of people's rights and wishes was carried through into staff practice. We received wholly positive feedback about the willingness and motivation of staff to support people with their choices and meet their expectations. As a result, people and relatives felt they were treated with the utmost dignity and respect.

Risks to people were safely managed; including those associated with medicines and infection. Staff knew how to raise any safeguarding concerns and people felt safe and secure with them. There were enough staff to meet people's needs and spend meaningful time with them and recruitment systems were designed to ensure only suitable staff were employed to work with people.

Staff were well-trained and qualified to carry out their roles. People were confident in staff knowledge and understanding of their needs and preferences. Staff were vigilant of changes in people's health and escalated concerns appropriately to other professionals promptly when necessary.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Care planning was detailed and considered people's personalities as well as their needs and conditions. People were involved in their care decisions and regular checks were made to make sure they were happy with

everything. People knew how to complain if needs be, and the service had received many compliments from people and their relatives.

The registered manager and provider had created a culture where staff were regularly acknowledged and praised. Staff said they worked hard because they wanted to do their best for people first and foremost but were also pleased to be recognised for their efforts. Checks and audits were regularly carried out to make sure the service continued to provide a high-quality service. People's views were sought in various ways and acted upon to make improvements.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good on the 10 January 2017(Published 16 February 2017.)

Why we inspected

This was a planned inspection.

Follow up

We will continue to monitor information we receive about the service until we 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.	Good ●
Is the service effective? The service was effective	Good ●
Is the service caring? The service was exceptionally caring	Outstanding ☆
Is the service responsive? The service was responsive	Good ●
Is the service well-led? The service was well-led	Good ●

Audley Care Ltd - Audley Care Mote House

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

This inspection was undertaken 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.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

The service had a manager registered with the Care Quality Commission. This means that they 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 the service two days' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be available to support the inspection.

Inspection activity started on 7 October 2019 and ended on 8 October 2019. This included visiting the office to speak with the registered manager, interviewing staff and reviewing care records and policies and procedures.

What we did before the inspection

We reviewed information we had received about the service since the last inspection as well as the last inspection report. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with the registered manager, four care staff and visited four people in their own homes. The expert by experience spoke to a further nine people (or their relatives) who use the service by telephone. We looked at four people's care records including their medicine records. We looked at training records for the staff team and we examined three staff members' recruitment and supervision records. We viewed documents relating to the management of the service such as complaints and compliments, satisfaction surveys and quality audits.

Our findings

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

At the last inspection this question was rated Good. At this inspection the rating has remained 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 secure when receiving their care and support from Audley Care Ltd. One person said, "They [staff] make me feel quite safe and content by doing such a thorough job". Another person said, "The standard of care and safety is really very good. I have no concerns whatsoever with the carers and have been using them for some 18 months now; and feel perfectly safe doing so". A relative added, "We all feel safer with them [Audley Care] keeping an eye on things."
- Policies and systems were in place to guide staff about how to protect people from abuse, and all staff had received up to date training in this subject to support them.
- Staff knew how to report any concerns and showed us contact details for the local safeguarding authority which were printed on the back of their ID badges. Staff had been provided with a leaflet about preventing and reporting abuse, which stated that it was every person's right to feel safe and every staff member's responsibility to act on any suspicions. One staff told us, "We know the people we care for so well, we pick up on anything unusual straight away". For example, staff had promptly recognised an unusual pattern of behaviour in a person they supported. They had raised the alarm to receive immediate assistance on that occasion; and safeguarding records confirmed concerns had been raised to the safeguarding authority when any such issues had arisen.
- The provider had a current whistle blowing policy and a bespoke system called 'Safecall' which encouraged staff to alert them to any concerns at work; including discrimination, harassment and dishonesty.

Assessing risk, safety monitoring and management

- Risks to people had been assessed and guidance was in place so that staff knew what to do to reduce the likelihood of people being harmed. Staff knew people very well and were able to say how they kept them safe. For example; staff could describe in detail, the measures they took to safely support a person to transfer using hoist equipment, or to monitor a person for allergic reactions.
- A person told us, "It actually encourages one to feel safe as staff will point out problems. For example, they noticed [Person's name] ankle was swollen and acted on this immediately."

- Staff spoke with people about fire safety in their own homes. They let people know about a free fire safety assessment available from the local fire service and arranged this for individuals if they chose to take part.
- Staff received regular training about fire safety to help them recognise and minimise risks when visiting people in their own homes.
- There were robust, secure systems in use for storing people's confidential information in relation to accessing their homes. One person commented, "We're very happy with the care and feel completely safe with them coming into our home".
- Business continuity plans were in place to ensure that the delivery of care was prioritised to those most at need during crisis situations such as bad weather.

Staffing and recruitment

- People and relatives confirmed that staff always attended care calls when expected. One person said, "Time keeping is really good unless they're stuck behind a tractor or something; but I don't worry because I know they will always get here and they're usually punctual". Another person said, "If they're going to be late, they always let us know". A relative added, "They're always on time, give or take a few minutes" and another said, ""We are first call in the morning; sometimes they arrive a bit early which is fine by us".
- The registered manager said she tried hard to provide people with continuity from their care staff. People told us they appreciated having familiar staff to support them wherever possible. One person said "I would say we are well matched [with care staff] and wouldn't hesitate to say if we were not ". Another person told us, "I think we are always well-matched to the staff who come to help". The registered manager said that no agency staff had been used in the service since March 2017.
- There were enough staff deployed to meet people's needs. Staff told us "We have time to give the care and also chat to people a bit". One person said, "They never clock watch" and another added "They take their time, are never rushed and if anything, I'd say they usually stay a bit longer". Weekly and daily handover meetings discussed staffing needs alongside people's care requirements to ensure that adequate staff were rostered.
- Staff recruitment processes were safe and included criminal records checks to make sure staff were suitable to work with people in their own homes. References had been sought and checked and full employment histories were documented; with any gaps in work supported by a written explanation.

Using medicines safely

- Staff received regular training and supervision to make sure medicines were managed safely. Where people needed support with medicines there were clear and detailed risk assessments in place. These included information about whether people understood what medicines they were taking, any allergies, over the counter medicines and where medicines were stored in people's homes. One person who had support with medicines said, "I am totally confident that they [staff] know precisely what they're doing and that they are well-trained to do the tasks before them".
- Medicine administration records (MAR) were fully completed to show people received their medicines as prescribed. MAR were held and completed electronically; which enabled them to be accessed remotely by the senior team. A detailed training module showed staff how to correctly fill out MAR and explained the importance to people's safety of accurate, complete records. Where people had medicated creams applied, there was picture guidance for staff to show where the creams should go. A person told us "The girls [staff] apply my creams without fail and do a jolly good job of it too".

Preventing and controlling infection

- All staff received training in infection control and were provided with the appropriate personal protective equipment (PPE), such as disposable gloves and aprons, to prevent the spread of infection. Risk assessments for certain tasks listed the PPE that should be worn by staff to complete it. A person told us, "I

have no concerns about hygiene at all. The girls [Staff] are very diligent about that".

- Staff confirmed they were supplied with plenty of PPE to carry out their work safely. One staff member told us "We just take what we need from the office; there's never any rationing of supplies, which is right-we have to make sure everything we do is hygienic".

Learning lessons when things go wrong

- Where an incident or accident had occurred, the provider had robust procedures in place to investigate the cause, learn lessons and take remedial action to prevent a recurrence.
- Incident reports were completed electronically and shared with the manager, Head of Care and Regional managers to ensure that there was sufficient oversight of each of the provider's locations and to provide support and guidance.
- Lessons learned were discussed at regular team meetings and staff were supported with guidance about best practice to help avoid any similar issues in future. Reflective supervision sessions were completed to ensure staff understood where care delivery could be improved.

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.

At the last inspection this question was rated Good. At this inspection the rating has remained Good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Detailed assessments we completed to ensure people's needs could be met by the service. These included information about medical conditions and communication needs but also gave insight into people's personalities. Preferences and choices about the way care was delivered had been clearly documented. People confirmed they were consulted about their care. One person said, "I prefer a female carer and that is respected". A relative told us, "They know [person's name] very well and are all aware of their condition. [Person] is quite specific and would let them know in no uncertain terms if things were not done right".
- Staff had access to best practice guidance to support good outcomes for people and to ensure that care was being delivered to best practice standards. This was reinforced during regular team meetings.

Staff support: induction, training, skills and experience

- People were confident in the skills of staff supporting them. One person told us, "They really know how to care for the individual, we don't feel like just another number on the list". Another person added "We think they are very competent at their jobs and most vigilant". A Further person said, "Extremely well-trained and well-matched to our needs and requirements".
- There was a strong focus on appropriate training and induction. A robust induction process was in place for new staff; which included workbooks, mentoring and observation sessions. All staff completed the Care Certificate, which is an identified set of standards that health and social care workers adhere to, designed to promote the delivery of safe care. New employees were assigned a buddy on the care staff team, who worked closely with them in the first few weeks and gave extra support and guidance. Following a three-month probation period, staff were then signed up for extra vocational qualifications. This ensured people were cared for by well-trained staff and also provided development opportunities for them.
- Staff felt supported and valued by training opportunities. One staff said, "We get great training; and a mixture of face to face and e-learning, which I like." Another commented, "To me this is more than a job. I've achieved two diplomas in health and social care with support from all of the staff".
- The provider had linked with national training charity, Skills for Care who supplied a bespoke training

portal for Audley Care staff. This gave staff individual access to a range of training and guidance in a wide range of subjects. All staff completed courses and refreshers in subjects which the provider considered mandatory and had additional training to meet the specific needs of service users being supported; such as dementia and oral care.

- Staff received regular supervisions including face to face meetings, observational checks and appraisals.
- One staff member told us, "I do find supervision useful-it gives me the chance to reflect on what I do day to day and improve where I can". Another staff said, "We have regular supervisions but on top of that we have unannounced checks on our practice and performance, where the manager comes out to see us working. The manager asks our customers for feedback and we have a review after these checks".

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

- People who received support with preparing and cooking their meals said they were happy with the service received. Care plans documented exactly how people liked to take their food and drinks and recorded any known allergies.
- People's nutrition and hydration needs were managed well. Any special dietary requirements had been considered as part of an initial assessment and were included in care planning. Where people had specific needs or risks, these were addressed. For example; one person needed to be encouraged to drink two to three litres in 24 hours. Staff told us how they monitored fluid intake during care visits and described how they would recognise dehydration or a urine infection. Care plans guided staff to contact the GP with any concerns.
- During spells of warm weather, staff were sent electronic messages by the registered manager to remind them to check that people were drinking enough and had extra fluids left with them. Staff confirmed they had received training in food safety and were aware of safe food handling practices.

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

- Staff were vigilant of any changes in people's health or well-being and took swift action to gain professional support for them. For example; staff felt that a person was no longer safe using standing aids. An immediate referral was made by the service to Occupational Health, who arranged an urgent assessment. A person told us, "It actually encourages one to feel safe as staff will point out problems. For example, they noticed my wife's ankle was swollen and acted on this immediately". A relative added, "They have initiated things that we wouldn't even know about, for example the introduction of a hoist". Another relative told us, "They are most good at liaising with other services for us, for example physios and occupational therapists".
- People's health and well-being was monitored during care visits. Daily staff handovers highlighted any concerns or issues which needed to be followed up. During our inspection staff reported that a person had not eaten well and appeared unwell. The GP was contacted immediately, and the person was seen later the same day. Staff described to us the emergency protocol for calling '999' in the event they found a person unresponsive or injured.

Ensuring consent to care and treatment in line with law and guidance

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- Staff had received training about the MCA and understood the principles of offering choice and supporting decisions. People confirmed that they were involved in making choices and that their consent was routinely sought by care staff. One person told us, "[Staff] always asks me 'Do you want this one or that one?' From clothes to TV channels, they put me in the driving seat and I'm grateful for that". A relative remarked, "[Person's name] is really fussy about how they like things. Staff know to ask before moving anything or changing things, which they do without fail". Staff were observed asking people if it was OK to enter their homes and ensuring they had consented to speak with Inspectors.
- No people lacked capacity to make any decision at the time of our inspection. The registered manager explained how capacity would be assessed should there be a question about a person's decision-making. There were no current Court of Protection orders in place.



Our findings

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

At the last inspection this question was rated Good. At this inspection this key question has improved to Outstanding.

This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- People and relatives were exceptionally positive about the care and support received. One person said, "I have nothing but praise for the staff-they know their jobs inside out". Another commented, "Audley must be one of the best, or the best caring organisation there is". A relative said "We have been blessed by carers at Audley and cannot speak highly enough of the quality of their care and the attention we receive". Another relative added, "They are like part of the family, they are so kind".
- Staff consistently spoke about people with warmth and compassion. One staff told us, "It's like one big family. I always feel as though we make a difference to people's day; even if it's just a friendly chat, it can break up their day and give them a little lift". A person told us, "They [Staff] cheer me up and make me feel like life is worth living". Another said, "I've never been greeted with more kisses as when I came out of hospital-they make me feel special".
- Staff went above and beyond to support people when, and in the way, they wished. For example, when a person had needed to go to hospital, a member of care staff went with them and waited in A&E for many hours to give the person comfort and support from a friendly face; and to advocate for them where necessary. They then had to travel to another hospital and the staff member stayed with them until they were able to return home at 10:30pm. The staff member kept family updated throughout this time and made sure the person had a meal and a drink and was settled before leaving them. The staff member said, "I couldn't just leave them on their own-it could be my mother and I'd want someone to stay with her and look after her, so that's what I did; it seemed, the right and natural thing to do and she was so grateful".
- Another person told us, "Carers are well-trained, highly motivated and provide a high standard of care. On two occasions when it was necessary to call an ambulance for [person's name], the carer stayed with me to provide me with support. I'm pleased to say I couldn't do without them".
- Relatives told us, "Audley Care is the best thing that's ever happened to us, they know exactly the situation and what's needed". Another said, "They work with us to get through this difficult time, which we couldn't do

on our own". We heard many examples of when staff had done far more than could be expected of them, just because they genuinely wanted people to feel supported. One person had been experiencing some extreme family problems which left them feeling distraught and alone. Staff and the registered manager made regular phone calls to this person in between care visits and encouraged them to call the office whenever they felt the need to talk. Many hours of conversation had taken place, but the person's problems had eventually resolved, and they had felt "Carried through" this unsettling time in their life. Similarly, relatives told us they had benefited from "The friendship and guidance" of staff. One said, "They respect [Person's name] dignity and offer helpful advice, which is great, and they offer support to me too".

- Staff had walked a person's dog, over and above their care visit duties, because they understood that the person worried about their pet not having exercise. This had helped the person relax and concentrate on getting better. They had liaised with social services to have a lock changed for another person who was worried about security and had taken action when they noticed a wasp's nest at a person's home, to keep people safe. A person said, "They're an asset to my way of living because I just couldn't cope on my own".
- Weekly coffee mornings were held at Mote House, which were attended by Audley Care management. These provided the opportunity for people to get together with others, share a drink and a chat but also discuss their care if they wished. People who were receiving a service in the community were invited to these coffee mornings and staff provided free transport if people wished to attend. Other special events such as a Macmillan cake sale and dementia friends' sessions were open to all staff, residents and families, and offered an extra dimension to the lives of people who were able or wished to take part. A person told us, "I get very few visits from family, so without the carers I'd have a very lonely life". Another person added, "I can honestly say I look forward to them [Staff] coming".
- We saw photos of staff presenting a wedding anniversary cake to a couple, who were clearly thrilled with this thoughtful gesture. The registered manager said that the people could not believe that staff had remembered the date simply through daily chats with staff as they delivered care. They were touched by the attention to detail and the efforts made to commemorate their special day.
- The registered manager spoke about Audley Care's Customer Rights Protocol which stated that 'All customers have the right to expect to have their values, beliefs and chosen lifestyle respected at all times'. A relative said, "They [Staff] are just right for [person's name], not overly fussy but just appropriately caring to his wishes in a dignified way". Another relative added, "The support they offer [person] is just right for them".
- An 'equality and diversity wall' in the office provided staff with useful information and guidance about people's different backgrounds and beliefs. Special events were held at Mote House around different cultures, at which themed food was shared and all Audley Care customers were invited to attend. A staff member told us "We have lots of training around equality and diversity. We all know that we must listen to what individuals want, never make assumptions and give choice to everyone". Equality, diversity and human rights was featured in all the provider's policies and the registered manager spoke of the commitment to ensure that all people were treated as individuals and received person-centred care.
- People and relatives commented that Audley Care thoughtfully used their detailed knowledge of people's needs, wishes and personalities to ensure the right care staff were provided for each individual. One person said, "We are well-matched, and I wouldn't hesitate to say if we weren't" and a relative said, "We are always well-matched with the staff who come to help- they are extremely good at understanding what [Person's name] wants and treat her with respect".

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

- People and relatives consistently told us they felt listened to by staff and that this made a positive difference to their experience of receiving a care service. One person said, "It's nice to have someone to have a proper talk with; they are good listeners". A relative commented, "They are extremely good at listening and making sure things are done the way it suits [Person's name] and that it's recorded that way in the care plan. Another relative added, "If we want something changed we only have to say so- they [Staff] always want to

listen and always want to help".

- We heard from people and relatives that they received regular calls to check that everything was as they wished it to be. A relative said, "Sometimes someone will come from the office just to check things are as they should be". Another relative said "If anything needs changing in between [Visits] then I'm called" and a person told us "If there are any changes to the plan on either side it is discussed before being implemented". People were encouraged to be open with feedback about care staff following observations of their practice made by the registered manager. This was considered when making any changes and allowed reflective practice to happen.

Respecting and promoting people's privacy, dignity and independence

- People and relatives said that they were always treated with exceptional dignity. One person sometimes showed behaviour that challenged during personal care. There were sensitive directions for staff to follow so that this person's dignity and wishes were respected at all times. Staff had thoughtfully tried different approaches to reassure the person during the process and had found that music playing in the background soothed their anxiety and made the experience of intimate care better for them.

- The registered manager and a number of care staff had signed up to become 'Dignity champions. In doing so they pledged to act as good role models by treating others with respect, challenging disrespectful behaviour and influencing and informing colleagues.

- A person told us, "They [Staff] treat me as an equal, not as a burden or someone to be pitied-that means such a lot". Another person said, "They are very gentle with me and always help me to take a little walk with my frame". A relative commented, "Nothing is too much trouble for carers and they treat the whole family not just [person's name] with huge dignity. The way they carry out care visits by encouraging [name] to do what they can for themselves helps them believe they are independent". Care plans clearly set out the tasks people could manage without support and directed staff to assist the aspects of care where people did need help with regard to their dignity. Staff attended people's funerals as a final act of respect towards them.

- People's privacy was protected by staff being mindful of confidential information and ensuring this was maintained securely at all times. They were observed checking with people that it was alright to enter their homes before doing so and giving people time and space to speak with the inspector privately. Some people had chosen to have either male or female care staff only. A relative said, "[Person's name] prefers a female carer and they always ask permission before helping them or moving things in their room".

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remained the same. 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's care plans were personalised and tailored to reflect people's individual needs and preferences. For example; the guidance for staff about supporting a person to shave included the temperature of the water, how and when they liked their shave and included applying a little aftershave for them.
- Information in care plans also described people's personalities and what staff could do to brighten their day. For example, one person's care plan noted that they liked things to be done on time and enjoyed it when staff were 'silly' to cheer them up.
- People and relatives said staff knew them extremely well and this helped to ensure they received the care they needed and wished for. One person said "They [Staff] fit in with me and always try to accommodate" and a relative added, "Like family members, they know what's needed and what's liked and do it with no moans and a smile on their faces".
- People had been involved where possible in the development of their care plans. One person told us "It is a good care plan and we're listened to" and another said, "It's a well-written care plan and is constantly updated".
- Care plans were regularly reviewed and audited to make sure that information in them reflected any changes to people's care and gave accurate guidance to staff.

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.

- The provider could supply information about the service in alternative formats if required.
- People's preferred methods of communication were documented so staff had clear information about how best to support individuals. For example, one person was unable to communicate verbally but could point to pictures to make their needs known.

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

- All people receiving a service from Audley Care were able to use the spa, gym and hairdressing facilities available at Mote House, even if they lived in the wider community. They were also entitled to a discount in the onsite bistro and restaurant, which provided opportunities for some people to meet with others or remain active.
- Regular events such as coffee mornings and fundraisers were laid on at Mote House and people using the service in the community were made welcome and provided with transport if needed.

Improving care quality in response to complaints or concerns

- There was a complaints procedure and information in a 'Customer guide' about raising concerns. People and relatives knew how to complain if they wished to. One person said, "I can't see that we would or ever will have to make a complaint, but I wouldn't worry about calling the office and chatting about any concerns".

- People and relatives told us that any complaints had been resolved to their satisfaction.

We read many compliments that had been sent to the provider. For example; one relative had written, 'Heartfelt thanks to all the wonderful carers who looked after [Person's name]. They are kind, caring and compassionate towards [name] and I'm profoundly grateful to them'.

End of life care and support

- No one was receiving end of life care at the time of our inspection. Staff training in this subject had been sourced and was being rolled out.

- Care planning included information about any living wills or advance decisions people had made. Any specific instructions relating to funeral plans were documented and where people had Do not attempt resuscitation (DNAR) orders in place, these were kept at the front of people's care files for easy access.

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.

At the last inspection this key question was rated as Good. At this inspection it has remained the same.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People and relatives told us that the service was well-led. One person said, "I would say the office is well-run and helpful at all times". Another person told us, "I often ring the office and we are on Christian name terms. I think they have a very good, well-run system in place". A further person and their relative added, "The staff and carers are so happy, it only goes to show the office and managers must be good at their jobs to make such a happy team".
- It was a theme of our inspection that people described staff as positive about their roles and well-motivated to do a good job. The registered manager made a point of letting staff know they were valued and appreciated. She did so by, for example; presenting flowers and chocolates to staff when they completed the Care Certificate induction training. She also put in place workshops to support staff through the Care Certificate learning. Staff said this gave them a place to share ideas and check their understanding of topics in discussion groups.
- The registered manager gave staff thank-you gifts and sent inspirational and encouraging messages. Any compliments received from people were shared in newsletters, so staff could see their good work being widely acknowledged. An afternoon tea and gift bags were given to all care staff during national Carers' Week. The registered manager recognised the need to reward staff for their commitment and reliability; which impacted positively on the care people received day to day because staff were satisfied and supported in their roles.
- The provider also operated several schemes to recognise staff contributions. These included online rewards and discounts and award ceremonies where staff achievements were publicly celebrated. The provider offered staff a very generous sum to purchase a bicycle and safety equipment to promote awareness of 'carbon footprints' and reduce the impact on the environment. They had also worked with Skills for Care to create a bespoke training portal, which enabled individual learning needs to be met across

a very wide range of relevant subjects. All staff we spoke with felt Audley care was a good place to work and 'more than just a job'.

- There was an open culture where staff said they could speak to manager or senior managers with any concerns. The registered manager had attended training in promoting a positive culture and was passionate about leading by example and encouraging staff to continuously improve.
- The registered manager understood their duty of candour and the need to be honest and transparent if things went wrong.

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

- There was a registered manager in post. 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.
- Services that provide health and social care to people are required to inform the Care Quality Commission of important events that happen in the service. This is so that we can check that appropriate action has been taken. The registered persons had submitted notifications to the Care Quality Commission in an appropriate and timely manner in line with our guidelines.
- Staff and the registered manager were clear that the expectation was for them to deliver high quality and safe care to people all of the time. They were mindful that the provider's vision and values centred on every person being treated as an individual and the feedback we received from people and relatives confirmed this happened in practice.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives had various opportunities to discuss their views, raise any concerns and provide feedback about the service. This happened through a regular survey, at coffee mornings and in calls made to people by the registered manager to ask about their experience of the service and any changes needed. In addition, people were invited to comment about staff performance as part of routine 'on the job' staff observations carried out by the registered manager. A person told us, "The office staff always listen to me and understand where I'm coming from". A relative said, "I would recommend [Audley care] to anyone, I really would; they're so very caring".
- Staff meetings were held regularly and gave staff a forum in which to speak about their roles and any new ideas or concerns. Minutes showed that staff contributed to these meetings and those we spoke with said they were helpful and informative.

Continuous learning and improving care

- The registered manager received support and supervision from the regional support manager. They had regular meetings at which the quality and safety of the service was discussed together with identifying any learning needs the registered manager might have. The registered manager stayed abreast of any new developments within health and social care by receiving updates from the provider's Head of Care, CQC and other professional organisations of which Audley Care is a member.
- There was robust oversight of the service by the provider and registered manager who worked together to ensure a high standard of care was consistently delivered. Regular checks and audits were carried out to make sure everything was running as well as possible. Where any shortfalls were found, action plans were put in place and followed up so that improvements were swiftly made and maintained.
- Policies and procedures governing the standards of care in the service were kept up to date, taking into account legislation and people's human rights.

Working in partnership with others

- The registered manager and staff helped people to be part of their community where possible by providing transport to events at Mote House. They also maintained good working relationships with the district nursing team, GPs and occupational therapists for example, so that they could refer people to these services when needed.