

Austen Allen Homecare - Quality Statement

Austen Allen Homecare Ltd is registered with the Care Quality Commission (CQC), which is the regulator for health and social care services. It has historically gained a good report from the CQC and in April 2013 the Agency passed all regulatory requirements, Prior to the inspection in 2016 the previous inspections showed

- *People experienced care, treatment and support that met their needs and protected their rights.*
- *People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.*
- *People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.*
- *The provider had an effective system to regularly assess and monitor the quality of service that people receive.*
- *The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.*
- *There was an effective complaints system available.*
- *Comments and complaints people made were responded to appropriately.*

In October 2014, following a number of national scandals, the CQC brought in a new and “tougher” inspection regime for care providers. Research by healthcare analysts Laing Buisson found that 73,000 residents/clients are now in care services where care is below the new regulatory requirements of the CQC.

Within the South East of England, almost 50% of care services have been rated inadequate or requiring improvement. In view of increasing regulatory and economic challenges, BBC Radio 4 recently reported on how ‘care is in crisis’.

Austen Allen Homecare Ltd was inspected in Dec 2016 at its Dartford branch and Jan 2017 at its Gravesend office and was deeply concerned to be given a “Needs Improvement” rating. Austen Allen Homecare has always put caring for its clients at the forefront of what it does and has enjoyed a stable and very experienced workforce for many years. The report highlights how clients and relatives are extremely happy with the care that is provided. However, shortfalls were noted in terms of documentation, person centred risk assessment, compliance with Mental Capacity assessments, and quality assurance.

- *The service was not always safe.
Medicines were not consistently managed in a safe way.
People's risk assessments were not fully robust and lacked guidance on how to mitigate risk.
Staff were not effectively deployed at the service.
People were protected against abuse and harm.*

- *The service was not always effective.
The principles of the Mental Capacity Act 2005 were not applied in practice.
Staff received appropriate training that was monitored by the registered provider.
The registered manager carried out spot checks of staff.
People were supported with their nutrition and hydration needs.*
- *The service was not always responsive.
Care plans were not always person centered.
Care plans gave guidance to staff but did not consistently refer to people's preferences, likes and dislikes.
People told us they were encouraged to make choices by staff when providing care.
The manager investigated complaints and the provider had ensured that people were aware of the complaints procedure.*
- *The service was not always well-led.
The registered provider had not ensured that there was a full and robust auditing system in place to identify any shortfalls within the service.
People were taking part in surveys on a regular basis.
People and staff spoke positively about the registered manager.*

Austen Allen Homecare has taken immediate steps to remedy all of the concerns raised by the CQC and its action plans can be read below. We have strengthened our senior management team by contracting a Head of Quality who has many years of experience as an Operations Manager and was an ex Care Quality Commission Inspector for 13 years.

As part of our Good Governance Framework, we wish to set out how improvements to our service will be achieved by the adoption of robust monitoring and audit systems. It is important for the quality of the care delivered, growth and sustainability of the company that a continual improvement cycle is in place which identifies any deficits so that improvement plans can be implemented.

Austen Allen Homecare continues to receive good support from clients, relatives and local health care professionals and we are dedicated towards providing the best care for older people. We hope you will come and visit us and appreciate the hard work and dedication of our staff.

Information Source:

<http://www.bbc.co.uk/news/health-31173451>

<http://www.bbc.co.uk/news/uk-england-36149910>

<http://www.bbc.co.uk/programmes/b078w8rp>

Austen Allen Homecare Ltd is a member of UK Homecare Association (UKHCA), Kent Integrated Care Alliance (KiCA) and Kent Invicta Chambers of Commerce.

Austen Allen Homecare CQC Action Plan 2017

26 February 2017

Austen Allen Homecare

Crown House

Dartford

Kent

DA1 1DZ

Regulation 9 HSCA RA Regulations 2014 Person Centred Care

How the regulation was not being met:

The registered provider did not ensure that care was consistently delivered in a person centred way.

Please describe clearly the action you are going to take to meet the regulation and what you intend to achieve

We are undertaking a complete review of all our systems and processes. Staff training, resources, planning, supervisions and appraisals will also be reviewed to deliver care which is centred on the individual.

Allocation and deployment of staff will also be part of the process of review to ensure care is personal, individual and delivered considering the service users' needs and wishes. A review of the planning system will be undertaken to ensure it gives staff clear guidance to support the individual to take into account their preferences and put them at the centre of the process.

Each part of operations will be put under the spot light to ensure it delivers the following principals.

- Affording people dignity, compassion and respect.
- Offering coordinated personalised care, support or treatment.
- Supporting people to recognise and develop their own strengths and abilities to enable them to live an independent and fulfilling life as possible.

Who is responsible for the action?

Registered Manager and Nominated individual

How are you going to ensure that the improvements have been made and are sustainable? What measures are going to put in place to check this?

There will be a quality assurance (QA) process to audit the agreed action plan has been carried out effectively. This will ensure that care is delivered in a person centred way. This will be assessed monthly to monitor progress and sustainability.

What resources (if any) are needed to implement the change(s) and are these resources available?

Registered Manager and Provider will be implementing this change. With the appointment of a Head of Quality the Registered Manager will have more time available to implement the changes.

Date actions will be completed:

September 2017

How will people who use the service(s) be affected by you not meeting this regulation until this date?

Whilst we accept that outcomes for service users may be affected by the shortfalls with regard to person centred care as highlighted within the inspection report we are targeting our management resources to prioritise the actions within the action plan with tight timescales to address the concerns identified. In the meantime until the actions are fully imbedded in the service, our staff will continue to deliver the best possible care.

Regulation 11 HSCA RA Regulations 2014

Need for Consent

How the regulation was not being met:

The registered provider did not ensure that consent was sought in line with the Mental Capacity Act 2005

Please describe clearly the action you are going to take to meet the regulation and what you intend to achieve

We will undertake a full review of all packages of care and will ensure either they are signed by the service user by way of evidencing consent to care or if capacity is doubted a decision specific mental capacity assessment will be carried out. If

capacity is lacking a best interests decision will be made with the support of that individuals stakeholders.

Evidence will be retained of that decision and will be reviewed should that individual's capacity change. Training will be provided to staff to ensure issues around consent are fully considered.

Who is responsible for the action?

Registered Manager and Nominated individual

How are you going to ensure that the improvements have been made and are sustainable? What measures are going to put in place to check this?

There will be a quality assurance (QA) process to audit the agreed action plan which has identified issues around consent which had not been carried out effectively. This will be assessed monthly to monitor progress and sustainability.

What resources (if any) are needed to implement the change(s) and are these resources available?

Registered Manager and Provider will be implementing this change. With the appointment of a Head of Quality the Registered Manager will have more time available to implement the changes.

Date actions will be completed:

Mental Capacity assessments will be completed for all service users by September 2017

How will people who use the service(s) be affected by you not meeting this regulation until this date?

We do not believe that outcomes for service users will be affected by the shortfalls as highlighted within the inspection report. However we are targeting our management resources to prioritise the actions within the action plan with tight timescales to address the concerns identified. In the meantime until the actions are fully actioned our staff will continue to deliver the best possible care.

Regulation 12 HSCA RA Regulation 2014 Safe care and treatment

How the regulation was not being met:

The registered provider did not ensure that people were kept safe from risks or avoidable harm.

The registered provider did not ensure that medicines were managed safely or in line with best practice.

Please describe clearly the action you are going to take to meet the regulation and what you intend to achieve

We will undertake a full review of our policies, procedures, and practices around medication. We will carry out an audit and seek additional advice from a pharmacist. From this we will develop a gap analysis to show difference between current practice and what constitutes good practice. This will inform our action plan which will identify actions to address identified deviance from guidance and best practice.

Who is responsible for the action?

Registered Manager, Training Manager and Nominated individual

How are you going to ensure that the improvements have been made and are sustainable? What measures are going to put in place to check this?

There will be a quality assurance (QA) process to audit the agreed action plan has been carried out effectively. This will be assessed monthly to monitor progress and sustainability.

What resources (if any) are needed to implement the change(s) and are these resources available?

Registered Manager and Provider will be implementing this change. With the appointment of a Head of Quality the Registered Manager will have more time available to implement the changes.

Date actions will be completed:

1st May 2017

How will people who use the service(s) be affected by you not meeting this regulation until this date?

Whilst we accept that outcomes for service users may have been affected by the shortfalls as highlighted within the inspection report around medication we are targeting our management resources to prioritise the actions to ensure medication is administered safely.

Regulation 17 HSCA RA Regulation 2014 Good governance

How the regulation was not being met:

The registered provider had not ensured that a quality monitoring systems were effective in highlighting shortfalls in the service.

Please describe clearly the action you are going to take to meet the regulation and what you intend to achieve

Following the identified shortfalls outlined within our recent inspection report we have employed a Head of Quality to assist us in meeting the KLOEs and health and safety obligations. We have prepared a quality statement on how we are going to achieve and maintain standards.

Austen Allen Homecare will also develop a mock inspection toolkit to be periodically completed by the quality team in accordance to a schedule. The purpose of the toolkit is to check the effectiveness of the service implementation of the policies and

procedures which support the compliance of the service with the regulatory framework. This forms part of the Plan – Do – Check – Act quality assurance framework which underlies all effective business management.

PLAN - the policies and procedures and regulatory framework governing the service

Do – the day to day actions of all employees, and others such as contractors and volunteers, implementing the policies and procedures.

Check – checking that the policies and regulatory framework is being followed.

Act – identifying the reasons for any non – compliance set actions responsibilities and timescales to bring back to compliance.

People Development

People are the building blocks of any quality management process. The only point where true responsibility for quality lies is with the person doing the job or carrying out the administrative process, our staff engage with continuous improvement activities. This includes senior management, who are committed to a culture of continuous improvement and an effective mechanism of recognising individual contributions.

Who is responsible for the action?

Registered Manager and Nominated individual

How are you going to ensure that the improvements have been made and are sustainable? What measures are going to put in place to check this?

An action plan will identify the shortfalls and outcomes we want to achieve. It will also show who is responsible for achieving the goal and timescales related to risks to the service users. The QA toolkit will measure the direction of travel with regard to whether the goals are being achieved. Corrective actions to be taken if necessary.

The Head of Quality will work closely with the registered manager and provider to ensure timescales are met and regulatory obligations achieved.

What resources (if any) are needed to implement the change(s) and are these resources available?

Head of Quality appointed to support the senior management team such resource is currently available and being used to address identified shortfalls and monitor the service.

Date actions will be completed:

August 2017

How will people who use the service(s) be affected by you not meeting this regulation until this date?

High risk areas prioritised accordance to risk. Potential risks minimised. Whilst we accept that outcomes for service users may be affected by the shortfalls as highlighted within the inspection report we are targeting our management resources to priorities the actions within the action plan with tight timescales to address the concerns identified. In the meantime until the actions are fully imbedded in the service, our staff will continue to deliver the best possible care.

Regulation 18 HSCA RA Regulation 2014 Sufficient numbers of staff

How the regulation was not being met:

The registered provider did not ensure that staff had sufficient time to deliver care.

Please describe clearly the action you are going to take to meet the regulation and what you intend to achieve

We recognise from the judgements within the report that our systems of QA were not sufficiently developed to identify said shortfalls. As part of our review of QA systems we will be in a much better place to pick up on deficiencies with regard to rostering to ensure that sufficient time is allocated to our staff to carry out and deliver the package of care to the satisfaction of the service user and all stakeholders.

We are also currently reviewing our rostering system and will undertake a review of its shortfalls. A new software package is being installed which along with the revisions of our QA processes will enable us to better monitor the rostering of staff to ensure better outcomes for the people we provide a service to.

Who is responsible for the action?

Registered Manager and Nominated individual.

How are you going to ensure that the improvements have been made and are sustainable? What measures are going to put in place to check this?

There will be a quality assurance (QA) process to audit the agreed action plan has been carried out effectively. This will be assessed monthly to monitor progress and sustainability.

What resources (if any) are needed to implement the change(s) and are these resources available?

Registered Manager and Provider will be implementing this change. With the appointment of a Head of Quality, Registered Manager will have more time available to implement the changes.

Date actions will be completed:

June 2017

How will people who use the service(s) be affected by you not meeting this regulation until this date?

Whilst we accept that outcomes for service users may be affected by the shortfalls as highlighted within the inspection report we are targeting our management resources to priorities the actions within the action plan with tight timescales to address the concerns identified. In the meantime until the actions are fully imbedded into the service, our staff will continue to deliver the best possible care.