

Anointed 2 Care Limited

Anointed 2 Care

Inspection report

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Date of inspection visit:
02 August 2017

Date of publication:
04 September 2017

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Anointed 2 Care is registered to provide personal care. The organisation provides support and care to people, including elderly people and people with a disability, in their own homes around the city of Sheffield.

This inspection took place on 2 August 2017 and short notice was given. We told the registered manager two days before our visit that we would be coming. This was to ensure we had time to arrange visits with and contact people who used the service and speak with the registered manager and staff.

This was the first inspection of the service. Anointed 2 Care registered with the Care Quality Commission (CQC) to provide the regulated activity of personal care in July 2016.

There was a manager at the service who was registered with CQC.

A registered manager is a person who has registered with 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 and associated Regulations about how the service is run.

People told us they felt safe with the support they received from Anointed 2 Care.

We found people were not fully protected against the risks associated with medicines because the registered provider did not have appropriate arrangements in place to manage medicines and to ensure staff were appropriately trained.

There were appropriate numbers of staff employed to meet people's needs and provide a flexible service.

We found some staff were not provided with a regular programme of training, supervision and appraisal. This meant staff may not have the latest knowledge and skills in key topics needed to deliver safe and effective care.

People had consented to receiving care and support from Anointed 2 Care. People who used the service told us they were encouraged to make choices and decisions.

People told us their care staff were, "Fantastic," "Angels" and "Lovely." People had developed positive relationships with their regular care staff and said they looked forward to them visiting and enjoyed the time they spent with them.

People's care plans contained information about their care and support, including risk assessments and action plans. These were regularly reviewed and updated in line with the person's changing needs although the care plans were not in a standard format, somewhat disjointed and difficult to navigate around.

People told us they could talk to their care staff and the registered manager. They said they had regular contact with the registered manager and if they had any concerns or worries they were confident the registered manager and staff would listen to them and look at ways of resolving their issues.

There were a variety of methods available for the registered provider to assess and monitor the quality of the service; however, records of these checks were not being maintained. We found quality assurance processes were not effective in ensuring compliance with regulations and identifying areas requiring improvement and acting on them.

We found three breaches in the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were breaches in regulation 12: Safe care and treatment, regulation 18: Staffing and regulation 17: Good governance.

You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Some staff were not trained in medicine administration. Records for the administration of medicines were not fully completed by staff.

People said they felt safe. The provider had procedures in place to help to protect people from abuse and unsafe care.

There were appropriate staffing levels to meet the needs of people who used the service.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Some staff were not appropriately trained, supervised and appraised to provide care and support to people who used the service.

People had consented to receiving care and support from Anointed 2 Care. People who used the service told us they were encouraged to make choices and decisions.

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.

People were involved in making decisions about their care and the support they received.

Is the service responsive?

Good ●

The service was responsive.

Care and support was planned and reviewed as required.

Staff were aware of people's changing needs and responded to

this.

There was an effective complaints procedure in place which people were aware of.

Is the service well-led?

The service was not always well led.

People spoke very positively about the registered manager and said they had regular contact with them and the other senior staff in the organisation.

Staff were supported by the registered manager and senior staff. There was open communication within the staff team and staff felt comfortable discussing any concerns with the registered manager.

We found quality assurance processes were not effective in ensuring compliance with regulations and identifying areas requiring improvement and acting on them.

Requires Improvement 

Anointed 2 Care

Detailed findings

Background to this inspection

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

We undertook an announced inspection of Anointed to Care on 2 August 2017. We told the registered manager two days before our visit that we would be coming because the location provides a domiciliary care service and we wanted to ensure the registered manager was available.

Before the inspection visit we reviewed the information we held about the service, including the Provider Information Return (PIR) which the registered provider completed before the inspection. The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we received since the last inspection including notifications of incidents that the registered provider had sent us.

This was the first inspection of the service. Anointed 2 Care registered with CQC to provide the regulated activity of personal care in July 2016.

At the time of this inspection the agency was supporting 17 people who wished to retain their independence and continue living in their own home.

The inspection team consisted of three adult care inspectors.

On 27 July 2017 we visited five people who used the service at their home to ask their opinions of the service and to check their care files. Whilst on visits we also met with two relatives and one member of staff who was providing support to a person who used the service.

On 2 August 2017 we visited the agency office and spoke with the registered manager and care coordinator. We spoke with a person who used the service, their relative and a member of staff over the telephone. We also reviewed a range of records about people's care and how the domiciliary care agency was managed.

These included care records for five people, including one person's medicine administration record (MAR) and other records relating to the management of the domiciliary care agency. We also looked at five staff training, support and employment records.

Is the service safe?

Our findings

We looked at medicines management for people and found that medicines were not handled safely.

The registered manager told us the service was currently supporting two people with administration of medicines. We checked the Medication Administration Records (MAR) at the office for one person who was supported by staff. We found there were gaps in the MAR charts where staff had not signed to confirm they had given the medicine or used a code to explain why a medicine wasn't given. We checked the person's care plan and found that on some occasions staff had recorded they had administered the medicines but on other occasions they had not. This meant we could not be assured that the person had received the medicines they were prescribed. This demonstrated there were times when medicines were not administered and/or MAR charts were not completed.

We saw the registered manager had made a note on the MAR chart reminding staff to sign the MAR after administering medicines. However, no formal auditing of the MAR had been completed. This meant people's safety was not ensured as any errors in medicines administration and record keeping may not be identified and acted upon.

We checked five staff training records which identified one member of staff had received recent medicines management training with a previous employer but no staff had undertaken medicines administration training since joining the service. The registered manager is also a registered nurse and said she provided some training to staff and observed staff administering medicines to make sure they did this safely. None of these checks or any training was recorded in staff files.

This is a breach of Regulation 12: Safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager told us that they would source and ensure all staff attended medicines management training within two weeks of this inspection taking place and also start recording medicine audits when they were completed.

People told us they felt safe with the support they received from Anointed 2 Care. Their comments included, "Yes, I trust all the staff and registered manager, totally," "The staff are trustworthy" and "They [staff] are good, not intrusive at all."

One relative told us, "The staff are very friendly but very professional, they are good. No worries about them at all."

People told us there were enough staff to make sure their needs were met. One person told us, "The staff are great, they never rush me. They have 'stayed over time' before now."

People receiving support and their relatives told us they had never had a missed visit and if staff were

running late the care coordinator or registered manager would contact them to let them know. We did not receive any concerns from people receiving support or their relatives about the staffing levels at the service. Relatives we spoke confirmed their family member was supported by regular care staff. During one of our visits a relative told us their 'regular' care staff had been delayed with another person at the previous call. The registered manager had made the call instead. The relative said, "They [staff] have never missed. Like today because there was a problem the manager has come. It is an excellent service."

At the time of this inspection the service was providing personal care and support to 17 people. There was a registered and deputy manager and a care coordinator and four permanent support staff working at the service. Each of the support staff worked an average of 30 hours each week. The registered manager said they felt there was sufficient staff employed to support and care for people and cover any additional work to maintain support when staff were on annual leave or sick leave. The registered manager said they did provide a number of hours 'hands on' care and support each week to people but accepted that they may have to reduce this to spend more time on 'administrative' duties.

Staff we spoke with were able to tell us what action they would take if they suspected someone was at risk of abuse. Staff were confident that the registered manager and other senior staff would listen to any concerns they had and report their concerns to the appropriate people and authorities.

We looked at five people's support plans and saw that each plan contained risk assessments that identified the risk and the support required to minimise the risk. We found risk assessments had been evaluated and reviewed to make sure they were current and remained relevant to the individual.

Staff took appropriate action in response to any accidents or incidents to ensure people's safety. They told us they immediately reported anything of concern to the registered manager and made sure the correct information was recorded.

We reviewed staff recruitment records for five staff members. The records contained a range of information including the following: satisfactory conduct in previous employment and Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service (DBS) provides criminal records checking and barring functions to help employers make safer recruitment decisions. This meant people were cared for by suitably qualified staff who had been assessed as safe to work with people.

During our visits people receiving support and their relatives told us staff always used personal protective equipment (PPE) such as gloves and aprons that reduced the risk of cross contamination. Staff we spoke with said there was always a good supply of PPE available for them.

During the inspection we did not find any concerns relating to infection control.

Is the service effective?

Our findings

People receiving support and their families spoken with said the staff were good at their job and well trained. Their comments included, "I do think they [staff] are well trained," "The staff are good, they know what they are doing" and "The carers seem to know what they are doing and are very experienced, I like that about this agency."

Staff we spoke with said they felt supported by the registered manager and other senior staff and the registered manager had contact with them throughout the day. One care staff told us, "We chat and [name of registered manager] always asks if we are O.K. She is very supportive. Our discussions aren't always written down but I know she is there if I need her."

We looked at the registered provider's policy for staff supervision and appraisal. Supervisions are meetings between a manager and staff member to discuss any areas for improvement, concerns or training requirements. Appraisals are meetings between a manager and staff member to discuss the next year's goals and objectives. These are important in order to ensure staff are supported in their roles. The policy stated staff would be provided with supervision at least twice a year and also have an annual appraisal. The five staff records checked showed that no staff had been provided with formal supervision and appraisal as per the registered provider's policy.

One member of staff we spoke with said they received "Excellent" training and support when they started working at the service.

We looked at five staff training files. We saw four staff had received some training but this was recorded in a way that made it difficult to monitor if staff were up to date with all their mandatory training such as moving and handling, first aid, medicines and safeguarding. The files we saw showed there were significant gaps in the mandatory training provided to staff. One staff had not received any recorded mandatory training since they were employed at the service two months earlier. This member of staff was supporting only one person who they knew well, as they were previously their personal assistant under the direct payment system of care. However, this member of staff was now employed by Anointed 2 Care and was therefore required to be suitably trained. One staff had received mandatory training with their previous employer but this had not been updated since they joined this service three months earlier.

The registered manager said specific mandatory training was completed by staff online but we only saw records of this being completed for one member of staff. There was no system in place for the registered provider and registered manager to be able to assure and confirm to us that all staff had received the necessary training to carry out their role.

This is a breach of Regulation 18: Staffing, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager said they would ensure all staff had received mandatory training within the two

weeks following this inspection, and training records would be updated to reflect this. They said they also intended to introduce a training matrix system so they could easily identify when staff training was due for renewal.

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. We checked whether the service was working within the principles of the MCA.

The care files seen at the agency office and in people's homes showed people had consented to receiving care and support from Anointed 2 Care. People receiving support and their relatives told us they had held discussions with the registered manager and care coordinator about how they wanted their care to be provided and what was important to them. We saw evidence their wishes had been listened to and acted upon. People said, "I was involved in my support plan. [Name of registered manager] spent time with me and went through things about my care. They were very good and listened to what I wanted."

People who used the service told us they were encouraged to make choices and decisions. They said, "Staff always, always ask me how I want things doing," "I said I preferred female carers and that is who come" and "Staff are excellent, they never just do things, they always ask."

People told us they had a small team of regular staff who were reliable and gave them the support they needed. Comments from people supported and their relatives included, "Staff always turn up on time, they never rush off either," "I know all the girls (care staff) really well" and "I met the care staff several times before they started looking after me. They came with [name of registered manager] several times to make sure we were happy with them, that was a really good idea."

Stakeholders and health professionals we contacted before our inspection said they had no concerns about Anointed 2 Care.

Care plans we saw confirmed people's dietary needs had been assessed and any support they required with their meals was documented. Two people we spoke with said they received support with food and/or drink preparation from the care staff, which they both considered was done well. People said they were offered a choice of what they would like to eat. People told us, "The girls [care staff] know what I like and how I like it presented. They always ask though if I want anything different."

People talked about care staff helping them get assistance from other health professionals. They said the staff assisted them to get help when they required it. Comments included, "I know they would help. I know my usual carer is sitting with another person at the moment because that person is waiting for an ambulance. That is why I have [name of registered manager] here helping me."

Is the service caring?

Our findings

All the people receiving support and their relatives we spoke with made positive comments regarding the care staff. Their comments included, "They are fantastic," "The staff are angels," "Lovely people," "Very caring" and "I really look forward to the staff visiting, they make my day."

Our observation of staff in people's homes showed they were caring, professional and thoughtful towards the people they were supporting and their family. We saw care staff responding politely and warmly to people whilst providing care and support. In return, people who used the service showed their appreciation and gratitude to the care workers.

We observed staff looked after people taking into consideration the person's dignity and privacy.

People receiving support and their relatives told us, "The staff are so respectful, they really respect my privacy and think about my dignity. They do not even talk about my personal care within earshot of [named family member.] They know I am a private person and do not wish to cause me any embarrassment" and "All the staff are kind, caring and protect [relatives] dignity."

We saw care staff responded to people's questions about other clients in a way that did not compromise a person's private information. We also saw there was a system in place to make sure people's confidential information was only seen by the appropriate people and only limited information regarding visit times and people they would be visiting was sent to staff via text messages. This promoted people's privacy.

We spoke with care staff about people's preferences and needs. Staff were able to tell us about the people they were caring for, and could describe their involvement with people in relation to the physical tasks they undertook.

We asked staff how they knew people, their needs and preferences. One care worker told us, "We provide support to the same people all the time" and "Before we start seeing people on our own we visit them several times with the manager so we get to know them and their preferences really well."

We looked at people's care records during the home visits and during the visit to the Anointed 2 Care office. The care records showed people supported and/or their relatives had been involved in their initial care and support planning. We saw care plans contained signatures, evidencing that people agreed to their planned care and support. Each care plan contained details of the person's care and support needs and how they would like to receive this. The plans gave some details of people's preferences, likes and dislikes so that these could be respected by care workers.

The care plans were a little disjointed and in different formats. People's support needs were recorded in a basic format and would benefit from being more person centred. One person told us, however, that they liked their plan in this format because they communicated their preferences "In fine detail" with staff who were assisting them with their support and care.

At the time of the inspection no one was being cared for at the end of their life. The registered manager told us if they were approached to care for a person who was at the end of their life they would involve a multi-disciplinary team of healthcare professionals and work together to plan care and support in line with the person's personal wishes.

Is the service responsive?

Our findings

People receiving support and their families we spoke with all said they could talk to the registered manager and other staff at any time. People told us they knew who to speak to if they needed to raise any concerns or a complaint. Their comments included, "I have spoken with [name of registered manager] very recently about a concern. She couldn't have been fairer and has tried to resolve the situation," "I think I must speak with the manager almost every week. She is really good and does everything she can to make sure things are right" and "I would have no problems in talking to the manager about things. She is very approachable, listens and most importantly cares."

Staff we spoke with said the registered manager and other senior staff were accessible and approachable and dealt effectively with any concerns they raised.

We looked at the registered providers complaints, suggestions and compliments policy and procedure. It included information about how and who people could complain to. The policy explained how complaints would be investigated and how feedback would be provided to the person. There was also advice about other organisations people could approach if they chose to take their complaint externally, for example the local government ombudsman and the local authority. Information about complaints was also in the 'Service User Guide' that each person was given a copy of when they started to use the service.

The complaints/compliments log showed the registered manager had received two complaints and six compliments in 2017. Records showed the two complaints were being fully investigated by the registered manager and care coordinator and action taken to resolve them was recorded.

People's care plans contained information about their care and support, including risk assessments and action plans. These were regularly reviewed and updated in line with the person's changing needs. The care plans were not all of a standard format, which made them more difficult for the reader to assess and they were somewhat disjointed and difficult to navigate around. The registered manager said they were aware of this and were looking at ways to provide care plans in a standard format so they were easier for staff to read and follow and provide the relevant consistent support to people.

People receiving support and their families we spoke with were aware they had a care plan and felt they were involved with their care and support. People told us they had been consulted by the registered manager and staff in subsequent reviews of their support and the support plans. People said, "The manager has gone through my care and records and what we agreed is in the folder," "The staff are very flexible with my care. Some days I need to go to an appointment and the staff make sure they come early that day so I can still attend" and "The manager comes here all the time, checks things are O.K., still the same and whether we need to change any of my care. They [staff] write things in that book (pointing to their support plan) if they change."

At each visit staff completed record sheets detailing the date of the visit, arrival time, finish time, tasks and services carried out, concerns or changes in health or behaviour and action taken in response to this. Staff

then signed the record. Record sheets we looked at showed visits to people were at the times they had requested and staff stayed the agreed length of time at each visit.

When people were asked if they were kept informed about changes. People told us they were but also said, "There are very little changes, unless my usual staff is on holiday, I know exactly who is coming through my door. When they are on holiday I know the other staff who will be coming" and "The good thing is I know all the staff who work at Anointed 2 Care, they have all been introduced or been to see me before they help me with my care."

Staff we spoke with were well informed about the people they provided care and support to. They were aware of their likes and dislikes, preferences and interests, as well as their health needs which enabled them to provide a personalised service.

One member of care staff told us the registered manager had provided them with additional information about a specific health condition to help them provide more person centred care for a person they were supporting.

Is the service well-led?

Our findings

The service had a manager who had been registered with the Care Quality Commission since 2016.

The registered manager was actively involved in the day to day running of the service. Staff told us the registered manager was always contactable throughout the week and there were also 'on call' arrangements in place out of these hours.

People who used the service and their families and staff all spoke very highly of the registered manager. Their comments included, "The manager comes here virtually every week. Sometimes to check everything is O.K, other times to provide my care," "[Name of registered manager] rings me several times during the week or visits to make sure I am happy with everything. They are marvellous," "She is wonderful" and "She is so kind and caring."

Staff we spoke with were also very positive about the registered manager. Their comments included, "She is very understanding and a good listener, a kind person" and "You can ring her at any time and she is there to help and sort things out."

The registered manager was very knowledgeable about people who used the service. She knew people and could talk in detail about their care and support needs.

The services ethos is "Everything we do. We do in Love." People receiving support and their families we spoke with said the service provided supported this ethos and gave very positive comments about Anointed 2 Care and the caring and supportive nature of the registered manager and staff. However, systems and audit processes in place did not assure that this care is always safe and effective.

We found the registered manager had regular contact with people who used the service and their families. There were a variety of methods available for the registered provider to assess and monitor the quality of the service; however, records of these checks were not being maintained. Staff, people receiving support and their families said the registered manager and care coordinator regularly made checks but there were no records of medicine administration and care plan audits or records staff 'spot/competency' checks completed.

Although staff told us they felt very well supported by the registered manager the training, supervision and appraisal matrix showed many gaps and the registered manager was unable to provide evidence that this training, supervision and appraisal had taken place.

We found quality assurance processes were not effective in ensuring compliance with regulations and identifying areas requiring improvement and acting on them.

This is a breach of Regulation 17: Good governance, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw the minutes of staff meetings which had been held in the last three months. The minutes showed there were general discussions about people's care and support, working conditions and forthcoming training. This helped to ensure good communication at the service.

We reviewed some of the registered provider's policies and procedures and saw these were updated on a regular basis to ensure they reflected current legislation. The policies and procedures were very generic and some of these did not particularly apply to a small home care agency. The registered manager said they would review all policies and guide staff to the ones most pertinent to the running of the service. Staff told us policies and procedures were available for them to read and were incorporated into their staff handbook. They said any changes to policies were also emailed to them on an on-going basis.

People we spoke with said were unsure if they had been asked to complete a survey but said they had regular contact with the registered manager. One person said, "I can talk to [Name of registered manager] at any time anyway so I don't need to complete one."

The registered manager said as the agency had now been operating for a year they were preparing to send out surveys to staff, people who used the service, their families and other health professionals. We did look at the surveys which were available at the service and these were extremely lengthy and quite generic. The registered manager said they may look at devising a shorter version so it was easier for people to complete them and this may also ensure there was a better response rate in the completion of the survey.

We saw the registered manager had a process in place to ensure notifiable incidents were reported to CQC. They were aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008. The registered manager said they had an oversight of all incidents and reviewed these on a regular basis with referrals and notifications passed on to relevant organisations where required.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People who used the service were not protected against the risks associated with unsafe recording and management of medicines.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems or processes did not operate effectively to assess, monitor and improve the quality and safety of the service and mitigate risks to the health, safety and welfare of people.
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff were not provided with appropriate training, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.