

Anderby Care Ltd

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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

About the service

Anderby Care Ltd provides care and support for people living in their own homes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of our inspection the service was supporting 63 people with their personal care needs.

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

People told us they were very happy with the support they received. The provider had made improvements to ensure staff were recruited safely, and to ensure staff received the training and support they needed to fulfil their roles and responsibilities.

People were protected from abuse and any risks associated with people's care were well managed. Staff used gloves and aprons when these were needed to protect people from the risk of infection, and people's medicines were managed safely.

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.

Care staff were familiar with people's preferences and needs. They were committed to promoting people's privacy, dignity and independence and supporting them to make choices. People who used the service spoke positively about the staffs' caring approach.

The provider had made improvements to the audit tools used to monitor the safety and quality of service delivery and staff performance. They had ensured the improvements were well embedded into practice and were used effectively to drive improvements to the service people received. People and their relatives were asked for their views about the care and support the service offered. There was a positive, open and supportive culture at the service and staff felt well supported, listened to and valued.

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

Rating at last inspection and update

The last rating for this service was requires improvement (report published January 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider had made improvements and was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Anderby Care Ltd

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was undertaken by an inspector and an assistant inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be in the office to support the inspection. Inspection activity started on 9 January 2020 and ended on 24 January 2020.

What we did before the inspection

We reviewed information we had received about the service since the last inspection, including information received about the service from notifications sent to the Care Quality Commission by the registered manager. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

On 9 January 2020, we spoke by telephone with five people who used the service and three relatives to ask about their experience of the care provided.

We used this information to plan our inspection.

During the inspection

We visited the agency's office on 21 January 2020. We spoke with the registered manager, the office manager and a number of the office-based staff. We reviewed a range of records. This included people's care plans, care records and medication records. We looked at three staff files in relation to recruitment, training and supervision. We looked at a variety of records relating to the management of the service, including quality audits and improvement plans, accidents and incidents analysis and complaints records.

After the inspection

We spoke with three members of care staff by telephone, on 28 January 2020.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At the inspections in March 2018 and December 2018 the registered provider did not always operate robust recruitment procedures to ensure staff were suitable to work with vulnerable people. These were breaches of regulation 19 (Fit and proper persons) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- The provider had improved their systems for recruiting staff. This helped to make sure people received care from staff who were of good character and suitable to work in care.
- People confirmed they usually received care from the same staff. This helped to build positive relationships and provided consistency of support.
- Care staff told us the staffing arrangements for allocating work was organised well. They said they worked in small teams and this helped provide the care and continuity people needed.
- People said staff usually attended on time and, on the odd occasion where they were delayed, they let people know what was happening.

Assessing risk, safety monitoring and management

- At the last inspection we found risk assessments were generic and did not support safe, individualised care.
- At this inspection the provider had made improvements that ensured any potential risks related to people's care had been properly assessed. This included guidance for staff to follow to help reduce the risks.
- People's risk assessments had been updated regularly, to keep pace with people's changing needs.
- Staff knew people well and spoke confidently about how they helped people manage potential risks.

Using medicines safely

- At the last inspection medicine audits were not sufficiently robust to identify errors and omissions on medication administration records.
- At this inspection the provider had made improvements which meant medicines were monitored and managed safely. We found people received their medicines as prescribed.
- Staff were trained in the safe administration of medicines.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place that helped reduce the risk of abuse to people.
- People we spoke with said they felt safe in the care of the staff. One person said, "They have become like my family. I trust them totally and am very happy." One person's relative said, "[Person has the same staff. They have never missed a call. If late, they will ring. [Person] feels safe. I have no worries, if I had to leave [person] in their care."
- Staff confirmed they received training about safeguarding people from abuse. They were clear about their responsibilities in relation to responding to and reporting any safeguarding concerns.

Preventing and controlling infection

- Staff had received training in the prevention and control of infection. Personal protective equipment (PPE), such as gloves and aprons, was provided for them.
- People we spoke with confirmed staff wore gloves and aprons, when needed. One person's relative said, "Yes, they leave the house nice and tidy."

Learning lessons when things go wrong

- There were appropriate processes in place for recording and investigating accidents and incidents.
- Staff members were aware to call the office to report any issues if there was an accident or incident.
- Accident and incidents were recorded and showed effective action was taken to reduce the risk of repeat events.
- The registered manager and senior management team monitored all accident and incidents to determine if there were any lessons to be learned.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At the last inspection the registered provider did not ensure staff received appropriate training and supervision to enable them to carry out the duties they were employed to perform. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of this part of regulation 18.

- The provider had made notable improvements to the systems underpinning staff training and supervision, which ensured staff had the required skills, training and support to fulfil their roles and responsibilities. There was an emphasis on ensuring good staff morale and growth. One staff member said, "I have access and opportunities to training courses I want to go on, with full support [from managers]."
- People and those close to them said staff were well trained and knew how to care for them. One person's relative said, "Because they have trained more people up to do [specialist task], I can go to sleep knowing that [person] is okay, because they have someone with them [meeting this need]."
- New staff received in house induction training, which was designed to be both aspirational and inspirational. One staff member had recently undertaken their induction and told us, "It was brilliant, I learnt a lot."
- Staff received regular support through one to one supervision meetings with their managers. The management team used feedback from people and staff peers using tools such as, 'first impressions', 'lasting impressions' and 'smart objectives' to monitor and enhance staff's skills, professional growth.
- One staff member said, "[The managers] are really easy to speak to, like a family. Any problems, you can sit down with them and they take any issue on board."

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

- People's needs were assessed before the service was provided to them. Risk assessments and care planning tools were used to plan appropriate and person-centred care.
- The risk assessments we saw were outcome focused, detailing people's desired outcomes and how the staff should support people with each specific task.
- People's care and support needs were discussed with them at regular intervals. One person's relative told us, "[Staff] came to see [person] whilst in hospital and then at home as well (to do the assessment). They got an initial care plan from us and then when [person] came home they went through it. They were really

good."

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

- Where people needed support with food and drink, they were supported to have a balanced diet. This took their preferences and dietary requirements into consideration.
- Staff supported people to buy, prepare and cook healthy food for their well-being. People were happy with the support provided to them. One person told us, "I get help with healthy meals."
- People's care plans included their preferences in detail. For instance, one person's plan included, "I like my toast cooked on level two and lightly buttered."

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

- The staff and management team had a good understanding of the people they were caring for and how to manage any health-related concerns.
- Staff monitored people's health during visits. Any changes or concerns were communicated to the managers via a secure communication application (app) on staff's mobile phones.
- People were supported to have access to a range of healthcare services to help ensure they remained healthy.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- We found the service was meeting the requirements of the Mental Capacity Act 2005 (MCA).
- Staff had completed MCA training and ensured people had choices and could make decisions. Consent to care and support was sought in line with legal requirements and this was recorded in people's care plans.
- People we spoke with told us staff asked for their consent to any care and treatment offered and respected their choices. One person said, "I don't feel embarrassed when [staff] wash me, they always ask me."
- No applications had been made to deprive a person of their liberty.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 we spoke with gave very positive feedback about the staff. One person said, "Oh yes, [the staff] are very friendly and they are kind. They do extra things if I ask them like post a letter without a quibble."
- Staff received training in the Equalities Act 2010. People's equality, diversity and human rights were considered, met and promoted as part of their planned care and support.
- People told us they had regular care staff, who they knew well and were very kind and caring. For instance, one person said. "[Staff member] is brilliant and amazing."

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

- People told us their views were central to how their care was assessed, planned, and delivered. The records we saw confirmed this.
- When managers carried out checks during people's care calls, they asked the person for their views about how their care was being delivered.
- One person told us, "It's (the service) all running very smoothly. I am very satisfied. It's a big tick for us!"

Respecting and promoting people's privacy, dignity and independence

- People's care plans placed a strong emphasis on treating people with dignity, respecting their privacy and encouraging people to be as independent as possible. One person told us, "[Staff] know me really well, we've got a good relationship going on. They promote my independence. I am very happy with them."
- People were encouraged to maintain as much independence as possible. People who required support with their personal care had care plans which included information about the aspects of their care they were able to do for themselves. Staff told us they encouraged people to do as much for themselves as possible.
- People told us they were cared for well and their privacy and dignity was always respected by the care staff. One person said, "Yes, [staff] absolutely speak to me kindly. When I first came home, I was worried about using carers. Having them has put my mind at rest."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care was personalised. Their likes, dislikes and what was important to them were recorded in their care plans and people's care was reviewed regularly.
- Care staff usually supported the same people, which meant they knew people well and were aware of their preferences. Staff described how they endeavoured to ensure the care provided was tailored to each person's individual needs.
- Managers reviewed daily notes staff made at the point of care delivery, to make sure people received their care as planned.
- The management team also carried out 'spot visits' observing how staff provided care. They asked the person if they were happy with how their care was delivered. This gave people the opportunity to share their views or adjust their planned care.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified as part of the initial referral and assessment process and reflected in their care plans.
- Documents were available in different formats, such as large print to meet people's needs.
- To enhance staff's knowledge and awareness, they received training regarding areas such as autism, dementia and learning disabilities. This meant staff learned more about the needs of the people they supported.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure and people told us they knew how to raise concerns if they needed to.
- People felt confident to complain if needed. One person's relative said, "Well, if I had a complaint, I would ring the office and then the council." Another relative told us they had raised an issue and it had been dealt with swiftly and effectively.
- We saw clear complaints records were in place detailing the actions taken by the registered manager, following any complaint. There was evidence of an open culture and clear learning from complaints and adverse events.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At the inspections in March 2018 and December 2018 the registered provider did not always ensure effective systems or processes were in place to assess, monitor and improve the quality and safety of the service provided. These were breaches of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The management team understood their roles and legal responsibilities.
- People, relatives and staff were very positive about the way the service was managed. One relative said, "Management are okay. We've always been able to speak to the lady who owns it (the service). We recommended the agency to our next door neighbour."
- The registered manager had submitted notifications to the Care Quality Commission in line with regulations. Notifications are information we receive from the service when significant events happen.
- We looked at several different records that showed the quality and safety of the service was monitored to drive improvements. The management team completed audits. These included audits on medication, care records, accidents, incidents, complaints and staff related issues such as recruitment.
- We saw reports were completed and any actions identified were addressed. Continuous learning and improving care

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

- The management team and the care staff were clear about their roles and responsibilities and were committed to ensuring good quality for people who used the service.
- We found there was a positive culture of openness, and support within the service.
- The management team were committed to providing a good quality of care and involved people in their care and support to ensure their preferences and choices were considered. One person said, "I definitely would recommend the service. It's a million times better than the company before. I feel that [staff] know what they are doing."
- There was an emphasis on continuity of staff and people we spoke with really appreciated this, as they

had built good relationships and felt comfortable with the staff who cared for them regularly. One person's relative said, "[Person] does get the same carers, which [person] prefers. [Person] has some lovely carers coming in and out. They do as much as they can do. We would recommend them."

- Staff felt valued and were recognised for their achievements. They felt supported by the registered manager and told us they could approach them at any time for advice or support. One staff member said, "They [management team] always praise and congratulate, they are excellent and help however they can."

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

- The management team understood their duty of candour. The registered manager told us their ethos was to be open and transparent with everyone involved with the service. Feedback from people and their relatives confirmed they were informed about any concerns or issues.

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

- People told us managers visited them and listened to them. They said they were regularly asked to give their opinions and feedback about the service they received. One person said, "Management have rung me, they check with me often."
- People and their relatives were given opportunities to complete feedback forms. We saw evidence of what action had been taken in response to people's comments.
- Staff were asked to give their feedback through surveys and staff meetings. Staff we spoke with said they felt listened to and involved in making improvements to the service.

Working in partnership with others

- The management team were committed to working with external healthcare professionals to ensure people received the best possible care.
- Positive working relationships had been developed with the local GP's, district nurses, occupational therapists and dietitians.