

Mrs Patricia Clarke-Roberts

St Annes Care Services

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 visit took place on 17 February 2016 and was announced. We told the registered manager a day before our visit that we would be coming. We did this to ensure we had access to the main office and the management team were available.

St Annes Care Services offers domiciliary care and support to a range of people in their own homes. The range of support provided includes assistance with personal care, domestic duties, laundry tasks, shopping, and meal preparation. At the time of our inspection visit we were informed St Annes Care Services provided support for 15 people.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 since the agency changed location. However previous inspections had been carried out at the last location. The service had met the regulations inspected at that time in October 2015.

Staff knew the people they supported and provided a personalised service. Care plans we looked at detailed how people wished to be supported. Risk assessments were completed for staff who entered private homes both for the environment and personal care delivery. This was to ensure people were kept safe.

People were kept safe and free from harm. There were appropriate numbers of staff employed to meet people's needs and provide a flexible service. One staff member said, "We have lost a few clients and sickness of staff has not helped. However we are still managing and people we care for receive a quality service."

Staff responsible for prompting people with their medicines had received training to ensure they had the competency and skills required. One staff member said, "If we ever had to administer we have had the training to do so."

Staff were able to accommodate changes to times care was delivered when requested by relatives or the person who received a service. This was confirmed by talking with people who used the service. One person said, "I sometimes need to go out sooner that is fine with the girls."

The registered manager had systems in place to record safeguarding concerns, accidents and incidents and take necessary action as required. Staff had received safeguarding training and understood their responsibilities to report any unsafe care or abusive practices. Training was updated on a regular basis and records we looked at confirmed this.

No new staff had been recruited since the service changed their location address and registered with CQC. However systems and procedures were in place should new personnel be required to work at the agency.

Staff received regular training and were knowledgeable about their roles and responsibilities. They had the skills, knowledge and experience required to support people with their care and support needs.

People supported by the agency told us staff and the registered manager who visited them were polite, reliable and professional in their approach to their work.

Staff told us they received supervision with the registered manager on a regular basis. Records we looked at confirmed this. This meant they had opportunities to discuss any issues or training needs that would support them to provide a better service.

Staff supported people to attend healthcare appointments and liaised with their GP and other healthcare professionals. This was confirmed by records kept by the agency and talking with people who used the service.

The service had a complaints procedure which was made available to people they supported. People we spoke with told us they knew how to make a complaint if they had any concerns.

We found a number of audits were in place to monitor quality assurance. The registered manager had systems in place to obtain the views of people who used the service. These included spot checks and satisfaction surveys.

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 told us they felt safe. Safeguarding procedures were in place and staff understood how to safeguard people they supported.

Assessments were undertaken of risks to people who used the service and staff. Written plans were in place to manage these risks.

Systems were in place to make sure the management team and staff learn from events such as accidents and incidents.

Staffing levels were sufficient with an appropriate skill mix to meet the needs of people using the service.

Is the service effective?

Good ●

The service was effective.

People were supported by staff that were sufficiently trained, skilled and experienced to support them to have a good quality of life. The registered manager was aware of the requirements of the Mental Capacity Act 2005.

People were supported to eat and drink according to their plan of care.

Staff supported people to attend healthcare appointments. They liaised with other healthcare professionals as required if they had concerns about a person's health.

Is the service caring?

Good ●

The service was caring.

People who used the service told us they were treated with kindness and compassion in their day to day care.

Care and support had been provided in accordance with people's wishes.

Staff were respectful of people's rights and privacy.

Is the service responsive?

Good ●

The service was responsive.

Care plans were in place outlining people's care and support needs. Staff were knowledgeable about people's support needs, their interests and preferences.

The service worked well with other agencies and services to make sure people received care in a coherent way.

People knew their comments and complaints would be listened to and responded to.

Is the service well-led?

Good ●

The service was well led.

Systems and procedures were in place to monitor and assess the quality of service people were receiving.

The registered manager consulted with stakeholders, people they supported and relatives for their input on how the service could continually improve.

A range of audits were in place to monitor the health, safety and welfare of people.

St Annes Care Services

Detailed findings

Background to this inspection

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

This inspection visit took place on 17 February 2016 and was announced. The registered manager was given 24 hours' notice because the location provides a domiciliary care service to people living in the community. We did this to ensure we had access to the main office and the management team were available.

The inspection team consisted of an adult social care inspector.

Before our inspection visit we reviewed the information we held on the service. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people the service supported. We also checked to see if any information concerning the care and welfare of people being supported had been received.

We went to St Annes Care Services office base and spoke with a range of people about the service. They included the two owners of which one was the registered manager, assistant manager and a senior carer. In addition we spoke with three staff members. We also visited the home of a person who received a service and spoke with them. We contacted two people who used the service by telephone and spoke with one person who visited the office whilst we were there. This was to get their views on the care provided by St Annes Care Services.

We looked at the care records of two people who used the service and training records of staff members. We also looked at records relating to the management of the service. This helped us to gain a balanced overview of what people experienced accessing the service.

Is the service safe?

Our findings

The people we spoke with who received a service told us they felt safe and secure in the care of the staff who supported them. "They are like a family and I feel content knowing someone from St Annes Care Service are looking after me." Also, "It's a lifeline to me and yes I do feel safe with them around."

The registered manager had procedures in place to minimise the potential risk of abuse or unsafe care. Records seen confirmed the registered manager and staff had received safeguarding vulnerable adults training. One staff member said, "We cover safeguarding adults training in the 'skills for care' course we are doing." Staff members we spoke with understood what types of abuse and examples of poor care people might experience.

The service had a whistleblowing procedure so staff were aware of the process. Staff spoken with told us they were aware of the procedure. They said they wouldn't hesitate to use this if they had any concerns about unsafe or abusive practices they may witness. One staff member said, "I would not think twice about reporting any abuse that I might see. I know the whistleblowing procedure to go through."

We found by talking with people who used the service and staff members staffing levels were suitable with an appropriate skill mix to meet the needs of people who used the service. We found a good example of how they managed staffing levels on the day of our visit. Staff sickness had presented a problem supporting a person on that day. However the assistant manager had made a couple of telephone calls and the visits were covered without any delays.

People we spoke with told us if staff were not going to turn up or be late they would receive a call explaining what would happen. One person said, "They have never not turned up. Once or twice they have telephoned me to say they might be a few minutes late but that is rare."

Care plans looked at had risk assessments completed to identify the potential risk of accidents and harm to staff and the people in their care. Risk assessments we saw provided clear instructions for staff members when delivering their support. The agency completed risk assessments in relation to the premises, equipment and the activities of the person they were supporting. One staff member said, "We take a few clients out so risk assessing is important." We found risk assessments had been reviewed regularly or when circumstances changed.

We looked at recruitment processes the service had in place. Checks were in place that was required. They included information about any criminal convictions recorded, an application form that required a full employment history and references. No new staff had been employed since the service had registered with CQC. However the registered manager told us they were up to date with recruitment procedures should they need new staff.

We looked at the procedures the service had in place for assisting people with their medicines. The registered manager told us staff prompted people to take their medicines and were not at the moment

involved in administering medicines.

Staff employed by the service received medication training to ensure they were competent to administer medicines. Staff we spoke with confirmed they had been trained and assessed as competent to support people to take their medicines. A staff member said, "Although at the moment we only prompt with medication all staff had completed medication training. This is before we even prompt people to take medicines."

Is the service effective?

Our findings

We visited one person in their home and also spoke with people who used the service. Comments were all positive when we asked if they felt staff were competent in their role. For example one person said, "I need a bit of help at times because of my illness. The staff are great they know how to treat me. They seem aware of how to support me when I have to get up and walk." Another person said, "They are well trained because they know all about my difficulties and what's needed to support me."

People who used the agency told us the registered manager trained and matched staff to who would best suit their needs. For example one person who received a service told us they had similar interests to a particular member of staff and they got along well. The registered manager explained they try and match people with staff as much as possible. This demonstrated the agency provided effective care by ensuring staff who would suit certain people were matched together. This helped build relationships and provided the best care possible for people

A training programme was in place for all staff. Training events were relevant to the needs of people who received a service from the agency. For example moving and handling and medication training. This was confirmed by talking with staff. Further training was provided by external training providers. For example a staff member told us they were supported to complete a National Vocational Qualification (NVQ) to level 3. This demonstrated the registered manager supported staff to develop their professional skills. Records showed future training had been arranged in areas that included medication, health and safety and dementia.

Staff received support to understand their roles and responsibilities through supervision sessions with the management team and an annual appraisal. Supervision consisted of individual one to one sessions and group staff meetings. The one to one meetings discussed individual development and any issues staff wanted to discuss. One staff member said, "The sessions are useful and enables us to discuss any issues or training courses."

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

The registered manager demonstrated an understanding of the legislation as laid down by the Mental Capacity Act (MCA). Discussion with the registered manager informed us they were aware of the process to assess capacity. However this had not been applicable to their service at the time of the inspection visit.

At the time of our inspection visit few people required support with meal provision. However staff who prepared food had completed 'food and hygiene' training. We spoke with staff members who confirmed this. One staff member said, "At present we don't do much cooking but we have done the training."

People confirmed they had consented to care they received. They told us staff asked them if they were happy with support being provided to them. People had signed their care plans to say they agreed to the support provided.

Staff were available to support people to access healthcare appointments if needed. They liaised with health and social care professionals involved in their care if their health or support needs changed. Staff we spoke with confirmed this. People's care records included evidence the agency had supported them to access General Practitioners and other healthcare professionals based on individual needs. One person who used the service said, "I have had to go to the doctors many times and the staff are willing to take me."

Is the service caring?

Our findings

We spoke with people supported by the agency. We asked about the staff who supported them and how they felt they were cared for. Comments received included, "The girls are kind and caring." Also, "It cheers me up when they come they are so good and patient and kind with me." A friend of a person who received a service said, "I don't know how we would manage without them. They are so patient and kind. They always show up on time and provide a good caring service."

People we spoke with told us they were treated with kindness and staff were caring and patient with them. Comments received included, "They have the patience of saints. They are all so kind and caring I haven't a bad word about anyone."

We saw evidence to demonstrate people's care plans were reviewed with them and updated on a regular basis. A staff member said, "We make sure we go through support plans regularly to make sure the care we are providing is up to date."

Daily events that were important to people had been recorded so staff could provide care to meet their needs. Information was also contained daily of how the person was in terms of social and health. This supported staff to be aware of any issues when they visited the person or when the next staff member was due to visit. One staff member we spoke with said, "It is good to know when we arrive if there had been any problems, such as any incidents. Also the persons health was good or not."

Staff told us they received guidance during their regular training in relation to dignity and respect. Their practice was then monitored when they were observed by the management team in people's own homes. When we arrived at one person's house we observed the staff member introduced themselves straight away. They also knocked on the door and waited for a response before entering. One person who received a service from the agency said, "They are so polite and respectful. They always announce themselves when they come here."

Staff spoke respectfully of the people they supported. All the staff we spoke with knew the people they cared for well and were able to describe support people received. This was confirmed by looking at care records and visiting a person who received a service. This meant staff were aware of what people required and how they would want to be supported in a dignified way. One staff member said, "We are only a small agency and we know the people so well. That helps when we visit homes and can quickly identify if someone is not well or behaves a bit differently."

Care plans reflected what support people required from other agencies such as general practitioners (GP) or other health professionals. This meant staff were aware of the needs and support individuals required when visiting people in their own home. A staff member said, "We need to know as much information as possible in terms of health requirements. It gives us insight in to how judge how people are and what other healthcare support they may have."

Before our inspection visit we received information from external agencies about the service. They included the commissioning department at the local authority. Links with these external agencies were good and we received some feedback from them about the care being provided.

Is the service responsive?

Our findings

People's care and support was planned with them. This was confirmed by talking with a friend of a person who received a service. People who used the service told us when their care was being planned at the start of the service, the management team spent time with them. This was to find out about their preferences, what support they required and how they wanted it to be delivered.

The management team responded to any issues people had by keeping in constant contact with them. This was confirmed by talking with people. Comments from people who used the service included, "They always respond to any requests I might have."

We looked at care records of one person who we visited in their home. The care records were informative and enabled us to identify how staff supported people with their daily routines and personal care needs.

We found assessments had been undertaken to identify people's support needs prior to the service commencing. One of the management said, "We would always visit homes a few times if needed to ensure we could provide the quality service people want." A person centred care plan had then been developed that set out how support was going to be delivered. We saw documented evidence staff had supported and encouraged people to express their views and wishes. This enabled people to make informed choices and decisions about their support.

People we spoke with told us they found the service was flexible and responsive in changing the times of their visits when required. For example one person told us they regularly changed times because they went out a lot. The person said, "This is not a problem with the manager you just phone up and they respond straight away. They always accommodate me." We spoke with a carer/friend of a person who said, "They have been great they always keep me informed of any changing times they are so flexible."

We found Information on how to make a complaint was available in the homes of people we visited. People were encouraged to give their views and raise any complaints or issues with the registered manager. The registered manager made contact with every person who received a service on a regular basis either in person or by telephone. This was to check whether they had any issues or concerns. One person who received a service when asked about complaints said, "I have no complaints and never had. However I would speak with [registered manager]. I was given information about how to complain so I know what to do."

The registered manager told us constant engaging with people who used the agency developed relationships and encourage people to discuss any complaints they had. People told us they were aware of the formal complaint procedure and that they were confident the registered manager would address concerns if they had any.

The agency viewed concerns and complaints as part of the improvement of the service. We saw the agency's complaints process was included in information given to people when they started receiving care. No

complaints had been received since they had registered the new location. Comments from people about the complaints included, "I know I would speak with [registered manager if I had a concern. At the moment I never have had to."

Is the service well-led?

Our findings

The people we spoke with told us they felt support provided met their needs and the service was organised and well led. One person who received a service said, "The staff are great supported by good managers who all come and visit me." A staff member said, "The organisation is really good. We know what we are doing as far as supporting people and times and rotas are followed as per plan."

Comments from everybody we spoke with told us the agency was well led, with owners who supported their staff out in the community. Comments from staff included, "[Owners] are both part of the staff they are on the rota to support people as we do. They lead by example." Also from a person who received a service from the agency. "[Registered manager] is a good boss because all the staff tell me that."

We found the service had clear lines of responsibility and accountability with a structured management team in place. The management team were experienced, knowledgeable and familiar with the needs of the people they supported. The agency had an assistant manager and senior carer. Staff told us the structure of the management team worked well. For example one staff member said, "We have a first port of call to [assistant manager] who is so helpful. However [owners] are always available if you need to talk to them."

People who used the agency and their carers told us they were encouraged to be actively involved in the continuous development of the service. For example we looked at completed surveys which were sent to the homes of people to get their views on how they felt the service performed. Also if they had any suggestions how the service could improve. We looked at a selection of the surveys from December 2015. One question asked, 'Do you feel valued and respected.' Nine out of the ten responded by saying yes. One said, 'They are definitely the best.'

The registered manager told us any negative comments they received from surveys would be identified and action taken to address the issues. For example two out of ten people would like staff to wear gloves and aprons more consistently. We were shown documented evidence on how the service reacted by addressing the issue at the January 2016 staff meeting. They also showed us stocks of gloves and aprons purchased and available at the office. A staff member said, "We now have plenty of aprons and always remind staff to wear them on visits."

People were regularly asked their opinions whether the care and support they received was sufficient and reliable. The registered manager monitored the quality of the service by speaking with every person who received a service on a weekly basis to ensure they were happy with the service they received.

The management team undertook a combination of announced and unannounced spot checks and telephone calls to make sure the service provided was efficient and reliable. We saw written evidence of spot checks undertaken and their findings to ensure the service was provided quality care.

Monthly staff meetings were held and records confirmed these were well attended. Staff we spoke with felt the meetings were useful and gave them a chance to discuss as a team any issues or concerns.

There were a range of audits and systems in place. These were put in place to monitor the quality of service provided. Audits were undertaken and covered areas such as medication, care plans and staff training. Any issues found on audits were quickly acted upon and any lessons learnt to improve the service going forward. For example an audit identified the update of medication MARR sheets would be beneficial for the service. This would improve the process for prompting and administering medication to people. The management team sourced further medication training for all staff. Also following the training if staff were unsure further guidance and support was provided.

The service had won an award from the 'Motor Neurone Disease Association' (MND). This was after being nominated for providing high quality care for people who had the disease. In January 2016 they were given the award for 'exceptional dedication and support for people with motor neurone disease'. One of the management team said, "We were so proud of the staff they are excellent."