

Anointed 2 Care Limited

Anointed 2 Care

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

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. At the time of this inspection nine people were receiving support and six staff were employed.

Our last inspection at Anointed 2 Care took place on 2 August 2017. The service was rated Requires Improvement overall. We found the service was in breach of three of the regulations of the Health and Social Care Act 2008 (Regulated Activities) 2014. Regulation 12, Safe care and treatment, Regulation 18, Staffing and Regulation 17, Good governance.

Following the last inspection, we asked the provider to complete an action plan to show what they would do, and by when, to improve the key questions asking if the service was safe, effective, responsive and well led, to at least good. The registered provider sent us an action plan detailing how they were going to make improvements. At this inspection we checked the improvements the registered provider had made. We found sufficient improvements had been made to meet the requirements of the Regulations.

There was a manager at the service who had been in post for three months. They were also the providers nominated individual. The manager had applied to be registered with the Care Quality Commission (CQC) as manager. A registered manager is a person who has registered with the 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.

We received positive views from people about the support provided to them or their family member. People told us they felt safe and their support workers were respectful. People told us they received a consistent and reliable service that met their needs.

We found systems were in place to administer people's medicines safely.

We found there were systems in place to protect people from the risk of harm. Staff we spoke with were able to explain the procedures to follow should an allegation of abuse be made. Assessments identified risks to people, and these were regularly reviewed to ensure people's safety.

Robust recruitment procedures were in operation and promoted people's safety.

Staff were provided with relevant training, supervision and appraisal for development and support.

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

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The registered provider's policies and systems supported this practice. People

had consented to receiving care and support from Anointed 2 Care.

People were supported to maintain a healthy diet, which considered their culture, needs and preferences, so their health was promoted, and choices could be respected. Access to healthcare professionals was supported.

Staff knew the person they were supporting very well and had developed a positive relationship with them. In our conversations with staff they displayed compassion, consideration and respect for people.

People said they could speak with their support worker or the manager if they had any worries or concerns and they would be listened to.

The service was well-led and well managed. Effective quality audit systems were in place.

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. Staff were aware of their responsibilities in keeping people safe. The staff recruitment procedures in place promoted people's safety.

Appropriate arrangements were in place for the safe administration of medicines.

Staffing levels were sufficient and flexible to meet the needs of people who used the service.

Is the service effective?

Good ●

The service was effective.

Staff were provided with relevant training to ensure they had the skills needed to support people.

Staff were provided with supervision for development and support.

People had consented to the support provided by Anointed 2 Care.

Is the service caring?

Good ●

The service was caring.

People told us their support workers were caring and kind.

People were treated with dignity and felt respected.

Is the service responsive?

Good ●

The service was responsive.

People's care plans contained relevant details and were reviewed and updated as required.

Staff understood people's preferences and support needs.

People were confident in reporting concerns to their support worker and manager and felt they would be listened to.

Is the service well-led?

Good 

The service was well-led.

People said the manager was approachable and supportive.

There were quality assurance and audit processes in place to make sure the service was running safely.

The service had a full range of policies and procedures available for staff, so they had access to important information.

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.

This inspection took place on 3 and 4 September 2018 and was announced. We gave the service short notice of the inspection visit because the location provides a domiciliary care service and we needed to be sure staff would be present in the office. The inspection was carried out by one adult social care inspector.

At the time of this inspection, nine people were receiving support and five support workers were employed. The manager also undertook some care visits to people's homes.

Prior to the inspection, we gathered information from several sources. We reviewed the information we held about the service, which included correspondence we had received, and notifications submitted to us by the service. A notification should be sent to CQC every time a significant incident has taken place. For example, where a person who uses the service experiences a serious injury. We reviewed 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 contacted Sheffield local authority to obtain their views of the service. All the comments and feedback received were reviewed and used to assist and inform our inspection.

On 3 September 2018, we visited three people who received support at their homes to ask their opinions of the service and to check their care files. We also spoke with a member of staff and a relative during one of these visits. We telephoned another person and the relative of a person receiving support to obtain their views.

On 4 September 2018, we visited the service's office on to see and speak with the manager, administrator and a support worker.

We reviewed a range of records, which included care records for four people, three staff training, support and employment records and other records relating to the management of the domiciliary care agency.

Is the service safe?

Our findings

We checked progress the registered provider had made following our inspection on 2 August 2017, when we found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Safe care and treatment. This was because people did not receive safe care and treatment and were not protected against the risks associated with the management of medicines. At this inspection we found improvements had been made to meet the requirements of Regulation 12.

We checked the procedures for the safe administration of medicines. We found a policy on handling medicines was in place and available to staff, so they had access to this important information.

We looked at two people's Medicines Administration Records (MAR). The MARs had been fully completed and signed by staff to confirm medicines had been administered. We found systems were in place to monitor safe medicines administration. Each month completed MARs were returned to the office and audited for gaps and errors. This showed safe procedures had been followed by staff.

Staff confirmed they had been provided with training in the safe administration of medicines and had been observed to make sure they were competent. The training records checked showed all staff had undertaken medicines training. This showed safe procedures were promoted.

Staff said, "[Name of manager] checked I was safe administering medicines when she worked with me at a person's home."

People receiving support said they felt safe with their support workers. Comments included, "I have no worries at all, they are lovely staff".

Relatives of people receiving support also felt their family member was safe with their support workers. Comments included, "The staff at this agency are excellent no worries" and "We feel [name] is very safe. The carers going in takes a lot of worry out of our lives".

All the staff asked said they would be happy for a relative or friend to be supported by Anointed 2 Care and felt they would be safe.

All the staff spoken with confirmed they had been provided with safeguarding training. Staff were clear of the actions they would take if they suspected abuse, or if an allegation was made so correct procedures were followed to uphold people's safety. Staff said they would always report any concerns to the manager and they felt confident the manager would listen to them, take them seriously and take appropriate action to help keep people safe.

We saw a policy on safeguarding vulnerable adults was available. This meant staff had access to important information to help keep people safe and take appropriate action if concerns about a person's safety had been identified. Staff told us they knew these policies and procedures were available to them.

We looked at four people's care plans and saw each plan contained risk assessments that identified the risk and the actions required of staff to minimise and mitigate the risk. We found risk assessments had been regularly reviewed and updated as needed to make sure they were relevant to the individual and promoted their safety and independence.

We checked the procedures for recruiting staff. We looked at three staff recruitment records. Each contained all the information required by legislation. They included proof of identity, an application form detailing employment history and a Disclosure and Barring Service (DBS) check. A DBS check provides information about any criminal convictions a person may have. This helped to ensure people employed were of good character and had been assessed as suitable to work at the service. Each of the three files contained two written references. We found a policy on staff recruitment was in place to support and inform these procedures.

We looked at staffing levels to check enough staff were provided to meet people's needs. At the time of this inspection, nine people received a service and four support workers were employed. All the staff spoken with did not express any concerns about staffing levels and thought there were enough staff. Staff told us they had regular schedules. People receiving support told us staff stayed for the agreed length of time. This showed sufficient levels of staff were provided to meet people's identified support needs.

We found policy and procedures were in place for infection control. Staff confirmed they were provided with Personal Protective Equipment (PPE) such as gloves and aprons to use when supporting people in line with infection control procedures. People receiving support did not have any concerns about infection control. They confirmed support workers always used gloves and other appropriate protective wear.

Is the service effective?

Our findings

We checked progress the registered provider had made following our inspection on 2 August 2017, when we found a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Staffing. This was because the provider could not evidence staff were provided with appropriate training, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform. At this inspection we found improvements had been made to meet the requirements of Regulation 18.

People receiving support and their relatives told us support workers knew what support was needed and had the skills to do their jobs effectively. Comments included, "Staff seem to know what's what" and "They are good carers they seem to have been trained well".

We checked three staff files, which showed staff were provided with relevant training, so they had appropriate skills. Staff spoken with said they undertook an induction and refresher training to maintain and update their skills and knowledge. Mandatory training such as health and safety, safe handling of medicines, safe moving and handling and safeguarding was provided. The staff files showed training in specific subjects to provide staff with further relevant skills were also undertaken, for example person-centred planning. This meant all staff had appropriate skills and knowledge to support people.

Staff told us new staff shadowed the manager and a senior member of staff as part of the registered provider's induction procedures. The manager said that staff usually shadowed other staff for a period of up to six weeks. Staff spoken with said they were up to date with all aspects of training. People confirmed this practice and said, "New staff come with the manager or my usual carer, so they get to know me."

We checked records of staff supervisions and appraisals. 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 to ensure staff are supported in their role. The records showed support staff had been provided with regular supervision and, where they had been employed for over a year, an annual appraisal for development and support. All the staff spoken with said they received formal supervisions and could approach the manager at any time for informal discussions if needed. This showed staff were appropriately supported.

People and relatives, we spoke with told us the service was very reliable and staff stayed as long as they should. People told us they had regular staff and had never had a missed visit. This showed the service provided good continuity of care because people usually saw the same staff. Comments included, "Staff have never ever missed a visit, they are good and usually on time", "I know all the staff who visit and the days they come" and "We are reassured to know staff will always turn up for their visits, this was not always the case with previous agencies".

Staff told us they were provided with a regular schedule of visits, so they got to know the people they were

supporting. Staff said their schedule allowed for travel time between visits, so they did not run late. Staff confirmed they were always introduced to the person using the service before they started supporting them.

The care plans checked showed people's dietary needs had been assessed and any support people required with their meals was documented. People and relatives said, "Staff always make sure they make me a sandwich for lunch before they leave. I can cook my own tea though" and "I am assured that staff always make sure[name] has a good meal every day".

People and their relatives spoken with said they had good communication with the manager and their support workers. Comments included, "[Named manager] and I have a good rapport. I can always speak with her with any issues" and "I speak with [named manager] most weeks she rings or visits to check things are okay".

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.

For people being supported in the community, who need help with making decisions, an application should be made to the Court of Protection.

We found policies and procedures were in place regarding the MCA, so staff had access to important information. We found the service was working within the principles of the MCA.

People told us they felt consulted and staff always asked for consent. The care plans we checked all held signed consent to care and treatment records to evidence people had been consulted and had agreed to their plan. This showed important information had been shared with people and they had been involved in making choices and decisions about their support. People said, "I always ask for female care staff to visit and that is what I get", "Staff always ask before doing. What I want to eat etc" and "I choose to get up a little later and the carers are good they come a little bit later, so I can have a lie in".

Is the service caring?

Our findings

People made very positive comments about the care and the support they received from Anointed 2 Care. Comments included, "The staff are brilliant", "I wouldn't change the staff, they are excellent" and "They (staff) are first class".

Relatives we spoke with were equally positive and said, "The staff who support [name of relative] are really nice. I cannot fault them. They are like old friends".

People receiving support told us staff were always respectful and maintained their privacy. One person told us, "They (staff) are very polite. They respect me and my family".

Staff we spoke with were motivated about their work. They could describe how they promoted dignity and respect and were caring and compassionate in their approach. Staff told us, "I love my job. I feel really attached to the people I support" and "The staff at Anointed 2 Care all really care about people. I would be happy for my family to be cared for by the staff who I work with".

People told us they were involved in writing their care plan and they told us the manager had visited them to talk about their support needs. They told us the manager visited them regularly to check "everything was ok" and to see if any changes were needed to their support. They told us they felt involved in all decisions about their 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 details of people's preferences, so these could be respected by support workers. The plans also detailed what was significant to the person, including their religious and cultural needs so these could be respected.

The service had relevant policies and procedures in place to advise staff on confidentiality and data protection. All the staff spoken with were aware of the requirements to keep information about the people they were supporting confidential. People receiving support and their relatives told us their support workers never discussed anyone else they were visiting with them and confidentiality was respected. This showed people's rights were upheld.

We 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 their phones. This promoted people's privacy.

Is the service responsive?

Our findings

People receiving support and their relatives were aware they had a care plan and felt they were involved with their care and support. People spoken with said the manager had visited them in their home to discuss their care needs and agreed their care plan before support was provided. People told us they had been consulted by the manager in subsequent reviews of their care plans. People confirmed they had been fully consulted. Comments included, "I read my care plan sometimes and it seems correct" and "[Named manager] comes regularly and renews my records. They talk to me to see everything is still up to date".

We checked four people's care plans, three during visits to people's homes and one at the office visit. We found the care plans seen contained information about the care and support identified as needed. They contained some information about the person's life history, culture, health and support needs. The plans were individual to the person. They were regularly reviewed and updated in line with the person's changing needs.

The care plans checked contained information on relevant health conditions and details of the actions required of staff to support any specific medical conditions, so that staff were aware of important information. This showed this aspect of people's individual and diverse needs were known and met.

The manager and all other staff spoken with clearly knew the people they supported very well and could describe in detail their support needs, likes and dislikes. All 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.

The manager told us, where a person was supported with end of life care, a multi-disciplinary team of healthcare professionals was involved and worked with the service to plan care and support the person in line with the person's wishes.

People spoken with said the service was responsive to their changing needs. One person told us, "[Named manager] came to see me because we needed an extra visit, that was all sorted".

People and relatives told us they could speak to the support workers or the manager if they had any concerns. One person told us, "I've got no worries at all". Relatives told us, "I don't have any complaints, but any niggles are sorted by [named manager]" and "[Manager] listens to any grumbles we might have and sorts them straight away".

We looked at the registered provider's complaints 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 CQC 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.

We found copies of the 'Service User Guide' in the care files kept at people's homes. This showed people were provided with important information to promote their rights.

We saw a system was in place to respond to complaints. We checked the complaints record and found sections to record the action taken in response to a complaint and the outcome of the complaint. This showed any concerns or complaints received would be listened to and taken seriously.

People, relatives and staff, we spoke with said the manager was accessible and approachable and dealt effectively with any information. One relative said "The manager is really approachable, and she is very good at keeping us informed about what is going on with [Names] care".

Is the service well-led?

Our findings

We checked progress the registered provider had made following our inspection on 2 August 2017, when we found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good governance. This was because the providers 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. At this inspection we found improvements had been made to meet the requirements of Regulation 17.

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations.

We found a quality assurance policy was in place and saw audits were undertaken as part of the quality assurance process, covering all aspects of the running of the service. Records seen showed the manager undertook regular audits to make sure full procedures were followed. Those seen included audits of care plans, MARs and daily records.

As part of the quality assurance procedures, we found the manager undertook regular spot checks to people's homes to check people were being provided with relevant and appropriate support. We checked the spot checks undertaken in the last two months and found positive comments from people receiving support had been recorded on the spot check forms.

During our visits to people's homes all the people and their relatives we spoke with confirmed the manager observed staff. One person said, "The manager often comes and works with the staff. She also asks us how we think the staff are doing".

There were also records of telephone monitoring calls and home visits to people and their relatives undertaken by the manager. We saw evidence that where improvements were required these had been actioned by the manager and provider. All the results of these visits and telephone calls were very positive. However, there was limited and disjointed feedback of these findings and actions to people and staff.

We discussed with manager ways the quality assurance methods being used by the provider could be unified. This would enable a more effective way of monitoring the quality of the service and the sharing of information with people who use the service and staff.

There was a manager at the service who had been in post for three months. They were also the providers nominated individual. The manager had applied to be registered with the Care Quality Commission (CQC) as manager. Without exception people using the service, their relatives, and staff all spoke very highly of the manager and service.

People and relatives said "[Named manager] is excellent, she is always available to speak to. She seems very caring", "I think this is a very good company" and "we are very happy with this agency. We know all the staff and they know us. They are brilliant".

Staff were equally very positive about the manager of the service. There was evidence of an open and inclusive culture that reflected the values of the service. Every member of staff said they felt valued by the manager. Their comments included, "The manager is great you can go to her with any problems and she tries to help" and "I probably speak with the manager every day. She really cares and is always available to listen".

Staff told us, and records showed monthly staff meetings were held to share information. All the staff said communication was excellent and they were encouraged to contribute to meetings.

The service had an out of hours on call system, so any emergencies could be dealt with. Staff confirmed the manager was always available to give advice when needed.

We saw policies and procedures were in place, which covered all aspects of the service. The policies seen had been reviewed and were up to date. Staff told us policies and procedures were available for them to read and they were expected to read them as part of their training and induction programme. This meant staff could be kept fully up to date with current legislation and guidance.

The manager was aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008. The manager confirmed any notifications required to be forwarded to CQC would be submitted.