

Aniis Ltd

Aniis Care

Inspection report

101 A , Jolyon House
Amberley Way
Hounslow
TW4 6BH

Tel: 02080041474

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

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. It also supports some adults who are living with dementia and adults who have physical disabilities. At the time of our inspection the service was providing care to 35 people.

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

People told us they felt safe. However, the provider had not always assessed risks to people's health and well-being or done all that was reasonably practicable to reduce those risks.

The provider had not always recorded and responded appropriately to incidents that may affect people's well-being. The provider had not always operated effective systems and processes to prevent people from experiencing a risk of abuse or harm. Some people had experienced late care visits. The provider had worked to address this with people when this had been reported to them. However, the provider did not have systems in place to monitor staff timeliness so they could be more proactive rather reactive to people's concerns. We have made a recommendation about the systems and management of staff timeliness.

We received mixed feedback about the care people received. Most relatives said care staff were caring and treated people with dignity and respect.

People's care plans set out the care tasks they required help with, but these required more detail about how staff were to support people. Plans did not provide personalised information about people and their preferences for how they liked to be supported. The provider did not always record how staff were to meet people's communication needs or people's end of life care wishes.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; there were policies and systems in the service to support this practice but these were not implemented consistently.

There were systems in place to monitor the quality of the service and recognise when improvements were required. These were not sufficiently robust to have identified the issues we found at this inspection.

People knew how to make a complaint or raise a concern and the provider responded to these in a timely manner.

Staff received induction, training and periodic supervision. Staff found the managers approachable and told us they felt supported.

Adult social care professionals told us managers were responsive to and worked in partnerships with statutory agencies to meet people's needs.

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

Rating at last

This service was registered with us on 27/11/2017 but did not start providing care at that time. The provider started providing care later and this is the first inspection of the service.

Why we inspected

This was a planned inspection based on the date the service was registered and when they started to provide a service.

Enforcement

We have identified breaches in relation to safe care and treatment, safeguarding people from the risk of abuse or harm, need for consent, person-centred care, and good governance.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

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 Care Act 2014.

Inspection team

The inspection was carried out by one 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

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 provider or registered manager would be in the office to support the inspection.

Inspection activity started on 25 September 2019 and ended on 26 September 2019. We visited the office location on these days.

What we did before the inspection

We reviewed information we had received about the service since their registration. 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. We used all of this information to plan our inspection.

During the inspection

We visited the office where the service was managed. We spoke with the registered manager who was also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with the operations manager, the human resources officer and the care coordinator.

We looked at a variety of records related to the running of the service. These included the care needs assessments and care and risk management plans of five people using the service, the staff files for four care workers and records the manager kept for monitoring the quality of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with seven relatives of people who use the service and three adult social care professionals who have worked with the provider. We also spoke with the provider's field care supervisor and a care worker.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- The provider did not always assess and manage risks to people's safety and wellbeing so they were supported to stay safe. Staff were not always given comprehensive information about risks to people's safety and how to support them to avoid harm.
- People's care records indicated they lived with various health conditions, such as diabetes, lymphoedema (a condition that causes swelling of the body's tissues) or required dialysis treatment. There was no assessment in people's risk management plans of how the risks associated with these conditions affected the individuals. There was no guidance or information for staff on how to recognise a person was becoming unwell due to their conditions and what they should do in that event.
- One person's care records also stated they needed care staff to support them to put on and take off a foot brace each day (a foot brace is a piece of equipment that helps to control the position of a person's ankle and foot). This requirement was not recorded in the person's daily care plan for staff to do and there was no information or guidance for staff on how to support the person to use this equipment safely. Following the inspection the registered manager told us the person never needed support to wear the foot brace, but they had not updated the person's care plan to make sure the information about the person's care was accurate.
- The provider could not find records of an incident a person's family had informed the CQC of prior to our inspection visit. This meant there was no evidence the provider had responded to and investigated the incident appropriately and taken steps to help make sure it didn't happen again. The registered manager acknowledged there was no recording of this incident and said they would investigate and address this matter.
- There were limited systems within the agency to actively monitor staff's timeliness and to make sure care workers attended calls at the agreed time and that they stayed the length of the calls. The provider's systems were therefore lacking in relation to readily identifying whether people were getting their care as planned so the provider could take action as required to address any shortfalls.

These issues indicated people were at risk of harm as known risks to their safety or incidents that affected people's welfare were not effectively managed. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager had business continuity plans in place to continue providing a service in case of emergencies.
- Staff training records showed they had completed basic first aid and fire safety awareness training

sessions to help them support people in case of an emergency.

- People's risk management plans included an assessment of their home environment to make sure it was suitable for staff to provide care safely. This assessment were detailed and included information about where the home's water, gas and electricity control points were and if the person had working smoke alarms fitted. The registered manager told us they were contacting the local fire service for a home fire safety visit to a person new to the service who did not have smoke alarms in place.

Systems and processes to safeguard people from the risk of abuse

- The provider had arrangements in place to help protect people from the risk of abuse, but these were not always used consistently. A person's family reported a concern to the provider which was also a potential safeguarding matter. The provider responded to the concern, but on that occasion they did not inform the local authority of the safeguarding issue until several weeks later when prompted by the CQC. This meant the provider had not always fully engaged with local systems to safeguard people from the risk of abuse.
- The provider had systems in place for noting and responding to concerns of abuse and neglect when informed of these. However, the provider's policy for safeguarding adults from abuse directed staff to report concerns to two statutory agencies that were not the local authority in whose area the provider supported people. This meant staff were not always given clear information about the statutory agencies to whom they could report safeguarding concerns.

These issues indicated people were at risk of not being protected from abuse and improper treatment as systems and processes were not always operated effectively to prevent people from experiencing that risk. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff completed training on safeguarding adults. Staff knew how to recognise and respond to safeguarding issues. They felt they would be listened to by managers if they reported such concerns.

Using medicines safely

- Some people were at risk of not always receiving their medicines as prescribed.
- One person's care plan showed they were prescribed 'when required' medicines, such as an inhaler for minor breathing issues and a medicine to help with sleeping. 'When required' medicines are those given or taken only when needed. However, there was no medicines protocol or clear information in the care plan to guide staff on when they should support a person to take such medicines. This meant the provider could not always ensure the person received their prescribed medicines as intended. The registered manager acknowledged this information was missing from the person's care plan and said they would correct this.
- Staff signed people's medicines administration records (MARs) to indicate they had supported people to take their medicines as prescribed. The MARs we saw had been completed appropriately. We saw the provider audited these records on a monthly basis to help ensure staff completed them correctly and acted to address issues these audits identified.
- Staff had received training on providing safe medicines support. The field care supervisor conducted periodic spot-checks of staff performance to check they were supporting people with their medicines appropriately.
- The registered manager was aware of the National Institute for Health and Care Excellence guidance for the effective management of medicines for people receiving social care in the community. The registered manager was planning to conduct annual assessments of staff competency to provide the medicines support being asked of them in line with this guidance.

Staffing and recruitment

- There were sufficient numbers of staff deployed to meet people's needs safely. However, the provider did not have a formal system for recording, monitoring and reviewing missed or late care visits so to as identify and reduce the frequency of these from happening.
- One worker said managers would try to address the issue of late care visits if they noticed a care worker was regularly late. However, the registered manager told us, "We rely heavily on the staff to let us know if they are running late". Some relatives told us the provider's office staff had not been aware of staff running late when relatives had reported this to them. People told us the provider did not always let them know when care staff were running late.
- Relatives gave us mixed feedback about the timeliness of care staff and some said people had experienced late care visits or staff not staying for the full care visit. Their comments about this included, "Sometimes on time," "Timings are hit and miss," and "It's erratic in general." We asked the registered manager to look into and address these reports. Adult social care professionals told us some people had also reported similar concerns to the local commissioning authority. We saw evidence that the managers acted to address these concerns when the authority had asked them to investigate.

We recommend the provider seek and follow best practice guidance on monitoring and improving the quality and safety of the service effectively to make sure people receive their care at the times they needed it.

- The provider told us they arranged care visits so staff had enough time to travel between visits and didn't have to travel too far. The care visit schedules we viewed and care staff we spoke with confirmed this.
- Staff recruitment records showed the provider completed necessary pre-employment checks so they only offered roles to fit and proper applicants. The registered manager told us they were actively recruiting new staff and during our inspection we observed prospective employees visit the provider's office to begin their application process.

Learning lessons when things go wrong

- There were procedures in place for responding to and maintaining a record of incidents and accidents, but these were not use consistently.
- The provider responded to other incidents and investigated where appropriate. The provider maintained a record of incidents and concerns, the actions taken to address incidents them and lessons learnt from these.
- The registered manager said they worked with statutory agencies to resolve incidents and concerns. An adult social care professional told us the provider had been responsive to concerns when these had been raised with them. For example, addressing feedback about staff performance.
- The provider adapted people's support in response to some incidents. For example, when a person's prescribed medicines were not delivered to them when needed, the provider arranged for care staff to collect these from the pharmacist for the person.

Preventing and controlling infection

- There were appropriate arrangements for preventing and controlling infection.
- Staff received training on infection prevention and control. Staff used personal protective equipment when required, such as gloves, aprons and shoe protectors. Staff told us they could always access supplies of this.
- The registered manager described the suitable preparatory arrangements they had made to support a potential client who lived with a specific infectious condition to help prevent the spread of infection and to ensure the safety of staff and that of others.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 when this is in their best interests and legally authorised under the MCA. 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.

- The service had not always assessed people's ability to consent to their care in a way that met the requirements of the MCA. For example, people's care plans included the question, 'Does the Service User have capacity to make decisions?' In response one person's plan stated, "[The person] has minimal capacity." There was no further information about what this meant, about what decision the person may lack the mental capacity to make and no assessment of the person's mental capacity to make a given decision. Another person's plan stated, "Minimal capacity - has capacity but not full capacity." Similarly, there was no further information to explain this. The registered manager said these statements were incorrect and did not accurately reflect people's ability to make decisions about their care.
- The person's care records stated that their relative held a Lasting Power of Attorney (LPA) for them. A lasting power of attorney (LPA) is a legal document that lets a person (the 'donor') appoint one or more people (known as 'attorneys') to help them make decisions or to make decisions on their behalf. There was no evidence of this LPA and no record of what legal authority this LPA granted the relative and the registered manager had not made sure this was checked.
- Another person's care plan had been signed by someone else. There was no record of who this second party was, what their relationship to the person was, and whether they had the legal authority to consent to the person's care on their behalf.

This meant people's rights were not being respected as they were not being supported in line with the principles of the MCA. This was a breach of regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff had completed awareness training on the MCA. Staff could explain how they supported people making day-to-day decisions in line with the principles of the MCA.
- The provider had included people's families in discussions about care arrangements to help people be involved in decisions about their care, where people agreed to their families' involvement.

Staff support: induction, training, skills and experience

- Staff received training and support to enable them to carry out their duties, but this had not always been the case over the last year.
- Most relatives we spoke with said they thought care staff were competent in their role. However, one relative said they did not think staff were always competent and trained enough as some could not operate a person's mobility equipment. An adult social care professional also said they did not think that over the last year staff had always been trained sufficiently in moving and handling to be able to support people safely. The local authority had received concerns about this and asked the provider to improve this training. We saw the provider had recently created a training room and held additional practical moving and handling training for staff on how to support people safely to use mobility equipment, such as different types of hoist. Staff said this training had taken place.
- Staff completed a three day induction training programme to prepare them for their role, followed by shadowing sessions with a more experienced member of staff. The registered manager maintained a training matrix that showed when staff were next due their refresher training.
- Staff received periodic supervisions with their line-manager. These included discussions about staff performance and people who used the service. The registered manager said staff would receive annual appraisals once they had been in post for a year. Staff told us they felt supported by managers who they found knowledgeable and approachable. One care worker said, "The managers are very supportive, they are really helpful to me."

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

- The provider assessed people's care and support needs either before or within 48 hours of beginning to provide a service. People's initial assessments were informed by statutory assessments of their needs. They included basic information about people's medical history, known allergies, moving and handling or mobility issues, and medicines support needs. People's families were involved in these assessments. The registered manager told us the assessments should inform people's care plans.
- People's assessments recorded information about their ethnicity, religious beliefs and marital status. The registered manager told us the provider was not currently supporting anyone who identified as LGBT+. 'LGBT' describes the lesbian, gay, bisexual, and transgender community. The '+' stands for other marginalised and minority sexuality or gender identities. The registered manager told us people were asked about their sexual identity and some people chose not to respond.
- Staff had not received specific awareness training on working with people who identified as LGBT+, but promoting person-centred care was included their induction process.

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

- Staff supported people with their meals, when this was part of their agreed care arrangements. Daily records of the care provided indicated people were being supported with assorted meals and drinks.
- We received mixed feedback from relatives about people's care to eat and drink. Some relatives told us staff helped people to eat in a polite and respectful manner. Other relatives told us they thought some staff

did not always spend enough time offering or encouraging their family member with something to eat. We saw the registered manager had taken actions to address these concerns. For example, advising care staff on encouraging a person to eat and making sure they have enough food available.

- Staff had completed induction training on nutrition and hydration awareness so they could support people safely to have enough to eat and drink.

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

- The service supported people to maintain their health and access healthcare services.
- We saw the provider worked with other agencies to help meet people's health needs, such as liaising with district nurses and people's GPs. For example, staff had called healthcare services when a person had experienced a fall or had helped a person obtain an emergency supply of catheter bags as they had run out.
- An adult social care professional told us the provider had been proactive in keeping the local authority informed regarding concerns about a person's health and well-being concerns. A relative told us care staff will inform them if their family member might be feeling unwell.
- Records from the last team meeting with staff showed managers encouraged staff to be mindful of supporting people to be safe in hot weather. This included making sure people had access to drinks and their homes were suitably ventilated.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement.

This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- Whilst relatives said they experienced staff being individually caring towards them, the service was not always caring to people. The provider had not been caring enough to ensure risks to people were identified and appropriately mitigated so people did not experience the risk of harm as a result. We saw that people's care plans lacked information about them as individuals so the plans did not clearly show how people should receive care personalised to their needs.
- Relatives gave varied feedback about the care people experienced. Relatives said people liked the care staff who visited them regularly and with whom they had developed a relationship. Their comments included, "[Care worker] is like sunshine", "They always chat and are always very polite" and "[They] seem quite caring." We saw the provider had also received compliments from people and relatives. One relative was less confident of the different staff who visited at weekends as they did not know the person so well. Another relative said they thought some staff seemed very tired when they visited and, "Don't have the demeanour of enjoying their job."
- We received varied feedback from adult social care professionals about people's care. One professional said people described the care staff as, "Lovely and liked the way they treated them." Another professional said people had complained about care staff not being "empathetic to clients' needs". The professional told us managers had responded and addressed these concerns when they had been raised with them. For example, the registered had investigated concerns, discussed these with staff in supervision sessions and implemented extra spot-checks of care staff.
- The staff induction process included promoting equality and diversity in their work.

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

- People's care and risk management plans showed they were involved in planning and making decisions about their care.
- Records showed people's relatives, where appropriate, were involved in the initial assessments, planning and reviewing of their care. Relatives confirmed this as well.
- Spot-checks of care workers' performance indicated the provider encouraged people to express views about their care and if there were things they would like to change.

Respecting and promoting people's privacy, dignity and independence

- Relatives told us they thought care staff afforded people their privacy and dignity.
- Staff described how they promoted people's dignity, independence and privacy when providing care. This

included always speaking with the person, closing doors and curtains, giving people time, helping people to suitably cover areas of themselves with towels when having a bed-bath, and encouraging people to do things for themselves, and helping people to suitably cover areas of themselves with towels when having a bed-bath. Staff attended training on 'dignity, choice, respect' so they could promote this in their work.

- The provider promoted people's dignity by using a pre-interview questionnaire to assess new staff's understanding of treating people with dignity and respect during their recruitment.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement.

This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- The provider did not make sure people received care and support in a planned way that recognised and reflected their individual needs and personal preferences.
- People's care plans contained only brief information about each person and did not always reflect a person-centred approach to supporting them. Plans gave only basic information about some of the care tasks a person needed support with and there was little information about people's preferences or the way they wanted to be cared for. For example, some care plans stated people needed support with bathing and meal preparation. There was no recorded information about how people liked to be supported to wash and what products they liked to use, or information about the food they liked and how they preferred this to be prepared or served. A relative told us a person preferred to have their meals served in particular plates or bowls but this sometimes did not happen and this was not recorded in the person's care plan.
- Initial assessments of people's care needs did not always inform their care plans and plans did not always provide sufficient details about what staff should support a person with. For example, one person's assessment identified they needed support to wear a particular continence aid at night. This was not set out for staff in the person's care plan. Another person's statutory assessment stated they needed prompting to eat and drink, but this was not included in the care tasks for staff at each mealtime visit. One relative told us, "What is written there doesn't tell the care staff what to do and when to do it."
- Care plans did not provide people with sufficient detail about the times when their care visits were meant to be provided. Three people's care plans we viewed did not give any times for when their care visits throughout the day were meant to happen.
- We saw the provider conducted periodic reviews of people's care with them to see if they were happy with their care and if it met their needs. However, records showed these reviews were not always based on or led to a review of people's care and risk management plans. For example, one person's review had taken place in the month of our inspection and identified no changes required to the person's care plan. Their care plan stated staff should record information about the person's bowel movements and fluid intake to help monitor their health. The managers told us, however, this had not been required since the end of the previous year.
- No one was receiving end of life care at the time of our inspection. The registered manager told us the service had provided such care to people over the last year. However, people's care plans had no area for recording their end of life care preferences, when they neared the end of their life or if their condition deteriorated quickly, or their preferred arrangements and advance decisions. There was no information recorded about discussions the provider may have had with people about this.

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 discussed these issues with the registered manager. They acknowledged care plans needed to reflect the care being provided and provide more personalised information about how to support people and said they would update these.
- Some people's care plans gave a brief account of the person's background, their interests and hobbies.
- We saw evidence of the provider responding to people's requests for changes to their care. For example, changing the time of people's care visits when they had asked for this.
- The provider had received positive feedback regarding the end of life care provided to a person earlier in the year. Compliments from the person's family stated, "The care workers have been wonderful and they became part of the family."

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.

- The provider did not always record and plan how to meet people's communication needs. One person's care plan stated they were hearing impaired and used a hearing aid. However, there was no mention of making sure or supporting the person to wear their aid or how best to communicate with the person. We discussed this with the registered manager who said they would correct this.
- The registered manager and other staff told us they spoke the same language as two people who spoke little English and this helped them understand and discuss their care arrangements.
- The registered manager told us staff had started using a smartphone translator application to help care workers communicate with a person who did not speak any English.

Improving care quality in response to complaints or concerns

- There were systems in place to manage complaints and concerns. Records at the service indicated the provider noted and responded to complaints and concerns appropriately.
- Relatives said they had been given information about the complaints process and knew how to raise concerns. Relatives and adult social care professionals told us when they had raised issues or complaints the provider had responded to these promptly.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created 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; Continuous learning and improving care

- The provider carried out a range of checks and audits to monitor safety and quality and make improvements when needed. However, this system of checks had not been consistently effective as it had not identified the issues we found during the inspection.
- The provider's quality assurance systems had not identified or assessed some of the risks to individuals' health and well-being. They had also not ensured the provider acted to mitigate these risks.
- 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 about their care preferences, communication needs, and end of life care discussions. The provider had not identified and addressed that people's rights were not being respected in line with the principles of the MCA.
- The monitoring systems did not identify when some incidents that affected the welfare of people using the service were not always reported and responded to appropriately. Nor that systems and processes were not always operated effectively to prevent people from being at risk of abuse or harm.
- The registered manager told us records of daily care were checked regularly to make sure people received their care as planned. However, we reviewed these records for two people over periods of five and seven months respectively and there was no evidence of them being audited.
- The provider did not have effective systems to monitor staff's timeliness and to make sure care workers attended calls at the agreed time and that they stayed the length of the calls. The provider's systems were therefore lacking in relation to identifying whether people were getting their care as planned so the provider could take action as required to address any shortfalls.
- Quality assurance checks included periodic spot-checks of staff conducted by the care supervisor to monitor staff performance. The registered manager said there was not a structured method to these spot-checks and they were usually conducted in response to a complaint or concern about a care worker's performance. This indicated the provider did not always take a proactive approach to monitoring the service to lessen the risk of people experiencing poor care before they reported a concern.

We found no evidence that people had been harmed however, these issues indicated systems were either

not in place or robust enough to demonstrate safety and quality was effectively managed. This placed people at risk of harm. This demonstrated a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The periodic spot-checks of staff were sometimes unannounced. A care worker told us, "It helps me to work properly if I know someone is really watching me. Keeps you on your toes." The provider acted in response to the issues these spot-checks identified.
- The registered manager was aware of the requirement to clearly display inspection ratings at the provider's office and on their website.

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

- Staff said they felt supported in their roles and spoke positively about working for the provider. Their comments included, "I feel very happy, I feel like I am with a family," and "I enjoy working with Anis, when you go to the office it is a home away from home, they chat with you, don't look down on you for being a carer."
- Most relatives spoke about the provider's service overall in mostly satisfactory comments. These included, "Quite good" and "Not the worst, not stunningly great."
- Staff and adult social care professionals described the registered manager positively, saying they were approachable, experienced and responsive to issues.

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; Continuous learning and improving care

- Relatives told us the provider apologised to them when something had not gone right, such as care staff being late for a person's scheduled care visits.
- Adult social care professionals told us the managers had engaged with the local authority quality team when required. For example, to improve training for care staff.

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

- The provider conducted reviews with people two weeks after their care began to see how they were finding the service. We saw people had used these reviews to say what they thought was going well and what needed to be improved.
- The registered manager told us they were planning to send out satisfaction questionnaires to people and relatives shortly after our inspection visit. This was to enable people to provide more feedback about the service and for the provider to address any specific issues people might report.
- The registered manager held periodic team meetings with staff. We saw these were used to discuss issues such as moving and handling practices, training, safeguarding adults, time-keeping and completing daily records of care.

Working in partnership with others

- An adult social care professional told us the provider had worked in partnership with the local commissioning authority by keeping the authority informed of changes in people's care needs. This helped people to experience joined-up care from the agencies who supported them.
- The provider had worked in partnership with adult social care professionals to address people's concerns and respond to requests to change their care arrangements so they were satisfied with the service they received.
- We saw the provider had worked to engage local statutory, charitable, religious agencies in supporting a

person when they needed extra support and financial assistance.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The registered person did not ensure that service users received care and treatment which was appropriate, met their needs or reflected their preferences.</p> <p>Regulation 9(1)</p>
Personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The registered person did not ensure that the care and treatment of people was only provided with the consent of the relevant person.</p> <p>Regulation 11(1)</p>
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered person did not ensure care and treatment was provided in a safe way for service users because they did not always:</p> <ul style="list-style-type: none">: Assess the risks to the health and safety of service users receiving care: Do all that was reasonably practicable to mitigate such risks <p>Regulation 12(1),(2)(a)(b)</p>
Regulated activity	Regulation

Personal care

Regulation 13 HSCA RA Regulations 2014
Safeguarding service users from abuse and
improper treatment

The registered person did not always make sure
systems and processes were established and
operated effectively to prevent abuse of service
users.

Regulation 13(2)

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 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered person was not always operating effective systems and processes:</p> <ul style="list-style-type: none">: To assess, monitor and improve the quality and safety of the services provided in carrying on the regulated activity;: To assess, monitor and mitigate the risks relating to the health safety and welfare of service users;: To maintain accurate and complete records in respect of each service user. <p>Regulation 17(1) and (2)(a)(b)(c)</p>

The enforcement action we took:

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