

Audley Willicombe Limited

Audley Care - Audley Care Willicombe Park

Inspection report

Willicombe House
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Website: www.audleycare.co.uk

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26 November 2019

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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 Ltd provides care and support for people in their own homes living within the retirement village at Willicombe Park and to people living within the local community. The registered office is situated in a retirement village in Tunbridge Wells. 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 52 people.

People's experience of using this service and what we found
All people and their relatives said staff were kind and caring.

Known risks to people had been assessed, with detailed guidance for staff to minimise them. Medicines were safely managed as was the risk of the spread of infection. People felt safe with staff who knew how to recognise possible abuse and how to report it. Rotas showed there were enough staff deployed to meet people's needs and staff had been recruited safely by the provider.

Staff received a wide range of training and could access more specialised courses if required. They identified changes in people's health or well-being and referred people appropriately to professionals for advice and treatment.

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 person-centred and showed that people's individual preference and needs had been fully considered. People knew how to make a complaint if they wished and there was an established process in place to manage any concerns.

Staff and people, we spoke with praised the acting manager for their open-door policy and responsiveness. Internal audits were regularly carried out to identify any areas which needed improvement. People and staff were able to voice their views through a number of different methods.

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 request an action plan from the provider and 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?

Good ●

The service was safe.

Is the service effective?

Good ●

The service was effective

Is the service caring?

Good ●

The service was caring

Is the service responsive?

Good ●

The service was responsive

Is the service well-led?

Good ●

The service was well-led

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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. However, they were absent from the role during our inspection and an acting manager was in place. This means that the provider is 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 acting manager would be available to support the inspection.

Inspection activity started on 25 November 2019 and ended on 26 November 2019. This included visiting the office to speak with the acting manager, interviewing staff and reviewing care records, 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 acting manager, the regional support manager, four care staff and spoke to three people and one relative on the Willicombe Park site. The expert by experience spoke to a further five people who use the service, and two relatives by telephone. We looked at five 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.

Is the service safe?

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 and relatives we spoke with said they were confident that the service they received from Audley Care Ltd. was safe. One person said, "No concerns at all, they're all lovely and I couldn't ask for better. I feel safe with every one of them, no question". A relative told us, "The carers make us as a family feel secure, knowing [Person's name] is in safe hands when we're not there".
- The provider had systems in place to support staff in protecting people from abuse. All staff had received up to date training to help them identify any safeguarding concerns.
- Staff had contact details for the local safeguarding authority printed on the back of their ID badges for easy access. All those we spoke with knew the possible signs of abuse and how to report these. One staff member said, "I wouldn't hesitate to raise the alarm if I thought anything was wrong for any of our customers. I love them all and it would be totally the right thing to do".
- The provider had a current whistle blowing policy and a bespoke system called 'Safecall'. This encouraged staff to alert them to any concerns at work; including discrimination, harassment and dishonesty.

Assessing risk, safety monitoring and management

- Detailed assessments had been made about known risks to people, including around mobility, health conditions, swallowing and falls. There were clear instructions about how staff should keep people safe. Assessments considered people's individual behaviour, capacity and ability to follow directions.
- For example, if people had diabetes, risk assessments set out the signs of high and low blood sugars. Staff were directed to contact the person's specialist diabetes team or call 999 if the person appeared unwell. There was also information about immediate actions they should take, such as giving the person specific food or liquid to improve their blood sugar levels. A person told us, "They [staff] talk to me about anything which could cause me a problem and what they can do to prevent it happening".
- The provider arranged for people to receive a free fire safety assessment from the local fire service if they wished. Staff were trained in fire safety and encouraged to look out for any possible fire risks and take action to reduce them, during their visits to people's homes.
- 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

- There were enough staff deployed to meet people's needs. Rotas and management data showed that the number of staff hours covered matched and sometimes exceeded the total time of all care visits booked; and allowed for travel time between them. Feedback from people and relatives was that generally care visits happened on time, but on occasion care staff arrived late. There was no suggestion that this had ever impacted on anyone's safety and people acknowledged that heavy traffic in the local area made this beyond

the control of care staff.

- The provider operated safe recruitment processes to make sure only suitable applicants were employed to care for people. This included seeking references from previous employers, criminal records check and full details about employment histories. Where there were any gaps in applicants' employment, these had been explored by the provider. Interview records were kept and showed that care had been taken to take on staff with good attitudes and experience.

Using medicines safely

- Medicines were managed safely. Records were clear and fully completed, showing when people had received medicines. Care plans documented any special instructions and that staff should always wait to see people swallowing their medicines. Allergies were noted, with guidance for staff about signs and symptoms of any possible reactions and what immediate actions to take while seeking urgent professional assistance. Staff competency with medicine administration was regularly checked. A relative told us, "[Person's name's] health has improved since the carers have been coming in, so I'm sure they are having their medicines on time and this must be helping".

Preventing and controlling infection

- Staff were able to describe best practice in managing the risk of the spread of infection. This was especially important knowledge for some care tasks such as changing catheter bags. People confirmed that staff washed their hands frequently during care visits. One relative said, "I look out for this sort of thing and the carers are really good about using gloves of course, but also hand-washing". Plentiful supplies of protective equipment such as disposable aprons and gloves were available for staff to use.

Learning lessons when things go wrong

- There was evidence that incidents and accidents were fully investigated and resulted in preventative actions. For example, where a medicines error had happened, a reflective supervision was held with staff and the circumstances of the error were discussed at team meetings. When a moving and handling incident had occurred, occupational therapists were alerted, and staff were involved in a reassessment of the person's needs and further training.
- Incident reports were completed electronically and shared with the acting 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.

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.

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

- People's needs, and preferences were thoroughly assessed before they began to receive a service from Audley Care Ltd. Records were updated promptly where needs or choices changed. Information in care plans was very detailed and ensured staff knew about medical conditions, people's individual personalities and how they liked their care to be given. A relative told us, "They [Staff] know how [person's name] likes things done and what's important to them. I think that makes such a difference".

- Care files contained extensive information about specific medical conditions where they were relevant and provided a good overview of them to support staff.

Staff support: induction, training, skills and experience

- Staff received appropriate training to support them in carrying out their jobs effectively. The provider had forged links with a national training charity so that staff could access bespoke training packages in a wide range of subjects. People and relatives said they felt staff were well trained. One person told us, "Some are more experienced than others but they all do seem to know what they're doing".

- A robust induction and 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. Following a three-month probation period, staff could sign up for extra, vocational qualifications. Regular supervisions were carried out with staff which ensured their training and development were kept under review. One staff member told us, "We do loads of training here, I love it because I feel prepared for most situations".

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

- People who received support with preparing their meals said they were satisfied with the service received. One person said, "They do cook me a meal in the evenings and I like to help so I cut up the vegetables and sometimes I cook the whole meal with their supervision". A relative said, "They will make Mum a sandwich and encourage her to eat it while they are there as she sometimes forgets to eat".

- Care plans documented exactly how people liked to take their food and drinks and recorded any known allergies. People's religious and cultural choices were clearly recorded with an explanation for staff about why it was important to the person that these were carefully observed. People confirmed they were encouraged to drink plenty when staff visited.

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

- Staff noticed when there were changes to people's health or well-being and made sure that professional input was sourced. A relative told us, "The carers were concerned about a leg infection which they discussed

with me and they called the GP". Daily staff handovers highlighted any concerns or issues which needed to be followed up and made sure there was continuity of care between shifts.

- Care plans included guidance to staff about, for example encouraging people to walk a little during care visits, to promote their mobility. A relative told us, "Mum's mobility has vastly improved so having their care has definitely helped".

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. A person told us, "They [Staff] always ask me if it's alright to do this or that-I feel that's respectful". A relative commented, "The carers give [Person's name] different options and let them choose".

- At the time of the inspection, all the people being supported had capacity to make decisions about their care and support. The acting manager told us that a person's capacity would be assessed should there be a question about any aspect of their decision-making. There were no current Court of Protection orders in place.

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.

At the last inspection this question was rated Good. At this inspection the rating has remained Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Feedback from people and relatives about staff was positive. One person told us, "Some of the carers who come are more like family now-they are all kind and caring". A relative said, "Mum was so miserable when she came out of hospital but now seems more cheerful and happy. I'm sure she looks forward to her carers coming and it gives me peace of mind to know she is being cared for when I can't".
- Staff spoke about people with kindness and concern for their well-being. One staff member told us, "The best part of this job is being able to put a smile on people's faces". Another staff said, "I love my customers and they tell me I'm their ray of sunshine". A relative said, "They contacted me to let me know Mum's heating wasn't working and they were worried about her being cold-that gave me confidence that they would get in touch if there were any problems".
- We read and heard about the ways staff sometimes went the extra mile to support people. One staff member had come to work on their day off to style a person's hair for them for a family event because they had not been well enough to go to the hair salon. Relatives sent a message of 'Grateful thanks' after staff stayed up all night with a person who was waiting for an ambulance to come. A further staff member had taken potatoes from their own allotment to a person who had asked for egg and chips as a special request. One staff member enjoyed knitting and made little gifts such as Easter chicks and Christmas tree decorations for people. The provider sent cards to people on their birthdays.
- The provider had a 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'. Staff had received training about equality and diversity and were confident that they treated people as individuals. Information was displayed in the office about religious holidays and how these were observed. A relative told us, "[Person's name] chooses the way they want things, they're involved every step and they feel like a person not a number".

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

- People said that staff listened to their input and enabled them to make their own decisions about care. One person told us, "They'll ask if I want my hair washed today and let me decide". A relative said that their loved one sometimes declined a shower but because staff knew them well they would encourage them to shower the next visit. However, they respected the person's decision to choose. A further relative commented, "I'm very happy with Audley. They came at the start and we set up a care plan, but they're good at providing extra care if we need it".

Respecting and promoting people's privacy, dignity and independence

- People and their relatives said that staff were always respectful. We heard how staff were mindful of people's privacy and dignity while also encouraging independence, where possible. Care plans detailed the

tasks people could do for themselves and those with which people may need more support. For example, one person's care plan about getting dressed stated staff should, 'Pass me my shirt, but I can do the buttons up myself'. One person said, "I do need help in the shower, but they will ask what I can manage to do. Usually I do my front and they help with my back and legs. They always make sure the door is shut and have towels ready".

- Another person told us, "They're just getting me back on my feet after my hospital stay, I lost confidence but they're helping me to get that back". A relative added, "They will stay outside the shower unless Mum calls for help. They seem very respectful and tell Mum what they are doing".

Is the service responsive?

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 very detailed and included information about people's individual care needs. This extended to facts about people's life histories, their personalities and what was important to them. For example, people's care plans set out their preferred routines, things that may worry or upset them and what made them feel better if they were anxious or upset. All of the information was individually prepared for each person and combined to give a full picture of them as a whole. A relative told us, "Carers know to bring her a cold drink and a biscuit first thing and how she likes her day to go".
- The acting manager told us about the person-centred care provided to a person who had shown behaviour that challenges due to dementia. Through understanding the person's background and history, the acting manager and staff were able to engage the person in meaningful activity which had distracted them and significantly reduced their agitation. The person's family had fed back their thanks and pleasure at seeing this care in action.
- People had been involved where possible in the development of their care plans. One person told us "I discuss what I need, and it's written down, but that doesn't mean we can't change it as we go along". 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.
- Where people had reduced sight or hearing, care plans gave detailed guidance about how best to support people, including for example, ensuring that spectacles were thoroughly cleaned during care visits to optimise vision.

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 Ltd. were able to use the communal facilities available at Willicombe Park, even if they lived in the wider community. These included a pool, gym and activities such as quizzes, yoga, Holy Communion and the use of a library. They were also entitled to a discount in the onsite restaurant, which provided opportunities for some people to meet with others or remain active.
- The acting manager had introduced activity packs for people. These contained puzzles such as word

search and crosswords, pens, a pad, a water bottle and a mug. The packs had been delivered to some people using the service and was being rolled out to more. The acting manager explained the purpose of the packs was to promote mental stimulation for people who may not be able to leave their homes often if at all. The water bottle was to remind them to remain hydrated and the mug was provided so people could enjoy a cuppa while they completed their puzzles. The feedback from recipients of the pack had been very positive.

Improving care quality in response to complaints or concerns

- There was a complaints procedure and information in a 'Customer guide' about raising concerns. Some people told us they had made minor complaints but had been satisfied with the response to them. One complaint had led to investment in new emergency call bell equipment on the Willicombe Park site, along with improved systems for frequent checking that this is working efficiently.

End of life care and support

- No one was receiving end of life care at the time of our inspection.
- Care planning included information about any 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.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service management and leadership was consistent. Leaders and the culture they created supported the delivery of 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

- Staff told us they felt valued and appreciated by the provider and acting manager. They said that there had been recent improvements to the running of the service and were feeling confident and empowered as a team.
- The acting manager gave staff encouraging messages to motivate them or give reminders. For example, they sent a message to staff to say that remembrance Sunday may be hard for some service users and that they should check whether each person wished to observe the two minutes silence if it fell during care calls. Any compliments received from people were shared in newsletters, so staff could see their good work being widely acknowledged.
- 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 Ltd. was a good place to work and one staff member told us, "I don't need awards and rewards to motivate me; I do this job because I love my customers and want the best for them".
- Staff told us that they were "Completely comfortable" speaking with any of the management team about anything that was troubling them. The acting manager was respected, and staff said they had faith in them to drive the service forward in a positive way.
- The provider and acting manager understood their duty of candour and the need to be honest and transparent if things went wrong. We saw evidence of investigations and full apologies having been given when usual standards had not been met.

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. The registered manager was absent from their role during the inspection and an acting manager was running the service.

- 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.
- The acting manager produced and shared with staff a, 'Plan for the day' each morning which itemised the tasks and roles of each staff member. This was then updated with progress as the day went on. The acting manager said that these plans were a useful management tool in identifying, prioritising and monitoring workloads. Staff said the plans helped them stay focused and that it was satisfying to see how far they'd come each day.

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 resident meetings, and in calls made to people by the office staff to ask about their experience of the service and any changes needed. A suggestion box at the Willicombe Park site was for use by people, staff and visitors. One person told us, "I do get calls from the office, just to check everything is OK".
- There were regular staff meetings and 'Carer's Corner' on the agenda, which was a spot especially designed to hear from staff with any new ideas or concerns. Staff said they found the meetings helpful and that they were confident that any problems aired would be handled sympathetically by the acting manager.

Continuous learning and improving care and working in partnership with others

- The acting manager received support and supervision from the regional support manager. Updates from the provider's head of care, CQC and other professional organisations of which Audley Care Ltd. is a member kept the acting manager informed of new developments within health and social care. Managers from other Audley Care Ltd. locations met together to discuss their services and share ideas for improvements.
- Regular 'Dip tests', checks and audits were carried out to make sure that systems were operating effectively, and standards were being maintained.
- Policies and procedures governing the standards of care in the service were kept up to date, considering legislation and people's human rights.
- The acting manager and staff had forged effective working relationships with GPs, the district nursing team, occupational therapists for example, so that they could refer people to these services when needed.