

Aniis Ltd

# Aniis Care

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Aniis Care is a domiciliary care agency. It provides personal care to mostly older people living in their own homes in the Surrey area. Some people were living with dementia or with physical disabilities. At the time of our inspection the service was providing care to 8 people.

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

People and relatives told us they felt safe. People had care and risk management plans in place, but the provider had not made sure these were always up to date and sufficiently detailed about how people should be supported. Some people's plans did not always record how staff were to meet people's communication needs. There was a risk that people might receive inconsistent care or a new member of staff would not know how to care for people appropriately.

The provider had systems in place to monitor the quality of the service and make improvements. However, while there had been some improvements since our last inspection, these systems had not enabled the provider to identify and address the issues we found.

Staff supported people to receive their medicines as prescribed and medicines were managed appropriately. There were systems in place to help protect people from abuse and to investigate and learn when things went wrong.

The provider's recruitment processes helped to make sure they only employed suitable staff. People were usually visited by the same staff who they liked and knew their needs and how they liked to be supported.

Staff treated people with dignity and respect. People found staff kind and caring.

People and staff could give feedback about the service. People and their relatives knew how to raise any issues and found staff approachable. The service worked in partnership with other services to provide people with joined up care.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was requires improvement (published 21 July 2022) and there were breaches of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. We also met with the provider to discuss how they will make changes to ensure they improved their rating to at least good. We had also made a recommendation in 2021 that the provider consider current guidance on reviewing and updating people's care plans. At this inspection we found the provider had not acted sufficiently on this recommendation to make improvements. We found the provider had met some breaches, but there were two breaches of regulations and the service remains rated requires improvement. This service has been rated requires improvement for the last 4 consecutive inspections.

### Why we inspected

We carried out an unannounced inspection of this service on 20 May 2022. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, medicines support, recruitment, and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Caring, Responsive and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Aniiis Care on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Enforcement

We have identified breaches in relation to personalised care and good governance. You can see what action we have taken at the end of this report.

### Follow up

We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Aniis Care

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

This inspection was conducted by 1 inspector and 1 Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

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

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 26 May 2023 and ended on 28 June 2023. We visited the location's office on 31 May 2023.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all of this information to plan our inspection.

#### During the inspection

During the inspection we spoke with 4 people who used the service and 2 relatives. We also spoke with 2 care workers, a care coordinator, a care consultant and the registered manager. We looked at a range of care records, including 3 people's care and risk management plans, 3 staff files, and a variety of records relating to the management of the service. We continued to seek clarification from the provider to validate the evidence found.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant although people experienced safe care, there was limited assurance about protecting them from. There was an increased risk that people could be harmed.

### Staffing and recruitment

At our last inspection we found staff recruitment was not always managed in a safe way. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although improvement was still required, enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19 regarding staff recruitment.

- There were sufficient numbers of staff to keep people safe, but we received mixed feedback about the timeliness of some people's care visits. Most people said their visits were usually on time and the provider informed them if staff would be late. However, a person told us, "I do get frustrated waiting for the carers to call as my only problem with them is the timings." A relative said, "There have been occasions when the staff are running very late and we don't know if they will be coming and I have had to phone ... They don't always let us know if they are running late."
- A relative told us staff sometimes attended at different times than had been agreed in the person's care plan. We raised this with the registered manager who investigated and took action to address this.
- Staff told they had enough time to travel to care visits and to support people in their homes. People and relatives said there was enough time for care visits. A relative told us their family member "never feels rushed" and a person said, "I don't ever feel rushed when the carer is here."
- The provider followed appropriate recruitment processes with new staff to make sure they only offered roles to fit and proper applicants. This included establishing their employment history and completing Disclosure and Barring Service checks. These provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

### Assessing risk, safety monitoring and management

At our last inspection we found risks to people's safety were not always assessed, monitored and managed so they were supported to stay safe. This was a breach of regulation 12 (Safe Care and Treatment) 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 12 regarding providing safe care.

- The provider had recently introduced new processes to make sure risks to people's safety and wellbeing

were managed.

- People had care and risk management plans in place to assess risks to their safety. Plans considered issues such as their personal care needs, nutrition support, skin integrity care, health conditions and COVID-19 infection.
- People and relatives told us they felt people were safe with the staff supporting them. A person told us, "The carers are very good and I feel very safe with them." A relative said, "My [family member] is definitely safe with the carers." A relative told us staff help them to monitor their family member's skin integrity
- Risk management plans also considered issues in a person's home environment, such as flooring, furniture, lighting, fire alarms and pets to make sure it was suitable for staff to provide care safely.
- People's plans also provided guidance for staff on how to keep the person safe, such as information about a person's known health condition and how it affects them or how to use a stair lift safely.
- Staff received training and supervision so they could support people appropriately. This included training on fire safety and providing emergency first aid to be able to help a person in an emergency. Staff told us they felt supported in their roles by the registered manager.
- Staff had completed training on fire safety and providing emergency first aid to be able to help a person in an emergency.
- The registered manager had contingency plans in place to help the service continue in the event of an emergency, such as significant staff illness.

#### Using medicines safely

At our last inspection we found people's medicines were not always managed in a safe way. This was a breach of regulation 12 (Safe Care and Treatment) 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 12 regarding medicines support.

- There were appropriate arrangements in place to ensure people received their prescribed medicine. People and relatives told us they were happy with this support.
- Staff completed training on supporting people with their medicines safely. The registered manager made sure staff were assessed as competent to do this.
- People's care plans noted when they managed their medicines themselves and when they needed support. There was guidance for staff on how to support people to take their medicines.
- Staff used medicines administration records (MARs) to document when they had supported a person to take their prescribed medicines and we saw these had been completed appropriately. The registered manager ensured office staff audited these records regularly. Records of the audits noted any issues found and actions taken to address them.

#### Systems and processes to safeguard people from the risk of abuse

- There were systems in place to safeguard people from the risk of abuse, including safeguarding awareness training for staff.
- The registered manager and staff we spoke with knew how to recognise and respond to potential abuse concerns, including using 'whistleblowing' practices.
- The provider worked with the local authority to respond to and investigate if there were concerns people were not always safe and protected from avoidable harm or abuse.

#### Preventing and controlling infection

- There were arrangements in place for preventing and controlling infection.



- The provider supplied staff with personal protective equipment (PPE) so they could provide care safely. Staff said they had sufficient supplies of this.
- The registered manager used checks of staff in people's homes to see that they followed infection prevention and control practices.
- Staff had completed training on infection prevention and control and using their PPE.
- The registered manager had arrangements in place for responding effectively to risks and signs of infection and supporting people or staff in the event of someone becoming ill due to an infection, such as from COVID-19.

#### Learning lessons when things go wrong

- There were systems in place for responding to incidents and accidents and learning from these.
- The registered manager had recently implemented a new process for recording incidents and accidents, noted what happened and the actions taken at the time to ensure a person was safe. This included informing other agencies, such as paramedics when a person had a fall, and a person's relatives.
- The registered manager reviewed incidents to identify lessons learnt from them and improvement actions for the service.

# 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were supported by staff who were caring, respectful and treated them well.
- People spoke positively of the staff who visited them. They told us, "I love my carer to bits so we get on well", "I couldn't wish for a nicer person to help me" and "[Care staff] are very kind to me."
- People's care plans documented personalised information such as their religion, gender and important relationships in their life. Managers told us the service was not currently supporting anyone who identified as LGBT+. 'LGBT' describes the lesbian, gay, bisexual, and transgender community, but they had done in the past. The '+' stands for other marginalised and minority sexuality or gender identities. Staff received training on promoting equality and diversity in their work.

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

- People and their relatives were involved in making decisions about their care.
- Staff we spoke with told us how they supported people's choices about their care, such as first seeking their consent to provide care and helping them choose their clothes to wear.
- People and their relatives were involved in reviewing their care arrangements with the provider.

Respecting and promoting people's privacy, dignity and independence

- Staff respected and promoted people's privacy, dignity and independence.
- A person said, "I am treated with great respect and I couldn't do without their help in the mornings." Relatives remarked, "The carers are very pleasant and treat him like a family member, which is nice" and "They treat [family member] with dignity and respect."
- A person told us how care staff used towels to keep them covered when providing personal care and respected their privacy and dignity when helping them to wash. Staff also explained how they did this.
- Staff described how they promoted people's independence with their care where possible, such as encouraging people to wash areas of their bodies themselves or supporting them to walk safely. A person told us, "They will also encourage me to do my exercises," which helped promote their independence.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant people's needs were not always met in a planned way through appropriate organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Meeting people's communication needs

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

At the last inspection of this key question, we recommended the provider consider current guidance on reviewing and updating people's care plans so they always promote person-centred care. At this inspection we found the provider had not acted sufficiently on this recommendation to make improvements.

- Some people's care plans did not always provide appropriately detailed information about the care or support they required. For example, a person's risk management plans stated they required 2 staff to support them to mobilise safely, but the registered manager informed us this care was only in January 2023.
- Records of another person's care plan review in February 2023 stated the person was "bed-bound" with no mobility equipment in place, while also noting they needed support to mobilise with a walking frame. A relative also told us that in the month prior to our visit the person's care plan had contained incorrect information that led staff to misinform a health professional about the person's healthcare needs. The relative addressed this with the professional and there was no harm to the person. We raised this with registered manager and were assured the person's care plan was then updated.
- People's care plans noted if they had communication or sensory needs yet there was no indication on how staff should meet those needs. For example, a person's plan noted they were hard of hearing, wore spectacles and "slightly blind" in one eye, but in order to meet their communication needs only stated, "Care workers will visit me 4 times a day to support me to meet my required care needs." We discussed this with the registered manager and they acknowledged this information needed to be added to the plan.

We found no evidence people had been harmed however, these issues indicated people did not always receive care and support in a planned way and there was a risk that staff would not always know how to support people in a way that reflected their needs and personal preferences. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We found people received care and support that met their needs from staff who knew the people they supported. For example, a person told us, "The carers are very nice and chatty." Relatives also said, "There are no language barriers and they chat away to [family member]" and "[Staff] are very kind and chatty."

- People and relatives also felt they received care that met their needs and preferences. People told us, "I am well looked after" and "[Care staff] are so kind and will do anything I ask." A relative said, "The carers do genuinely care."
- People's care plans set out some limited personalised information about their support needs and preferences. This included some brief life history information and things that were important to them, such as "I want my carers to always have a chat with me" and stating their preferred gender of care staff.
- Staff told us they found people's care plans helpful. They said, "It helps me with what I need to do and know a bit about the person" and "Straightway you get to see what you need to do, it is self-explanatory on what you need to do."

#### Improving care quality in response to complaints or concerns

- The registered manager had processes in place for receiving, recording and responding to complaints or concerns when required.
- The registered manager recorded details of complaints received, how they were investigated, the findings and conclusion. They also established learning from these to help improve staff and management practices.
- People knew how to contact the provider or registered manager if they wanted to raise an issue. The registered manager used regular quality monitoring checks with people to ensure they were aware of the complaints procedure and how to raise a concern. People's recorded responses during these checks included, "No complaints at all" and "I have the office number if I have any complaints."

# 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 our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant while there was a positive culture, service management and leadership was inconsistent and did not always support the delivery of high-quality, person-centred care.

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

At our last inspection we found the provider's audit systems for monitoring the quality and safety of the service were not operated effectively to identify and address improvements to the quality of care provision. This was an ongoing breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found the provider remained in breach of regulations.

- The provider had systems and processes in place to assess, monitor and improve the quality and safety of the service. However, this system of checks had not been consistently effective as it had not identified and addressed the issues we found during this inspection.
- The provider had not identified and addressed through their governance arrangements, that some people's care plans needed to be updated as they did not always provide personalised information about the care people required when they needed it and their communication needs.
- The provider's systems had not ensured that people always experienced care visits that were the timely and well managed.

We found no evidence that people had been harmed however, these issues indicated systems were not consistently robust enough to demonstrate safety and quality was effectively managed. This placed people at risk of harm. This demonstrated a repeated breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager conducted a number of checks and audits to monitor the quality of people's care. These included unannounced checks on care staff when working in people's homes to monitor their performance. Staff also confirmed these took place and they got helpful feedback from them. A care worker added, "They bring attention to [an issue] immediately and it becomes part of the agenda in team meetings as well."
- The provider completed regular quality monitoring telephone calls to people and their relatives. Records of these indicated people were generally happy with their care and their comments had included, "My [care staff] are lovely" and "Very respectful [care staff]."

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

- There was a positive culture to the service aimed at continuing to make improvements to people's care experiences and to develop the business.
- Feedback from people and relatives reflected the culture and focus. People said they would recommend the service to others and some added they felt some improvements were required. One person told us, "They just need to improve on the timing of the calls." A relative said, "I would recommend them as they have very kind carers, it is their administration that is the weak link." Another person remarked, "I am quite happy with my care."
- Staff felt supported and said they liked working for the provider. Their comments included, "They are doing their best to see we are providing good care to clients" and "I am very happy about how they support us."
- The provider had implemented new processes since our last inspection to improve the service. These included monthly audits of people's medicines support and records of people's daily care. There was clear recording of issues these audits found and actions taken in response. The provider had recently introduced new digital care visit and daily care recording systems to help them better monitor the service.
- At the time of our visit we saw the provider was working with a consultant to identify and make ongoing improvements to the service. This included new systems for recording and learning from incidents, complaints and safeguarding concerns. The registered manager was in the process of introducing a new care planning format to help make required improvements.

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

- People, relatives and staff had opportunities to engage with the provider and be involved in people's care and the service.
- Some people felt communication about the service could be inconsistent as the provider had not informed them about introducing a digital daily care recording system until it was in place. People and relatives could contact the provider's office if they needed to. A relative commented, "I can speak quite easily to the manager [who] is very nice and has been out to see us."
- The registered manager held regular team meetings which gave staff opportunities to discuss the service. Staff told us these meetings were helpful and they felt listened to. One member of staff commented, "All have the opportunity to express what's going on, raise issues and explain what they find challenging." Meeting records showed they had been used to discuss issues such as staff wearing their uniforms, training, infection prevention, and reporting and recording.
- Since our last inspection the provider had sent surveys to people and staff for feedback about the service. Records of these showed almost all respondents gave positive comments and prompt improvement action had been taken when this was not the case.

Working in partnership with others

- The service worked in partnership with other health and social care agencies, such as social workers, GPs and district nurses, in spite of the issue regarding people's care plans being up to date. This helped people to receive joined-up care to meet their needs.

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 registered manager understood and explained their duty of candour responsibilities and had policies in place to promote this.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The registered person did not always ensure people received care and support in a planned way and there was a risk that staff would not always know how to support people in a way that reflected their needs and personal preferences.</p>

### The enforcement action we took:

Impose conditions on registration

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered person was not always effectively operating systems and processes to assess, monitor and improve the quality and safety of the services provided in carrying on the regulated activity</p>

### The enforcement action we took:

Impose conditions on registration