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Annix Care Ltd

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?	Good ●

Summary of findings

Overall summary

This inspection took place on 06 April 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in.

Annix Care provides personal care and support for people living in their own homes. At the time of our inspection there were 11 people using the service.

There was a registered manager in post at the time of 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.

This was the first inspection of this location since it was registered in January 2016.

People received a good quality service in which they had confidence. There were processes in place to monitor the quality of the service. People were asked to comment on the quality of service and people felt their views were listened to and acted upon.

People received a safe service because the provider had procedures in place to ensure that staff were trained and followed the procedures to ensure the risk of harm to people was reduced. The risk of harm to people receiving a service was assessed and managed appropriately; this ensured that people received care and support in a safe way. Where people received support from staff with taking prescribed medicines, this was done in a way that ensured the risk to people was minimised.

People received care and support from staff that were trained to be effective in their role. People's rights were protected and they had choices in their daily lives. People were supported to maintain their diet and health needs where required. Staff were caring and people's privacy, dignity independence and individuality was respected and promoted by staff.

People received care from staff that were suitably recruited, supported and in sufficient numbers to ensure people's needs were met. This was because the provider had undertaken the relevant checks to ensure the staff they employed were suitable to work with people. The provider had systems in place to ensure people did not experience missed visits and people were confident about the reliability of the service.

People were confident that they were listened to and if they had concerns these would be addressed to their satisfaction. People had a good relationship with the registered manager and staff and felt that the service was flexible to their needs and was well run.

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 received a safe service, procedures were in place to keep people safe and staff knew how to keep people safe from abuse and harm.

Risks to people were assessed and managed appropriately and there were sufficient staff that were suitably recruited to provide care and support to people. People received their prescribed medicines as required.

Is the service effective?

Good 

The service was effective

People received care from staff that had received adequate training and had the knowledge and skills they required to do their job effectively.

People received care and support with their consent, and people's rights were protected. Where necessary people received support from staff to maintain their food and drink intake. People's health care needs were met where needed.

Is the service caring?

Good 

The service was caring.

People said staff were caring and they had a good relationship with the staff that supported them.

People were able to make informed decisions about their care and support, and their privacy, dignity and independence was fully respected and promoted.

Is the service responsive?

Good 

The service was responsive.

People were involved in all decisions about their care and the care they received met their individual needs.

People were able to raise concerns and these would be dealt with to their satisfaction.

Is the service well-led?

Good ●

The service was well led.

People received a service that met their needs and the management of the service was open and responded to people's concerns. People and staff were able to give feedback on the quality of the service provided.

Arrangements were in place to monitor the delivery of care to ensure it was meeting people's needs and was of good quality.

Annix Care Ltd

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 was planned to check 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 06 April 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in. The inspection was undertaken by one inspector.

In planning our inspection, we looked at the information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts. A notification is information about important events which the provider is required to send us by law. We reviewed regular quality reports sent to us by the local authority that purchases the care on behalf of people, to see what information they held about the service. These are reports that tell us if the local authority has concerns about the service they purchase on behalf of people. We sent questionnaires to one person that used the service, 14 staff and seven health and social care professionals. We received responses from three staff and one care professional.

Some people that used the service were not able to speak with us; others preferred their relatives to speak on their behalf. During our inspection we spoke with four relatives, three care staff and the registered manager. We looked at safeguarding and complaints procedures, sampled four people's care records; this included their medication administration records and daily reports. We also looked at the recruitment records of three care staff, questionnaires sent to people that used the service and quality assurance processes that the provider had in place to monitor the quality of the service.

Is the service safe?

Our findings

People received a service from staff that they felt safe with. One relative told us, "They are good and my brother is safe with them." Another relative said, "My wife is definitely safe with them." Someone else commented, "My husband feels safe with them, and he is cared for safely." Everyone spoken with said they would speak with the registered manager if they had any concerns about their relatives' safety.

The risk of harm to people was reduced and managed because there were procedures in place to help staff to keep people safe from abuse and harm. All staff spoken with knew the procedures for keeping people safe from abuse and records looked at confirmed that staff had received training on how to keep people safe from harm. All staff knew about the different types of abuse and the signs to look for which would indicate that a person was at risk. Staff understood how to report concerns both within the service and to external agencies that they could contact, should they have any concerns about people's safety. All staff said if any concerns reported to their immediate line manager were not investigated, they would use the whistle-blowing procedures. This is a procedure that enables staff to raise concerns about poor practice in confidence. All staff that returned the questionnaires we sent said they felt that people were safe using the service. The registered manager said there had been no reported safeguarding incidents. Discussion with the registered manager confirmed that she understood her responsibility to report safeguarding matters under the local safeguarding procedures and notify us as she is required to do.

People told us that they felt the staff that supported them had the necessary skills to ensure they received a safe service. Staff told us that risk assessments and risk management plans were available to support them in caring for people safely. Records looked at confirmed this. Staff spoken with knew the risks associated with people's care and told us how they talked to people about any risks identified and ensured that new risks were reported, so that the care could be reviewed to ensure people were cared for safely. This ensured any risks to people's care was managed appropriately.

Staff told us that there was an on call system and the registered manager was always available. This meant staff had access to guidance and support in an emergency situation. Staff told us what they would do in a medical emergency to ensure people were safe. This included calling the emergency service and reporting issues about people's welfare to the office and people's family members.

Everyone we spoke with said there were enough staff to provide the service and meet people's needs. One relative told us, "They are very reliable and have never missed a visit." Staff said that there were enough staff to support the people that currently receive a service and that cover was always available for annual leave and sickness. The registered manager told us that she does not take on new packages of care if she doesn't have the staff available. A member of staff told us, "Although they [the provider] have enough staff for the clients that we have, for the company to grow, we need more workers." We saw that the provider had implemented technology for planning the calls and for ensuring that staff checked in and out of each calls, so that the provider can be confident about the reliability of the service and can quickly identify if calls were missed or late. This meant that sufficient staff were available to provide the current level of service.

Staff spoken with and records looked at showed that all the recruitment checks required by law were undertaken before staff started working. Staff said they received an induction into their role, in line with the care certificate, which is a framework for good practice. An induction is the initial training received by staff when they commence work, so that they are clear about how to offer care and support to people. Staff told us that Disclosure and Barring Service checks (DBS) were carried out before they started work. These are checks that are undertaken to ensure that staff do not have any relevant criminal offences that would prevent them from providing care and support to people that use services.

People that needed help with taking their medicines told us that staff always gave them their medicines as prescribed. One relative said, "They give her [person using the service] medicines." Medication administration records (MAR) looked at showed no gaps in oral medication taken. All staff spoken with knew the procedure for supporting people with their medication and said they received training to ensure they followed the procedures. This meant that people received their medicines as prescribed. However, we saw that the times that medicines were given were not recorded on the MAR chart; we discussed the importance of this in preventing medication errors with the registered manager, who said that she would ensure this was put in place.

Is the service effective?

Our findings

People were supported by staff that had the training and skills required to meet their needs. One relative said, "They [staff] know what they are doing, so I feel they are trained." Another relative said, "They do their job and care for her [person using the service] safely, so I think they are trained and knowledgeable." Another relative told us they had confidence in the way staff cared for their relative, who had complex care needs. We saw that where people had specific medical needs, information was available to support staff in understanding those needs. This indicated that people had confidence in how staff cared for them.

Staff told us they had the necessary training to help them to do their job well. We saw that each staff had a training plan; detailing the training they had received and any outstanding training was planned for. All staff said they had an induction into their role and that they shadowed an experienced member of staff before working unsupervised. One member of staff told us, "I have the training I need for the job. It keeps us up to date with changes." Records looked at indicated that staff had completed or were in the process of completing the care certificate. The Care Certificate sets the standard for the fundamental skills, knowledge, values and behaviours expected from staff within a care environment.

Staff said they had supervision, spot checks, an annual appraisal and regular team meetings to enable them to undertake their role well. Records looked at showed that these processes were in place to support staff. All staff that we spoke with said they felt supported by the management of the service. This ensured staff were able to do their job well.

People were supported by staff that respected their right to consent to their care and treatment. Relatives spoken with told us that their observation was that staff always talked to people about the care they were providing and ensure people were in agreement. Staff said they explained things to people and ensured they fully understood the support they were agreeing to. A staff member said, "I would always talk to people, call them by the name of their choice. Give them choices, so they can make their own decisions. Always explain everything that I was doing. I would always ask them, I would never go into their home and take over. I want them to feel comfortable and not rushed." This meant that people were assured that they had the opportunity to agree to their care.

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. Staff said they had received training to enable them to understand how to protect people's rights. A member of staff said, "Mental capacity is about people's ability to make their own decisions." We asked staff what they would do if they felt someone could not make informed decisions about their care. All staff said if they had any concerns about people's ability to give consent to receiving care they would report it to their line manager, so that the person's needs could be reassessed. Staff said people would need to be assessed involving other professionals and family members and may need to be referred to the courts for someone to be appointed to act on their behalf. This meant care staff had a good understanding of their

responsibility in relation to the MCA.

Where people needed support with preparing food and drink, relatives told us that staff always supported people in a way that they wanted. Staff knew how to support people that had specific dietary needs or were at risk of losing weight. For example, staff said that if people were at risk of poor nutrition, the GP and dietician could be involved. Staff said they would monitor and record people's food and fluid intake, if this was part of their care plan. This ensured people were supported where needed with maintaining their food and fluid intake.

People's relatives told us they were confident that staff would contact the doctor if their relative was unwell. One relative said, "I have confidence in them [staff]." Staff told us that if someone was not well, they would call the GP, with the person's permission, or report it to the office so that the office staff could call the GP and inform family members. This meant people were supported to maintain their health when needed.

Is the service caring?

Our findings

People received a good standard of care from staff that were caring. Relatives spoken with told us that all the staff were caring. One relative told us, "They are friendly, respectful and caring." Another relative said, "They talk to him [person using the service] as if he is a human being." Another relative told us that they were please about the way staff communicated with their relative, whose first language was not English. When we spoke with staff they talked about people in a kind and caring way. The relative said, "They know how to interact with mom, as she is unable to speak English, but they always talk with her and they understand her." This indicated that people received a caring service and were confident in the way that staff cared for them.

People and their relatives were involved in discussing and agreeing their care and support needs. Relatives told us that staff provided the care that their relatives wanted and did so with their agreement. One relative told us, "They involved us in planning the care and we have a copy of the care plan." Another relative told us, "Me and mom were fully involved; we had an assessment involving Annix Care, ourselves and the community nurses." This ensured that care was provided with people's involvement and agreement.

People's privacy and dignity was respected by staff. Relatives told us that staff were respectful and treated their relatives' with respect and dignity. Staff told us that privacy and dignity formed part of their core training. Staff said they ensured people's privacy and dignity was maintained, by always involving them in their care, closing doors and windows, asking family members to leave the room whilst providing personal care and making sure people were kept covered up.

People's independence was promoted by staff. Relatives told us that staff promoted people's independence, by helping them to remain living independently in their own homes. One relative told us, "They make sure my wife is cared for at home, so she can live independently." Staff said they promoted people's independence by adopting a person centred approach by putting the person first, always asking what the person wanted and how they wanted things done and encouraging people to do as much as they can for themselves. A member of staff told us, "We promote independence by encouraging people to do as much as they can for themselves. For example if someone needs help with eating and drinking we encourage them to help themselves and be there to support them if needed."

Is the service responsive?

Our findings

People and their relatives were involved in agreeing and deciding their care needs. Relatives told us that someone from the service came out to talk to them, and the person using the service, about what care was needed. One relative said because the care needs of the person being supported were very complex, an assessment was done involving the provider and other health care professionals. Another relative told us, "They involved us in the care." Records looked at showed that people and their relatives had been involved in assessing and agreeing their needs and how they wanted to be cared for.

Everyone we spoke with felt the service met their relative's needs. A relative told us, "Yes, the service is good quality. We have had other services in the past Annix Care is the best we have had. One hundred percent, they understand my brother's needs. They know my brother's preferences and they pick up his needs quite quickly." Another relative said, "We previously used another care service and we were not happy with them. I wish I had Annix Care at the beginning. We have had no trouble at all with them." Another relative said, "They are very good and they meet her [person using the service] cultural needs." This showed that people were receiving care that met their individual needs and expectations.

We saw that people's care was planned in a way that reflected the individual care they needed. We saw that care plans were reviewed regularly, so that people had the opportunity to make any changes to their care needs and comment on how the service was supporting them. One relative told us, "We have a six weekly review. [Registered manager's name] always makes an effort to provide the carers that he [person using the service] gets on with." Another relative told us that the registered manager was flexible and would change the timing of the service to meet the needs of the person using the service. For example, they told us if the person had a hospital appointment and needed an earlier call to help them get ready the registered manager would accommodate this. This ensured people received a responsive service that was flexible to their changing needs.

People were confident that they could raise concerns with the registered manager and they would be listened to and acted upon. All the people we spoke with knew how to complain about the service if they needed to. People said they had never made a complaint as they had no reason to. One person told us, "I would complain to the office, but I have no need to complain." Another person said, "I have never made any complaint. They [the provider] gave us information about how to make a complaint and we can contact her [registered manager] if we have any concerns." There was a complaints procedure in place. All staff were aware of the procedures and how to support people to raise concerns. We saw that the complaints procedure was not written in a way that was fully accessible for everyone that used the service. The registered manager said she would ensure the complaint procedure was reviewed, so that it in a more accessible format.

Is the service well-led?

Our findings

People received a good quality service that was managed well. A relative told us, "I have high expectations and they [the provider] meet it. Excellent service." Another relative said, "They really provide a good service. I think the service is excellent."

Relatives and staff spoken with said they felt the service was well managed. Everyone spoken with said the registered manager was open and they could speak with her about any concerns they had. We saw and staff told us that regular team meetings took place, this enabled staff to discuss any practice issues and suggest improvements to the service. All staff talked about the good relationship they had with the registered manager and the team work with their colleagues, which ensured the smooth running of the service. A member of staff said, "The service is run really well and I have a good relationship with the manager, who is very supportive." Another staff member said, "I have worked for other care companies and I have been at this company the longest. I went into care because I wanted to make a difference. I would say this company runs very well. We are a team."

There was a registered manager in post and all conditions of registration were met. The provider kept us informed of incidents that they are required to tell us about. This showed that the provider understood their responsibility to operate in line with their registration.

People told us they were asked for their views on the quality of the service they received. One person told us, "They [the provider] sent us a questionnaire. I feel if there was an issue they would sort it out." We saw that surveys were sent to people and their relatives, to give them the opportunity to comment on the quality of the service. These surveys were not currently formally analysed for trends, so that any shortfalls identified could be acted upon. However, one relative told us, "They [the provider] act on feedback and that's a good thing." This showed that the provider had systems in place to enable people to comment on the quality of the service.

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We saw that care records were collected and audited to ensure the care was delivered as planned and there was a system in place for monitoring that staff records contained the required documents, supervision and training. We saw that the provider had an electronic monitoring system in place to monitor the times staff arrived and left each call, this enabled the provider to know quickly if care visits were missed.