

Audley Care Ltd

Audley Care Ltd - Audley Care Ellerslie

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Outstanding ☆

Summary of findings

Overall summary

This inspection took place on 26 January 2019 and was announced.

Audley Ellerslie is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults. There is also an Audley village complex, where people buy their own flats within the village and receive care and support from Audley staff in their homes. The village facilities are available to those who live in the complex, in the community and also to the wider community. The facilities include a gym, a swimming pool, a bistro, restaurant, sauna, and steam room.

People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care [and support] service. Not everyone using Audley Ellerslie receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

At the time of our inspection, Audley Ellerslie was providing personal care to seven people, two of whom lived in the village.

There was a registered manager in post, who was present during our inspection. 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.

There was a strong focus on community integration and inclusion. People were a valuable part of their local community, and enjoyed daily social interactions and community events.

The provider was known within the sector for delivering excellence and had won prestigious awards to this effect.

Governance and continuous learning was embedded in the service, with new ways always being considered to improve the quality and safety of care provided.

The provider recognised the link between a valued and engaged staff team and high-quality care, and invested heavily in staff reward and recognition.

The ethos of the service was for people to 'live well' with conditions such as dementia and Parkinson's. People were encouraged and enabled to live active and healthy lives, which people told us had greatly enhanced their confidence, self-esteem and quality of life. Wellbeing was promoted for all Audley Ellerslie

clients.

Staff received ongoing training and development in their roles. This included a range of 'blended learning', such as ELearning, observational learning and virtual reality experiences to enable them to learn what life is like for people living with dementia.

People benefited from a flexible and person-centred approach by the provider and staff team. People's individual preferences, needs, and wishes were known by staff and were respected.

People enjoyed positive and respectful relationships with staff. The provider acknowledged important occasions for people, such as their birthdays, and made gestures to help people feel special.

People were involved in decisions about their care and any subsequent reviews. People knew how to provide feedback about the service, or raise a complaint or concern. There was a system in place for capturing and responding to complaints and feedback.

People appreciated staff's reliability and praised their conduct. The provider adhered to safe recruitment processes.

People were supported with the safe administration of their medicines.

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.

People felt staff were reliable and trustworthy. The provider followed safe recruitment processes.

People received their medicines safely. People were protected from harm and abuse. Infection control measures were in place and adhered to.

Is the service effective?

Good ●

The service was effective.

The provider placed a strong emphasis on health, wellbeing, quality of life and 'living well.' This approach had benefited people, and they had been encouraged and supported to achieve things they had felt unable to.

People were taught and shown how to prepare healthy and nutritious meals.

The provider was committed to ensuring their entire staff team were trained, skilled and competent.

Is the service caring?

Good ●

The service was caring.

People enjoyed positive and respectful relationships with staff. The provider and their staff team recognised special occasions and people appreciated this attention to detail and thoughtfulness.

People's independence was promoted. People's communication styles, needs and preferences were known by staff.

Is the service responsive?

Good ●

The service was responsive.

People benefited from staff's flexibility in accommodating and adapting to their changing health and wellbeing needs. People were involved in decisions about how they were cared for, and in reviews of their care.

Complaints, concerns and feedback were welcomed and seen as a way of making continuous improvements to the quality and safety of care provided.

Is the service well-led?

The service was very well-led.

Inclusion and community integration underpinned the provider's visions, values and purpose. People were a valuable part of their local community, and enjoyed social and leisure events with locals.

Staff felt valued, motivated and appreciated in their roles, which resulted in a positive working environment and enhanced people's experience of the care they received.

There was a strong focus on continuous improvement. The provider had received national recognition for their leadership and approach to new models of care.

Outstanding 

Audley Care Ltd - Audley Care Ellerslie

Detailed findings

Background to this inspection

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

This inspection took place on 26 January 2019 and was announced. We gave the service 48 hours' notice of the inspection site visit because we needed to be sure the registered manager and staff would be available.

The inspection was carried out by an Inspection Manager.

We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. Prior to the inspection, we looked at the PIR and all the information we had collected about the service. This included previous inspection reports, information received and notifications the service had sent us. A notification is information about important events which the service is required to tell us about by law.

We spoke with two people who used the service, three relatives, and four healthcare professionals. We spoke with the registered manager, the deputy manager, the general manager and two area managers (referred to as "the provider" in the report). We also spoke with three members of staff.

We looked at four people's care plans, which included risk assessments, healthcare information and capacity assessments. We looked at medication administration records, staff training records, accident and incident records, feedback received and awards received and a 'scrapbook' which captured the provider's highlights from the service. We also looked at three staff recruitment files. We reviewed a number of other documents relating to the ongoing quality assurance and monitoring of the service.

Is the service safe?

Our findings

People and relatives using the service told us about what made them feel safe using the service. One person we spoke with told us, "The management team always let us know if anyone (care staff) are running a bit late, so you are not left there fretting." One relative we spoke with told us, "The staff are reliable and trustworthy; there have never been any worries." We saw recent customer surveys which had been sent to people using the service and relatives, and the feedback was consistently positive about staff conduct, reliability, and approach. The registered manager covered care calls, as and when required. They told us they used these calls as a way of monitoring the quality and safety of care provided, as well as speaking with people and gathering their feedback.

The provider followed safe recruitment practice. All new staff were subject to reference checks, as well as checks with the Disclosure and Barring Service (DBS). The DBS helps prevent unsuitable people from working with vulnerable adults.

Where people received assistance with their prescribed medicines, including prescribed creams, effective systems and processes were in place to ensure these were administered safely. People, relatives and health professionals we spoke with told us there were not any concerns in this regard. Care staff and the management team were able to explain to us, and show us, how they ensured medicines were stored and administered safely. The registered manager carried out medicine competency checks on staff to ensure they had the necessary skills and knowledge to carry out this role.

Individual risks associated with people's care and support needs had been assessed, and there were risk assessments in place for key areas of people's care, such as allergies, medication, breathing, temperature control and tissue viability. Staff we spoke with were familiar with people's individual risk assessments and the measures in place to keep people safe. One member of staff we spoke with was new to the organisation, and told us how helpful and detailed they had found the care plans and risk assessments. They told us, "It was a bit daunting at first, but having all the information so clearly set out stopped me from worrying as they [risk assessments] told me everything I needed to know."

Staff understood their roles and responsibilities in regard to protecting people from harm and abuse. All staff had received safeguarding training, and were able to confidently describe to us possible signs and symptoms of different types of abuse. Staff told us they would not hesitate in reporting suspected abuse or harm internally, or externally if required. Where safeguarding events had occurred, the registered manager and the staff team had taken all appropriate action and notified the relevant authorities, including the Care Quality Commission.

Accidents and incidents were recorded, investigated and monitored to look at any potential patterns, themes or trends. The provider's 'Ecompliance' system enabled them to receive automatic alerts once an accident or incident had been recorded. As well as internal investigations by the registered manager and update of the relevant care plan and risk assessment, the provider's health and safety manager also carried out a post investigation process to ensure all necessary action had been taken to prevent a reoccurrence.

People and relatives told us staff used personal protective equipment (PPE) when assisting them with their care needs, such as disposal gloves and aprons. PPE is used to help prevent the risk of infection or spreading infection. Staff we spoke with told us they had sufficient PPE to enable them to follow best practice in regard to infection control.

Is the service effective?

Our findings

The provider focused on enhancing people's health, wellbeing and quality of life, and there was a commitment to finding ways to enable people to live full, active and healthy lives.

The provider employed a fitness manager to work at the gym at the village site, but also to work with their community clients. They told us their ethos was that this facility should not just be available to people who lived in their village, but also to the people they cared for in their own homes in the community. The fitness manager worked with people to create individual and tailored workout plans to help them achieve their goals. For example, one person using the service was living with Parkinson's disease. They had worked with the fitness manager to improve their strength and core stability, and as a result, their mobility and confidence had improved. They told us, "I feel young again, I am more active and it has improved my mental wellbeing." A relative we spoke with told us, "I cannot praise (fitness manager) enough for his help and attention to [person]". We both do the same exercises but he really concentrates on helping [person] to do the right moves. As [person] cannot remember much after about a minute, [fitness manager] has to work very hard with him to repeat the moves."

Another person we spoke with told us, "I now feel a different person due to the caring attitude of the staff. The [fitness manager] in particular has been a life saver. He was quick to adapt the work to suit me and we played games which made me push my physical efforts and have fun at the same time. I have gained tremendously in physical mobility as a result and can walk unassisted around my apartment. This improvement has given me great confidence and I now shop independently and attend many events inside and outside Audley. I have learned to play bridge, I have joined the book club, and do aqua exercises and hydrotherapy. Recently, I have had speech therapy and am improving my vocal ability all of this I attribute to the sessions spent in the gym with [fitness manager], who is forever patient, caring and good fun." Another person told us about the provider's approach to health and wellbeing, "They have helped me to live again."

The provider recognised the importance of good nutrition for people and as part of their wellbeing approach, their head chef ran cookery "master classes" for people living in the village, their community clients and members of the public. Feedback indicated these had been well received and plans were in place for these to continue to develop and grow.

People and relatives told us they felt staff were skilled in their roles. One person we spoke with told us, "I had a fall in the kitchen and a very competent first aider (member of staff) came to see me within minutes."

The provider told us they were committed to the continual development of their staff because staff skills, competence and knowledge was integral to providing high-quality care and support. The registered manager told us they liked to employ staff who did not have a care background and told us, "Sometimes if staff have been working in care a long time, they pick up bad habits. I like to be able to mould my staff to how we deliver care at Audley." The registered manager, provider and staff told us this approach worked well because all staff completed a comprehensive induction, the provider's mandatory training as well as the Care Certificate. The Care Certificate is a set of nationally recognised care standards care workers must

adhere to in their daily practice.

The provider told us they used a 'blended learning' process for all their staff, which was a mixture of eLearning, face-to-face training, observational learning and virtual reality training. For example, as part of their training, staff also completed the virtual dementia tour. This tour is designed to give workers the chance the 'walk in the world of people living with dementia' staff had to experience wearing the virtual reality dementia goggles. These allowed staff to experience similar visual and sensory experiences as people who live with dementia. One member of staff told us, "It was a profound experience and made me have so much more understanding and awareness of what life can be like for people."

As part of their induction, staff were allocated a mentor. This was an existing and experienced member of the staff team who helped to give new staff members the guidance they needed to be effective in their roles. Staff we spoke with were positive about this mentoring scheme and how it had helped them to develop. New staff members were also given an 'onboarding journal', which was a workbook and guidance tool to assist them in reflecting on their practice and learning.

The provider's training and development policy was that all members of their staff had to complete training they deemed to be mandatory, including gardening and reception staff. They told us this was important as staff may need assistance from any of the staff team, so full training had to be provided. Training all staff had to complete included mental health, equality and diversity, falls prevention and fluids and nutrition.

The registered manager had up-to-date training qualifications and she delivered staff training in areas such as manual handling, end of life, medication and dignity and respect. The registered manager told us, "I enjoying passing my knowledge onto my staff."

Staff supervisions were carried out regularly by the registered manager, and these were used to look at key areas of staff's practice, such as safeguarding, person-centred care and dignity and respect. Supervision is a process which involves regular meetings between staff members and their line manager to review their work and provide development opportunities and support. Staff told us they found their supervisions useful. One member of staff told us, "Particularly if you work alone in the community, I think it is really important to have support and also to know whether you are doing things right, or could be doing them better."

People's rights to make their own decisions, where possible, were protected. 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. The registered manager and the staff team had a good understanding of the MCA and their responsibilities to ensure people's rights to make their own decisions were promoted. For example, an awareness that capacity assessments should be decision-specific; capacity can fluctuate; and that capacity should always be assumed unless good reason not to. At the time of our inspection, the people using the service were able to make their own decisions, sometimes with additional staff support in providing explanations to them.

Is the service caring?

Our findings

People told us they valued their relationships with staff and found them polite and respectful. One person we spoke with told us, "The care staff are all lovely and they know it is our home and our rules. I would kick them out otherwise!" A relative we spoke with told us, "[Person] tells us the staff are extremely respectful and polite, as well as friendly, considerate and helpful." Another relative told us, "What I like is how interactive they (staff) are. They don't just come in, do what they have to do and leave. They always seem pleased to see [person] and make time to speak and have a bit of a laugh."

Staff had received training in dignity and respect and there were dignity champions in place. A dignity champion is someone who influences and informs colleagues; stands up and challenges disrespectful behaviour; and listens to and understand the views of people using the service.

People told us they appreciated the registered manager, provider and staff's thoughtfulness and attention to detail. The registered manager sent every person using the service a bouquet of luxury flowers on their birthday. One person had recently received this and told us they had been "thrilled" with the gesture, as well as pleasantly surprised. The registered manager told us they enjoyed working for a caring provider, and one which understood the importance of such gestures to people.

Staff spoke warmly and affectionately of the people they cared for. One member of staff told us, "What I love the most is when I see a change in mood. I arrive sometimes and [person] is really sad and low. By the time I have left, they are smiling and are happy because we've had a good chat, a bit of a laugh and it's lifted their spirits." Other staff we spoke with also commented on how they valued building and developing the relationships with people they cared for.

There was a strong focus on promoting people's independence. One person we spoke with told us, "I am very independent and they know that." " Another person told us, "Staff are so efficient and caring. They have rebuilt my confidence and I am more independent as a result. "When we asked one staff member what they thought Audley Ellerslie did particularly well, they told us, "They are very much about promoting independence, as long as people are safe of course."

Communication care plans were in place, which set out people's communication needs and preferences. For example, one person's care plan set out how they liked to be quiet when first up and awake, but then became chattier later on. Where needed, people had access to independent advocates, An advocate is someone who represents vulnerable members of society to ensure their voice is heard on issues important to them and decisions about their care.

Is the service responsive?

Our findings

People we spoke with told us they felt the service was responsive and flexible to their changing needs. One person we spoke with told us, "They are very responsive when I press the alarm. I had a fall in the kitchen and they were there within minutes." Another person told us, "My care plan has changed because I was unwell over Christmas and needed a lot more help with everything. But now that I am better, I have said I want to go back to doing more for myself." Staff had also helped one person who had a wasp's nest in their garden, even though this was above and beyond their remit. People and relatives we spoke with told us they valued the fact staff were willing to 'go the extra mile.'

Staff we spoke with told us about their flexible approach to their work. One member of staff told us, "It's a lifestyle choice living here (Audley Ellerslie) rather than a medical need, but we tailor the care provided to meet the needs as they change, so people can continue to live here. It's their home for as long as they want it to be." The provider had their internal annual 'Star Awards', in which people and relatives could nominate staff who had delivered exceptional care. At the time of our inspection, a member of staff had recently won this award. We spoke with this member of staff about the particular skills and attributes they applied to their role. They told us, "It's about recognising when extra tolerance may be required. A certain time of day might be difficult for a person, so it's about adjusting your behaviour accordingly."

People and relatives told us they had been involved in discussions about how they wanted to be cared for. One person we spoke with told us, "We had discussions about what I wanted and didn't want and if I change my mind, we will have another discussion." One relative we spoke with told us, "[Registered manager] came out to meet us and do the initial assessment. She looked at [person's] personal preferences and background. She was interested in things like what [person] used to do for a living." Another relative told us, "I feel that staff make a real effort to get to know [person] and use skill and experience to help her, such as with showering, which had been problematic."

Health professionals we spoke with commented on the flexibility of the service to meet people's individual needs, standards and preferences. One health professional we spoke with told us, "A service user they took on was very 'particular'. She would regularly criticise her previous care agency. With Audley however, when I saw the service user in November, she did not have any criticisms to speak of."

People were encouraged to maintain their individual hobbies and interests, as well as discover new ones. One person had expressed feelings of loneliness and boredom. Staff had looked into what the person might enjoy doing as a pastime, and introduced them into adult colouring books. The person now enjoyed this hobby, and we saw photographs of art work they had completed. The village setting was also used to host social events for people who lived there, people who used the service in the community, and members of the local community. A recent event had included an owl show from a local owl rescue centre.

People and relatives knew how to raise complaints, comments, concerns, or give feedback. One person we spoke with told us, "I'd go to [deputy manager], [registered manager] or [general manager] if I had any problems. At the time of our inspection, two people lived in the village and received assistance from staff in

their home. They had a problem with a leaking fridge during our inspection. They told us, "I let them [management] know and the maintenance team were here within 30 minutes."

Another person we spoke with told us, "They [staff and management] ask our opinion on things." There was an effective system in place for capturing, investigating and responding to complaints received. Where comments, concerns or complaints had been raised, these had been responded to appropriately and used as a way of making continuous improvements to the service.

Information was provided to help people and their relatives understand the service available to them. The registered manager was aware of the Accessible Information Standard. From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard. The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers. The service documented the communication needs of people in a way that meets the criteria of the standard.

Is the service well-led?

Our findings

People who used the service were an important part of their community, and the provider's model was based on community integration.

Those living in the village, community clients and the local community had access to the facilities the village offered. This included a swimming pool, gym, bistro, restaurant, fitness classes and spa facilities. At the time of our inspection, members of the public were members of the gym and took part in fitness classes with people who lived in the community or the village, and had become active and valued members of their local community. The general manager told us, "It's great to see. There are a group (clients and non-clients) who do classes together and then all go for a coffee or lunch afterwards. Everyone mixes together." People who used the service had, as a result of this approach, been able to make friends with people in the town. The provider told us, "Why should people with conditions like dementia only mix with other people who have the same condition?"

The provider and registered manager were focused on people's holistic care needs and recognised that by improving people's access to social and emotional support, their health and wellbeing improved and sense of social isolation decreased. This focus resulted in people experiencing an enhanced sense of wellbeing and contributed towards the culture we found on inspection whereby staff were motivated to go above and beyond their role.

We saw examples of where the village had been used to host community events, as well as social and leisure activities. Feedback received about these events had been very positive, and there were plans for further community events. Inclusion was also promoted amongst village and community clients. On Christmas Day, staff, management, relatives, community and village clients all celebrated together with Christmas lunch in the village restaurant.

People and relatives told us they valued this inclusive approach. One relative told us, "[General manager] has been exceptional in his inclusivity and desire to ensure [person] is included in things, such as relaxed film screenings." Relaxed film screenings are designed for people who feel overwhelmed by the ordinary cinema environment. We saw the management team had researched the availability of these in the local community and found a cinema who catered for people's needs, and established links with them for the benefit of the people using the service.

Health professionals we spoke with were consistently positive about the running of the service. One health professional told us, "I liaised a lot with [deputy manager], who I considered to be excellent at managing the domiciliary care service. Very contactable and extremely efficient."

The provider had recently been a finalist at the UK and European Employee Engagement Awards in recognition of their staff satisfaction. The provider and registered manager told us the organisations focused on valuing their staff because they recognised motivated, valued and engaged staff meant better care for people using their service. The registered manager told us, "I work with the staff; not over them. I always say

the staff are more important than the managers." Reward and recognition packages were in place for staff, and where they had received a compliment or demonstrated flexibility, they received vouchers. Additionally, on National Carers' Day, the provider gave gifts to all staff. Staff and the management team told us this recognition worked well. One member of staff told us, "They [Audley] care for us [staff] so we can care for our customers." A second member of staff told us, "They (Audley) really do invest in you as an individual." Another member of staff told us, "I am very happy here. They (management) notice every extra effort. They want us to feel proud in working for the organisation, which I definitely do." The registered manager told us, "I am proud to work here as the registered manager."

Another member of staff commented on the "lovely working environment." People who used the service benefited from staff's positivity and commitment. One person we spoke with told us, "There is so much laughter and real joy. You can see they [staff] love what they do. I wouldn't want to see miserable faces every day." A relative we spoke with told us what they really valued about the service was that, "They have excellent carers who really care about their jobs and the work they do."

The provider kept up-to-date with current best practice, and had a proven track record for being an excellent role model for other services. The provider was a member of ARCO, the main body representing the retirement community sector in the UK. ARCO's purpose is for members to be "part of the future of housing and care." (Source: www.arcouk.org.uk). The provider had won the Laing Buisson (the "Oscars" of health and social care. Source: www.careuk.com) housing with care award in 2017 and 2018 in recognition of their excellence in this field.

There was a strong emphasis on continuous improvement. The provider told us the ethos of the service were to be "game changing." This included looking at innovative models of care, such as their own. The vision of the service was "life enhancing", and to provide "exceptional" and "enriching" care. Each person using the service completed a health lifestyle assessment form, which looked at their current lifestyle, health and wellbeing, medical condition and then a personalised care package was devised. The provider was always looking at new ways of helping to enhance people's health and wellbeing. At the time of our inspection, the provider was recruiting to a new Health and Wellbeing Adviser role at Audley Ellerslie, which was a role they had introduced into their other services.

The role of the adviser was to run health surgeries four times a week where people could have routine checks such as blood pressure, baseline observations and urine sample checks. In addition, Audley Ellerslie clients would be entitled to a free health check, twice a year. "Wellbeing chats" were also routinely held at the village and were open to all Audley Ellerslie clients, as well as members of the community. The purpose of these were to "help people live well with dementia." For example, a recent awareness day had taken place at the village on "Blue Monday." Blue Monday is the name given to the reported "most depressing day of the year."

Governance was well-embedded in the running of the service. The registered manager told us, "I actually like it when people find fault or say something is wrong because that means I can solve it and it means we are continually improving." We found effective quality assurance measures were in place for monitoring the quality and safety of care provided. This included a call tracking system, accident and incident monitoring, and a 'data analysis dashboard' which looked at trends and themes in events at the service, such as incidents or complaints. The registered manager and the regional manager were able to show us the system with ease and how they used it to monitor the service and make improvements. For example, improvements had been made to the recording of medicines and there was now a 'cell track' electronic system, which the provider told us had resulted in safer administration of medicines.

The provider was aware of the importance of recognising and respecting people's and staff's needs associated with equality, diversity and human rights. The provider's policy and approach demonstrated they were committed to recognising people's individuality and differences; promoting and ensuring equal access to opportunities; and inclusion. The provider told us inclusion meant, "A sense of belonging, feeling respected and valued for who you are, and feeling a level of supportive energy and commitment from others." At the time of our inspection, we saw examples of this approach being applied to staff and people using the service. The registered manager told us, "We celebrate different cultures and share life experiences."

The provider complied with their legal and regulatory responsibilities, such as submitting statutory notifications to the Care Quality Commission. Statutory notifications are notifiable events the provider is legally required to inform the Commission of.