

Aniis Ltd

# Aniis Care

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Good</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Requires Improvement</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# 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 18 people.

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

The provider had made some improvements to how the service was managed and the care people received. These included risk management plans to help minimise the risk of harm to people, personalised care plans, and working in line with the principles of the Mental Capacity Act 2005.

However, systems in place to monitor the quality of the service and make improvements when required had not always been effective. Some people's care plans had not been updated to provide personalised information about their preferences for how they liked to be supported. Some people's plans did not always record how staff were to meet people's communication needs or discussions regarding their end of life care wishes.

People told us they felt safe. People and relatives felt staff were caring and treated them with dignity and respect. People said staff respected their privacy and promoted their independence.

People were supported to maintain their health and access healthcare services. Staff worked with other agencies to provide people with joined up care. People received their medicines as prescribed. There were arrangements in place for preventing and controlling infection.

There were systems and processes in place to protect people from the risk of harm. The provider recruited staff using safe recruitment processes.

Staff received training, periodic supervision and regular support sessions with their managers. Staff told us they felt supported in their roles by the provider.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

We have made recommendations about people's risk management and care plans.

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

### Rating at last inspection (and update)

The last rating for this service was requires improvement (published 14 February 2020) and there were

multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found that while some improvements had been made, other improvements were still required and the provider was still in breach of regulations.

#### Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection. You can see what action we have asked the provider to take at the end of this full report.

#### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified a breach in relation to having effective systems in place to monitor and improve the quality of the service at this inspection.

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 effective.  
Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.  
Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive.  
Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.  
Details are in our well-Led findings below.

**Requires Improvement** ●

# Aniis Care

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

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

Inspection activity started on 3 March 2021 and ended on 25 March 2021. We visited the office location on 4th March 2021.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with three members of staff including the registered manager, the branch manager and the coordinator. We reviewed a range of records. This included four people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including training information and quality assurance records.

#### After the inspection

We spoke with two people and two relatives of people who use the service. We spoke with two care staff. We tried a number of times to speak with an adult social care professional who has worked with the service recently but this was not possible. We continued to seek clarification from the provider to validate evidence found.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same.

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

At our last inspection the provider had not always assessed 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. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

While we found some improvement was still required at this inspection, enough improvement had been made and the provider was no longer in breach of regulation 12.

- There were improvements to the management of risks to people's safety. However, we have made a recommendation about reviewing people's risk managements plans as we found a person's plan did not include guidance on how to recognise if they were becoming unwell due to their identified health condition. We recommend the provider consider current guidance on reviewing and updating people's care and risk management plans so as to assesses and support people to manage risks to their safety and well-being.
- One person lived with diabetes and while their care and risk management plan noted that a low blood sugar level may impair their balance when mobilising, there was little guidance for staff on how to recognise the person was becoming unwell due to this condition and what staff should do in that event. We discussed this with the registered manager so they could address this. We found no evidence the person was at risk of harm as the person and their relative told us they felt safe with the care staff who helped them to monitor the person's diabetes and self-administered insulin.
- We found other people's care and risk management plans included information for staff about their health conditions, such as depression or muscle loss.
- The provider assessed people's home environment to make sure their care could be provided safely. The assessment considered if there were any risks to people's safety due to appliances and electrical sockets, furnishings or access to the home. Care plans included a fire action plan that identified the location of equipment such as smoke alarms and evacuation points in the event of an emergency.
- The provider had completed COVID-19 risk assessments with people to set out how to support them safely during the ongoing pandemic.
- Where relevant, people's care plans set out when staff should make sure a person had access to their emergency call device, such as a pendant. This helped to make sure people could summon help in an emergency.
- Training records indicated staff had completed basic first aid and fire safety awareness training help them

support people in case of an emergency.

#### Using medicines safely

- At the last inspection we found people were at risk of not always receiving their medicines as prescribed, although there was no breach of regulations. At this inspection we found the provider had made improvements. There were processes in place to ensure people were supported with their medicines safely.
- The provider had a system for annually assessing staff competency to provide the medicines support being asked of them. At the time of our inspection the provider noted that some of these assessments were overdue as a result of managing the service through the COVID-19 pandemic. The registered manager told us they would re-institute assessments after the inspection. However, we saw that the branch manager had observed staff providing medicines support safely when conducting unannounced spot-checks of their care. This measure assured the provider staff supported people with the medicines appropriately.
- People's care plans stated when staff were to support people with their medicines and when they managed this themselves. For example, one person's plan noted the person was responsible for administering their insulin.
- Medicines administrations records (MARs) set out the necessary information for the safe administration of people's medicines. We saw staff had routinely completed MARs appropriately to indicate they had supported people to take their medicines as prescribed. Audit records showed that the branch manager and registered manager checked these MARs regularly to ensure they were completed correctly. The branch manager also checked people's medicines support records when they conducted spot-checks at people's homes.

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

At our last inspection we found the provider had not always used its systems and processes to protect people from the risk of abuse and improper treatment. 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.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- The provider had systems in place to safeguard people using the service from the risk of abuse. People felt safe with the staff supporting them. One relative said of their family member, "[The person] 100% feels safe."
- Staff completed training on adult safeguarding. Staff and managers we spoke with knew how to recognise and respond to potential safeguarding concerns, including reporting to statutory agencies. Staff were confident the provider would listen to any concerns they reported. One care worker said, "Any time I report anything it is looked after immediately - they take it very, very seriously."
- The provider had a safeguarding adults policy in place. They had updated this since our last inspection to give staff clear information about the correct statutory agencies to whom they could report safeguarding concerns.

#### Staffing and recruitment

At our last inspection we recommended the provider seek and follow best practice guidance on monitoring and improving the quality and safety of the service to improve the timeliness of people's care. The provider had made some improvements.

- The provider ensured sufficient numbers of staff were deployed to meet people's needs safely.
- While the provider still did not have a formal system for recording and reviewing missed or late care visits to identify and reduce the frequency of these, we saw the provider had made improvements to minimise the



risk these from occurring. The managers reported that this meant there had not been any missed visits for people. People and relatives confirmed this and their comments included, "They've not been late for me" and "Yes, always on time." Service records indicated the provider contacted people to let them know if a care worker was running late.

- The improvements the registered manager had made included arranging for staff to only visit people who lived in the same local areas to them. This meant staff did not have to travel far between care visits, reducing the risk of delays. Care staff confirmed they had enough time to travel between visits. The registered manager had also increased the number spot-checks and monitoring calls to people, their relatives and care staff. This meant the provider was more proactive in monitoring and maintaining the timeliness of people's care visits.
- We saw the provider was in the process of implementing a new online system to monitor 'real-time' staff attendance and continue to reduce the risk of late or missed care visits.
- The registered manager told us they ensured people were visited consistently by the same staff. People we spoke with, records of daily care and staffing rotas confirmed this. This meant people could develop trusting relationships with the staff supporting them.
- The provider had suitable recruitment processes in place to ensure they only offered positions to appropriate applicants. These included pre-employment checks concerning applicants' previous work histories, gathering references from their previous employers and obtaining criminal records checks with the Disclosure and Barring Service.

#### Preventing and controlling infection

- There were arrangements in place for preventing and controlling infection.
- Staff were provided with information and training on infection prevention and control, including about COVID-19. The provider furnished staff with suitable personal protective equipment (PPE) to keep themselves and people safe. This included gloves, aprons, face masks, hand sanitisers and shoe covers. Staff told us they always adequate had sufficient supplies of these and that the managers would often deliver the equipment to them. People also told us staff wear their PPE.
- Staff completed regular COVID-19 tests and had begun to access COVID-19 vaccinations at the time of our visit.
- The provider maintained a safe office environment during the COVID-19 pandemic. The provider had removed some desks to create more space and staff were able to work at a safe distance from colleagues. The provider enabled office staff to work from home on different days to promote social distancing. Equipment such as face masks and hand sanitiser was available.

#### Learning lessons when things go wrong

- There were procedures in place for responding and learning from incident and accidents.
- Staff recorded incidents in daily records of care and the provider logged these on a central electronic system. These records indicated incidents were responded to appropriately.

# 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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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.

At our last inspection we found the provider had not always respected people's rights as they had not supported people in line with the MCA. This was a breach of regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

- We found staff supported people in line with the principles of the MCA. We saw people had signed their care plans to indicate they consented to their agreed care arrangements. The provider had a process in place for assessing people's mental capacity when they considered a person may lack the capacity to give this consent.
- Staff had completed MCA awareness training and described how they sought people's consent to their care and promoted people's choices about their day-to-day care. This included recognising when people can refuse aspects of their care, such as a prescribed medicine. People and relatives told us staff respected their choices.

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 before beginning to provide a service. These assessments informed people's care and risk management plans and set out people's ethnicity, religious beliefs and marital status. They included basic information about people's medical history, known allergies, mobility issues, continence needs, and medicines support needs.
- People and relatives told us they were involved in these assessments and the branch manager listened to

them about what they would like to be supported with.

Staff support: induction, training, skills and experience

- The provider gave staff training and support to enable them to support people safely.
- Staff records indicated they had completed a variety of training to be able to support people competently. This included moving and handling, health and safety awareness and dementia care. Staff said they found the training useful. A member of staff told us they appreciated some recent moving and handling refresher training before they worked with a new customer. They commented, "It helps us navigate through the difficulties of supporting the person." The registered manager explained they were in the process of accessing additional online training for staff during the ongoing COVID-19 pandemic to ensure staff remained up to date with their training needs.
- Staff received periodic supervisions with one of the managers and an annual appraisal to discuss their performance, well-being, and safe working. Care staff we spoke with described the provider's office staff and managers as "very supportive."

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

- Staff supported people with their meals and drinks appropriately where this was part of their planned care arrangements. People's care plans indicated when people would make decisions about the food and drinks they wanted and for care staff to respect this. For example, when people made choices about their breakfast or lunch. Daily records of care showed what food people had been offered and eaten.
- One person explained to us how staff would support them to prepare their choice of meals and also help them to have a regular takeaway when they wanted. A relative told us they felt care staff supported their family member to eat well.

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.
- The provider contacted and liaised with healthcare agencies to promote people's health. For example, we saw the provider had raised concerns to statutory agencies regarding issues a person was having with the safe use of their catheter.
- One person told us, "If I needed a doctor or an ambulance [the care staff] would sort that out for me." One person's care plan recorded how the person had asked for care staff to help them understand text messages from their doctors. This helped the person manage their healthcare needs. A person's relative said the provider contacts them if there is a concern regarding the person's health.
- Care plans identified if people needed support to brush their teeth and manage their oral care.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and relatives told us staff treated people well. People's comments included, "They're wonderful" and "I'm pleased with them." One person's relative told us their family member "Thinks of [their carer] as another daughter."
- People's care plans recorded information about their personal characteristics, including marital status and cultural and religious background. This meant staff were provided with personalised information to help them know and understand people's needs. The registered manager told us the service did not currently support 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.

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 their care. Care records also showed people were involved in reviewing their care. These opportunities enabled people to make decisions about their care arrangements. A relative told us "They honour [the person's] choices."
- Service documents, such as daily notes and records of telephone calls to people, showed the provider contacted people and their relatives regularly to check on their care experiences. This included asking for feedback about their carers. People and relatives confirmed this happened. This gave people opportunities to express their views about the service.

Respecting and promoting people's privacy, dignity and independence

- People told us staff treated them with dignity and respect. A relative said, "[The care staff] are kind, polite and friendly."
- Staff described how they promoted people's privacy and dignity while providing personal care. This included making sure the room was private, ask for the person's consent before providing care, always communicating with the person, and making sure areas of the person's body were covered appropriately. Staff told us how they promoted confidentiality about people's information.
- Recruitment records showed the provider asked care worker applicants about their understanding of supporting people with dignity and respect. This helped to ensure staff promoted these values in their work.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same.

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

At our last inspection we found the provider had not always ensured people received care and support in a planned way and there was a risk that staff would not always know how to support people in a way that reflected their needs and personal preferences. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

While we found some improvement was still required at this inspection, enough improvement had been made and the provider was no longer in breach of regulation 9.

- There were improvements to people's care plans and they gave clear information to staff about the care tasks a person needed support with. However, we have made a recommendation for further improvement as some plans did not always include personalised information about a person and their care preferences. We recommend the provider consider current guidance on reviewing and updating people's care plans so they always promote person-centred care.
- One person's care plan stated they needed support with bathing and dressing but there was no information about their bathing or personal grooming preferences. This meant there was a risk staff may not always know how to support the person as they would prefer. We raised this with the registered manager so they could continue to make improvements. Despite this lack of personalised information, we also noted the person and their relative told us staff did provide support as the person wanted. They commented, "As far as we are concerned, we are quite happy with them."
- For other people, plans contained more personalising information, such as their favourite drinks, preferred breakfast choices and the personal care support they wanted.
- No one was receiving end of life care at the time of our inspection. At our last inspection we noted people's care plans did not record if the provider had discussed end of life care preferences with people, for example their preferred arrangements and advance decisions, or if their condition deteriorated quickly. At this inspection the registered manager stated staff had offered to discuss this with some people but we still found there was no record kept of this.

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.

- At the last inspection we found the provider did not always record and plan how to meet people's communication needs. At this inspection we found this continued to be the case. One person's care plan stated they were hearing impaired and used hearing aids. However, there continued to be no direction in the plan for staff on making sure the person wore their aids or how best to communicate with the person. We discussed this with the registered manager so they could address this. However, the person's relative told us staff would speak with them if there were any issues with the person's hearing aids. This indicated that staff supported the person with their communication needs.

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

- The provider had appropriate processes in place for handling complaints. The registered manager reported they had not received any formal complaints since our last inspection.
- The people and relatives we spoke with told us they knew how to raise concerns or make a complaint. People said they could speak to a manager or staff working at the provider's office when they needed to. Quality monitoring records also showed the provider regularly checked that people were aware of the complaints process.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement At this inspection this key question has remained the same.

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; 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

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

At this inspection we found some improvements had been made but the provider was still in breach of Regulation 17.

- 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 always identified and addressed that people's care plans needed to be updated as they did not always provide personalised information about their health conditions, care preferences, communication needs, or end of life care discussions. We raised this with the registered manager so they could continue to make improvements.

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

- The registered manager acknowledged that during the COVID-19 pandemic some service improvements had not been implemented as they had planned. They explained their management priority had been on ensuring people using the service and staff felt safe and supported and that people received a consistent service.
- The registered manager had implemented more care staff spot-checks and monitoring calls to people, their relatives and care staff. Managers told us some of the spot-checks on staff were unannounced, which

care staff confirmed. These checks observed if staff were on time, used PPE appropriately, communicated effectively with the person, checked the care plan and completed records of care appropriately.

- We saw service records that showed the managers regularly called people and their relatives to check on their well-being doing and if they were happy with the service. The records indicated people gave positive feedback about their care.
- The provider periodically audited staff files to ensure they were up to date, that staff accessed training when required and that they received regularly supervision with a manager.
- The provider displayed the previous inspection ratings at the service's office and on their website, as required by regulations. This helped people to find out about the quality of the service.

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

- People, relatives and staff spoke positively about the service and the managers. One person said, "I've nothing but praise for them" and a relative remarked, "They're a good company." We also saw a person's partner had recently sent the provider a card praising the care staff and agency for the service provide.
- Staff spoke positively about the registered manager. One member of staff said, "I couldn't ask for anything better" and "[The registered manager] is always there for you. Even out of hours, at weekends, [the registered manager] rings to see how you are doing, if there are any issues."

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

- People and relatives had opportunities to be involved in and influence their service.
- Staff told us the managers spoke with them regularly to check on how they were managing and if they needed anything. This gave staff opportunities to comment on and contribute towards the running of the service.
- As well regular telephone calls to people and their relatives, the provider usually sent annual surveys to people. These helped people to be involved in the service by providing feedback about their care. However, the registered manager explained this had not taken place during the COVID-19 pandemic while they focused on other service priorities. They planned to initiate this soon after our inspection.

Working in partnership with others

- The service worked in partnership with other agencies, such as the local commissioning authority, district nurses and GPs to help to provide coordinated care to people.



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 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered person did not always effectively operate systems and processes to assess, monitor and improve the quality of the service and to assess, monitor and mitigate risk</p> <p>Regulation 17(1)</p>