

Austen Allen Healthcare Limited

Austen Allen Homecare Ltd

T/A Austen Allen Homecare

Inspection report

15a
High Street, Strood
Rochester
ME2 4AB

Date of inspection visit:
23 March 2022
31 March 2022

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20 April 2022

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

Austen Allen Homecare Ltd T/A Austen Allen Homecare (referred to as Austen Allen Homecare in this report) is a domiciliary care service providing personal care to people living in their own homes. 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. The service was providing personal care to 25 people at the time of the inspection.

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

People received safe care from Austen Allen Homecare. Individual risks were assessed to support people to remain safe in their home. Medicines administered by staff were safely managed. Sufficient numbers of staff were available to provide people's care and support and robust recruitment processes were in place.

People's needs were assessed before their care commenced and individual care plans were developed based on the assessment. People who needed assistance with their nutrition, hydration and healthcare needs received suitable support from staff. Staff received the training and support they needed to make sure they were skilled to provide people's care.

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 were supported to maintain their independence to be able to remain in their own home. Staff were aware of the importance of supporting people to maintain their dignity and showed respect for people and their home.

The registered manager and staff were keen to provide a good quality person centred service. Robust systems were in place to closely monitor people's care to achieve this aim.

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

Rating at last inspection

This service was registered with us on 15 May 2020 and this is the first inspection.

Why we inspected

This was a planned inspection based on the timescales for unrated services.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 ●

Austen Allen Homecare Ltd T/A Austen Allen Homecare

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out 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 houses and flats.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 23 March 2022 and ended on 31 March 2022. We visited the location's office,

and spoke to people who use the service and their relatives by telephone, on 23 March 2022. We spoke with staff by telephone on 31 March 2022.

What we did before the inspection

We reviewed information we had received about the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with the registered manager, the training manager and the trainee branch manager. We obtained feedback from three staff members. We spoke with three people who use the service and six relatives of people who use the service. We reviewed a range of records, including five peoples' assessments and care records. We looked at three staff files in relation to recruitment, training and staff supervision and auditing and monitoring records.

After the inspection

We reviewed information sent to us by the registered manager, including training and supervision records.

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 of 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 were protected from the risk of abuse. Staff knew what their responsibilities were to report any concerns they had. They knew who to report to outside of the organisation if that was necessary.
- The provider had processes in place to provide guidance to staff. The registered manager had raised concerns appropriately with the local authority and cooperated with investigations that needed to be undertaken.
- People told us they felt safe. One person said, "I would say they keep me very safe; and comfortable. They help me move up and down the bed, they never drag me or anything they are very gentle."

Assessing risk, safety monitoring and management

- People were protected from the risk of harm. Individual risks had been assessed and guidance was in place for staff to help to mitigate against harm.
- Some people needed to use a mobility aid to help them to get around their home. Staff guidance included making sure they left aids within easy reach of people before they left the property when their visit ended. The registered manager had a list of mobility aids used by people and when the next service check was due so they could support people to arrange this. A relative said, "I am happy they know what they are doing and keep her safe. They encourage her to do what she can and will walk at the side of her when using her frame."
- Some people had continence issues. Staff were guided through risk assessments to check people's skin at each visit and report any concerns to the management team so they could seek healthcare advice.
- Staff told us they had all the information they needed in the care plan to keep people safe. They said that communication was very good, and they were kept updated of any changes.

Staffing and recruitment

- There were suitable numbers of staff to provide the care people had been assessed as needing in their home. People told us they usually had the same care staff to support them. One person said, "I need two carers at a time, and I would say I know 99% of them. I usually ask who is coming next and the staff will check the rota for me, no problem" and another person commented, "Sometimes they change them (staff), but they let me know. They tell me who is coming." A relative told us, "There is a core of carers that come and [relative] knows them."
- Staff confirmed they visited the same people regularly and got to know them well. They said if they were running late, they rang the office or on call to make sure a message got to the person.
- The registered manager told us they had an ongoing recruitment campaign so were increasing staff numbers slowly. They said they did not take on any new people to support until they had the staff to provide their care safely.

- Staff were recruited in a safe way. Completed application forms included an employment history. References had been received and a DBS check had been undertaken before new staff started working. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Some people required support from staff to take their prescribed medicines. Medicines were managed safely.
- Staff had been trained to administer people's medicines. Training was completed face to face with new staff and their competency was checked before they were given the responsibility of giving people their medicines. Refresher training and competency checks were completed at regular intervals.
- Staff recorded when they had given people their medicines using the provider's electronic recording tool. If a medicine was not given at the time expected, an alert was sent through the computer system to the management team who followed this up with the member of staff.
- One person who is helped by staff to take their medicines said, "They (staff) help with my medication; they never touch my tablets." A relative commented, "Medication is all done as it should be, and they will let us know when things need ordering."

Preventing and controlling infection

- The provider made sure people were protected by the prevention and control of infection. Staff had received appropriate training to minimise the risk of spreading infection.
- The provider had an infection control policy in place. People told us staff used appropriate personal protective equipment (PPE), such as masks, gloves and aprons.
- People and their relatives told us staff wore the correct PPE to keep them safe. One person said, "They wear gloves and aprons when seeing to me and of course they are wearing their masks. I have felt safe throughout the pandemic" and a relative told us, "They have all been wearing their masks throughout COVID-19 and as always gloves and aprons. I am happy [relative] has been as safe as possible."

Learning lessons when things go wrong

- The provider had processes in place to make sure they learnt from accidents and incidents to prevent a re-occurrence.
- No incidents had been reported, however, incident recording forms were in place on the electronic recording system. This meant staff were able to record any incidents when they happened. The registered manager was able to access live events so would be able to respond quickly and closely monitor.

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.

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

- People had an assessment with a member of the management team before their support commenced. People were involved in this process, and their loved ones where appropriate.
- The assessment was used to develop the care plan, setting out the care and support they had been assessed as needing, alongside their wishes and how they wanted things to be done.
- Care plans focused on outcomes and what people wanted to achieve through their support. Areas included; management of medical conditions and medicines, personal hygiene and appearance, dietary and fluid intake, continence dignity support and assistance.
- A relative told us, "There is a list of what they are supposed to do and sometimes I add to it. The regular staff know [relative] quite well. It works well at present."

Staff support: induction, training, skills and experience

- People were supported by staff who had the training required to be able to meet their needs. The provider employed a training manager who had responsibility for making sure staff had access to appropriate training. One person told us, "I think they do have the skills to care for me. They are all very good. I have no complaints. They know what they are doing, I trust them."
- The provider made sure all new staff completed the care certificate within a limited time period after they commenced employment. The training manager oversaw this and provided face to face training to support staff to achieve. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff had access to regular refresher training to keep their skills updated so they could continue to provide good care. The management team carried out observations to check staff practice by carrying out regular spot checks.
- Staff told us the training was very good. Their comments included, "Training is brilliant, my induction was great" and "Induction was excellent, it was very, very thorough."

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

- Some people needed staff support to prepare and make their meals and some needed help to eat their meal. Other people could either do this themselves or had the help of family members or friends.
- Where people did need staff support with nutrition and hydration, records were kept. The management team monitored daily through the electronic recording system to make sure this important part of people's support was not missed.

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

- Some people had family members or friends who supported them with their healthcare needs and accessing health appointments or advice. Other people were reliant on staff to access the right support if they were unwell.
- Staff knew people well and liaised closely with healthcare professionals and people's loved ones when they had concerns about their health. Updates were made in the electronic care records so live information was available to provide good communication.
- A relative told us, "I am happy she is safe, and the staff certainly know what they are doing. They are very observant and will let me know about anything they are not sure of. They pick up on things like fluid intake and will bring concerns straight to me."

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 MCA 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 supported people to make their own decisions and choices on a day to day basis. This could include what they wanted to eat for their lunch, how they would like their personal care or what they would like to wear.
- Care plans were consistent in providing guidance to staff to make sure they always offered choice and how to support this. Mental capacity assessments had been completed where relevant to enable the process of making decisions in people's best interests when this was necessary.
- The registered manager was aware of the requirements of the Act and their responsibilities within it.

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.

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

- People were usually supported by the same staff. This meant staff knew people well, how they liked things done and who was important to them.
- People and their relatives said they were happy with their support. The comments we received included, "They treat me and my home with respect. They do everything really well"; "They really are interested and care about you." A relative commented, "The regular carer and [relative] have a lovely relationship. Although, all of the carers treat her with respect and do their job they just don't know her as well."
- Staff confirmed they visited the same people regularly and it enhanced their work to be able to build relationships with people. One staff member said, "It means I notice changes, even if they are small, and can contact the relatives or the office to check things out."

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

- People, and their loved ones where appropriate, were involved in planning their care. They were able to share their views of how they would like their care and support.
- People gave feedback during regular care reviews. The registered manager reviewed people's comments and took action when necessary. Care plans were updated if people wanted to change their support or when their needs changed.
- The provider had a comprehensive service handbook which was given to people when their care commenced. This included all the information people and their loved ones needed to know, such as what to expect from care staff and the provider, how to make a complaint, important contacts, out of hours on call service and people's rights.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us they were treated respectfully by staff. A relative told us, "They are friendly and considerate, they are upbeat which is what she likes. Her whole wellbeing has changed since this company took over. They are really good and there has been a vast improvement in her all together. The staff really understand her condition and how she likes to do things. They sit and chat and take their time, their interactions are amazing, I can't fault them at all. They are a breath of fresh air."
- Care plans reminded staff to maintain people's privacy and dignity at all times during personal care. People confirmed staff were aware of their privacy, for example, by covering them when they were helping them to wash their body. One person said, "The staff are very good, I feel safe. I have a frame and they make sure they are always by my side. When they help wash me, they make sure they keep me covered."
- People were living in their own homes. Staff were aware of supporting people to maintain their independence to enable them to remain in their home. A relative told us, "They all treat her with dignity and

respect. They understand how she communicates and encourages her to do so."

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 were happy with their support and felt staff knew them well. People received the support they expected and were able to change this by speaking with staff or contacting the office staff.
- Electronic care records were detailed with information about the person. Daily records were made at each visit on the electronic system. This provided up to date information for the next visit and to support the provider's monitoring of care.
- People, and their relatives if appropriate, could access the electronic care records on their own phones or electronic equipment if they wanted to. This meant they could keep up to date and check that care was recorded appropriately and accurately.
- People and their relatives said knew about their care plan and had been involved in it. One person said, "There is a care plan, they came out and talked to me about everything. It's around somewhere but I don't look at it. The staff write notes in it on their phone, and I could have access if I wanted but I'm not bothered" and a relative told us, "There is a care plan which they went through with me. I don't read it every day, but I can sign in on the app and see what has been happening."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Where people were not able to verbally communicate this was recorded in their care plan. Guidance for staff about how to make sure they communicated well and if people had anyone to help them, such as a close family member was recorded in their care plan.
- The registered manager told us they asked people if they needed to have their care plan or other information in formats such as large type or a language other than English. No one had requested this yet.

Improving care quality in response to complaints or concerns

- People told us they knew what to do if they had a complaint. One person said, "There was an issue in the past and it was sorted really quickly. The service has been excellent since" and another person commented, "I would ring the Austen Allen themselves if I was concerned but I've not had any issues so far."
- The provider had not had any formal complaints. A policy was in place to make sure people and their loved ones knew how to make a complaint and what to expect if they did need to complain about their care.

- Informal, or verbal complaints had been made by people and a log had been kept of these. The action the registered manager had taken to make sure people's worries did not escalate further had been recorded on the log so lessons could be learnt and shared with staff.

End of life care and support

- Some people had been cared for in their own home at the end of their life. A joined-up approach was used with healthcare professionals such as the GP and hospice team to support people if they wished to remain in their home.
- Staff had received training to develop their skills to support people receiving end of life care.

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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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

- People and their relatives were happy with the care and the service provided by Austen Allen Homecare. We had good feedback which evidenced people felt listened to and their care suited their needs. One person said, "I can't think of anything they could improve or do more for me. I would 100% recommend" and a relative commented, "I am not sure if there is anything they could do better, I don't have anything to compare with, but they look after [relative] and do what is asked of them. I would recommend them."
- People told us they were supported by the same staff which meant they knew them well and understood their needs. The registered manager told us that when it was proving difficult to recruit staff, they had not increased the numbers of people they supported. They said this was to make sure people received the right level of care from regular staff.
- People and their relatives told us they could always get through to the office if they needed to and spoke highly of the registered manager and office staff. One person said, "[The registered manager] is really nice and the office is easy to get hold of." A relative commented, "If I need them, I can either go onto the app, email, or ring. They are pretty good at answering the phone and quick to act if I do bring anything up."
- Staff were very happy in their role. They told us they loved their job and described the management and staff team as, "amazing" and "very approachable."
- The Care Quality Commission sets out specific requirements that providers must follow when things go wrong with care and treatment. This includes informing people and their relatives about the incident, providing truthful information and an apology when things go wrong.
- The registered manager understood their responsibilities and the provider had a Duty of Candour policy.

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

- The provider and registered manager had developed a robust system of monitoring the care and service provided to people.
- The provider used an electronic care planning system which was used to its full advantage. The management team used the system to; monitor times of visits, the care delivered, medicines administration and food and fluids on a daily basis. We could hear the management team following up with staff, where alerts were raised, during the inspection.
- The registered manager had a clearly set out programme of audits, how often they should be completed, and who was responsible for undertaking each audit. The registered manager had oversight of auditing and

checked to make sure action had been taken where necessary.

- Services providing health and social care to people are required to inform CQC of important events that happen in the service. This is so we can check appropriate action has been taken. The registered manager was aware of their responsibilities and had submitted notifications as required.

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

- People were asked about their care during regular reviews. Telephone calls were made to people to ask how their care service was going. People and their relatives told us they could contact the office at any time, and they would get a response. One relative said, "If I have needed to on a weekend, I have phoned the office and they have answered straightaway. They always do their best and answer my questions."
- Staff meetings were held and the registered manager used social media group chats and email to keep in touch with staff. Staff often called into the office when they were in the area or if they wanted to speak with a member of the management team.
- Staff confirmed communication was very good and they were kept up to date. They said whenever they rang the office or the out of hours on call, the phone was answered quickly and their query or concern was answered without delay.

Continuous learning and improving care

- The provider and registered manager were keen to make sure they provided a good quality service. The registered manager told us they were aware they needed to learn from incidents and mistakes to be able to achieve this. The records and processes we looked at evidenced this.
- A number of staff were non drivers. The provider had provided a vehicle and electric bikes to help staff to get to care visits in a timely fashion. A member of the management team often used the vehicle to drive staff to visits when necessary. The registered manager told us they were actively trying to recruit to staff who had access to a vehicle.

Working in partnership with others

- The provider and registered manager had signed up as members of local and national networks and trade associations to keep up to date with changes in social care and share good practice.
- The registered manager and staff worked closely with the local authority to support ongoing care provision. Close working with healthcare professionals was evident through care planning and recording.