

Miss Carmen Rose Patrick

Annix Care

Inspection report

251 Grove Lane
Handsworth
Birmingham
B20 2HA
Tel: 0121 554 5756
Website:

Date of inspection visit: 2 January 2015
Date of publication: 28/01/2015

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 

Overall summary

We undertook an announced inspection of Annix Care Domiciliary Care Agency (DCA) on 2 January 2015. We told the provider two days before our visit that we would be inspecting them. We did this because Annix Care is a small DCA and the registered manager is sometimes out of the office. Annix Care provides personal care services to people in their own homes. At the time of our inspection nine people were receiving a personal care service. People had their care purchased by the NHS Continuing Health Care. NHS Continuing Health Care is the name given to a package of care which is arranged and funded by the NHS for individuals outside of hospital

who have ongoing healthcare needs. Annix Care provides palliative care and support to people with terminal illnesses. Palliative care and support is an approach that aims to improve the quality of life of people facing the problem associated with life-threatening illness.

At our last inspection carried out on 24 January 2014 the provider was meeting the requirements of the regulations inspected.

All of the people and their relatives that we spoke with told us that they felt safe when staff from Annix Care visited them in their home. Staff that we spoke with told

Summary of findings

us that they thought people were safe using the services provided by the DCA. There were arrangements in place to protect people from the risk of harm because risks had been assessed and actions put in to place to reduce the risk of harm to people.

Where people had their prescribed medicines administered to them by DCA staff, their medicines were made available to them and appropriate records were kept.

The Mental Capacity Act 2005 (MCA) states what must be done to ensure the rights of people who may lack mental capacity to make decisions are protected. The MCA Deprivation of Liberty Safeguards (DoLS) requires providers to submit applications to the Court of Protection for authority to deprive someone of their liberty. Staff were aware of and had received training in the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS).

The staff we spoke with knew the people that they visited and provided care and support to and their needs. Care plans were in place and described the tasks staff needed

to undertake in line with the contracted services from Continuing Health Care. All of the people and their relatives spoken with told us that they liked the staff and felt their needs were met.

The provider had a safe system in place to recruit new staff and carried out necessary pre-employment checks. Staff received an induction and ongoing training and supervision so that they had the knowledge and skills to meet people's needs. All of the staff we spoke with understood their job role and responsibilities.

At the time of this inspection a registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission 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. All of the staff spoken with told us that they felt the registered manager was accessible by telephone and approachable.

We found that effective systems were in place to monitor and improve the quality of service people received.

Summary of findings

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 safe.

There were suitable recruitment processes in place which reduced the risk of abuse of people that used the service.

Staff were aware of safeguarding procedures and knew how to raise a concern if they needed to.

Good



Is the service effective?

The service was effective.

Staff had the skills and knowledge to meet people's needs. Staff received training and were aware of the requirements of the Mental Capacity Act 2005.

Staff prepared and supported people to eat and drink according to their plan of care.

Good



Is the service caring?

The service was caring.

People who used the service told us that staff were kind and caring to them.

People and their relatives were involved in making decisions about their care.

Good



Is the service responsive?

The service was responsive.

Care plans were in place and reflected the contracted services from Continuing Health Care. Staff were knowledgeable about people's support needs and their preferences in order that a personalised service was provided.

People and their relatives who used the service told us they felt staff and the registered manager listened to them and sought feedback about the service provided.

Good



Is the service well-led?

The service was well led.

Staff were supported and supervised to provide a good service to people.

Robust systems were in place to monitor the quality of the service delivered.

Good



Annix 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection of Annix Care took place on 2 January 2015 and was announced. We told the provider two days before our visit that we would be inspecting them. We did this because Annix Care is a small DCA and the registered manager is sometimes out of the office supporting people that use the service. We needed to be sure that they would be at their office on the day of our inspection. One inspector undertook the inspection.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR was not completed and returned to

us. We discussed this with the registered manager prior to our visit to their office. They told us that they had not been aware of the request from us. Although the PIR was not returned to us, all of the information requested by us when we gave notice of our inspection was provided to us. We also reviewed information we received since the last inspection including a notification of safeguarding incident and a complaint that was shared with us. The provider is legally required to send us notifications about specific incidents. Annix Care met their responsibility in doing this.

During our inspection we went to the provider's office location and spoke with five care staff and the registered manager. We reviewed the care records of three people that used the service, reviewed the records of four staff and records relating to the management of the service. We made phone calls to five people and their relatives that used the service and spoke with one healthcare professional from NHS Continuing Health Care who purchase palliative care services from Annix Care. Palliative care is care and support aimed to improve the quality of life of people facing the problem associated with life-threatening illnesses

Is the service safe?

Our findings

All of the people and their relatives that we spoke with told us that they felt safe with Annix Care staff being in their home and providing care and support services to them. One person told us, “I feel safe with the care staff coming into my house. I am completely satisfied with them.”

Staff told us and training records confirmed that they had received training in safeguarding people from the risk of abuse. One safeguarding concern was raised with us by the provider since their last inspection and we found appropriate action had been taken. We saw that the provider’s safeguarding policy was displayed and available to staff at the office. All of the staff spoken with were able to tell us how they would recognise signs of abuse and the action that they would take if they had such concerns. One staff member told us, “I would record any concern I had and report it immediately to the manager. If nothing was done, I would report my concern further to the Local Authority or Care Quality Commission.” Another staff member told us, “Sometimes we handle people’s money for their shopping for example. We make sure money is checked together and get receipts for people. This protects people from the risk of financial abuse.” All of the staff spoken with told us that they would report any concern that they had to their manager. This meant that suitable arrangements were in place to protect people from the risk of abuse and staff had received the training they needed so that they know how to keep people safe.

Staff spoken with told us how they protected people that they supported from the risk of injury. One staff member told us, “[Person’s name] can be unsteady when walking at times. We gently hold their hands to guide them when walking but also have a chair-stool behind them so that if they need to stop for a moment because they feel unsteady they can sit on the chair-stool.” All care records sampled showed us that environmental and individual risks had been assessed. However, we saw that actions put in to place to reduce the risk of harm to people were not always detailed on the risk assessment page but were elsewhere within the care plan. We discussed this with the registered manager and saw that they took action during our inspection to ensure actions taken were detailed on the

risk assessment so that staff could refer to all the information needed on one document. This showed that risks to people were assessed and staff knew how to keep people safe.

All of the staff spoken with told us that they would record any accident or incident that occurred. One staff member told us, “There are forms in people’s care plans if we need them.” We saw that these were available for staff if needed. The registered manager told us that there were no reported accidents since our last inspection. This meant that accident reporting systems were in place if needed and staff were aware of these.

We asked staff members about what action they would take in emergency situations, such as a person having a fall in their home or choking during being supported by staff with their meal. All of the staff were able to tell us the correct first aid action to take. One staff member told us, “If someone choked I’d carry out the first aid backslaps and abdominal thrusts if needed. If they were still choking, I’d call 999 and carry on first aid. Only when the person was okay would I then call my manager and complete the forms needed.” Three of the five staff that we spoke with told us that they were due to complete their first aid training during January 2015 and the registered manager confirmed this to us. This meant that staff had the knowledge and skills to deal with emergency situations that may arise so that people should receive safe and appropriate care in emergency situations.

We saw that the number of staff required to undertake people’s visits was assessed and contracted by Continuing Health Care Services from Annix Care. The information that we saw in people’s care records sampled reflected their contract. All of the people and their relatives spoken with told us that they felt that number of carers that attended on each visit was adequate and met their needs. One staff member told us, “If a person’s visit was undertaken by one carer but we felt that this was not safe for them or the carer in meeting their needs, then we would speak to the manager.” The registered manager told us that if staff or a care review identified one carer was not safe in meeting a person’s needs they would identify this to the contracting service such as Continuing Health Care, and a further assessment of need would be carried out. This meant that the number of staff supporting a person on a visit could be addressed and increased if required in response to their needs and keeping them safe.

Is the service safe?

All of the people and their relatives spoken with told us that staff always undertook visits to them as agreed. One person told us, "I've never had any missed calls. Staff may run a bit late occasionally but they always phone me to tell me." One relative told us, "Everything is going well. They turn up on time when I expect them. I have no concerns." Staff told us that overall they carried out people's visits at the agreed times and phoned people if they were going to be late. One staff member told us, "If we cannot make a visit, then we tell the manager and they arrange cover for us." The registered manager confirmed this to us and told us, "I will provide cover for people's visits if staff cannot do them." This meant that people received the support that they required at the agreed times.

We saw that there were suitable staff recruitment processes in place. We sampled four staff records and saw that appropriate pre-employment checks were completed before staff undertook work for the agency. Of the five staff we spoke with during our inspection, four showed us their identification badge that they carried with them when visiting people in their homes. The fifth staff member told us, "I think I may have lost my badge today." We saw that they reported this to the registered manager and the staff member told a replacement would be issued. This meant that staff had identification with them if they needed to cover visits to people who did not know them.

Staffing records showed that staff had completed an induction and training that they needed for their job role. This showed that the provider had a safe system in place to recruit new staff and skill them for their job role.

Some people that received services from Annix Care had their prescribed medicines administered to them by staff. One relative told us, "I am happy for staff to administer my family member's medicines to them as they are not able to do this themselves." Staff demonstrated to us their awareness of the provider's medication policy. One staff member told us, "If we administer a person's medication we have information about what they take in their care plan. We always sign a medication administration record when we have given the medicines." We discussed one person's medication record with the registered manager as we saw that a verbal instruction from the person's doctor had been noted to say tablets could be safely crushed to enable the person to take their medication. But, we found no risk assessment had been completed and no detail about which tablets could be safely crushed. The registered manager told us that action would be taken to ensure the instruction from the person's doctor was in writing and placed into their care plan and a risk assessment completed. Overall we found that appropriate and safe medication records were kept.

Is the service effective?

Our findings

People told us that they felt that staff had the skills they needed to provide care and support for them. One person told us, “Without the staff from Annix Care helping me, I would not manage in my own home.” One person’s relative told us, “Now that I’ve got to know the staff that visit my family member, I find their visits helpful to me and [Person’s name]. They do a splendid job.”

All of the staff spoken with told us that they felt they had the knowledge and skills needed for their job role. Online computer training and taught sessions were provided for staff to ensure that they had up to date knowledge and skills related to their job roles. Most staff told us that they preferred the taught training sessions as this met their learning style. One staff member told us, “The taught training sessions are more effective in teaching us the skills we need. They offer the opportunity for us to ask questions about our job roles. I feel we learn far more with these and are then more effective in our roles.” Another staff member told us, “I have training, spot checks and supervision. I feel supported in my role.” The registered manager told us that they would look at opportunities during 2015 to provide training for staff in a format that they found most effective. This meant that people were supported by staff who had the knowledge, skills and support required to meet their needs. Also, that the registered manager listened to how staff felt they were effectively equipped with the skills they needed for their job role.

Staff were aware of and had received training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. People’s care records showed that some people due to their healthcare condition may lack mental capacity. The registered manager told us that family members acted as their advocates on day to day matters and if a specific

decision was needed to be made, appropriate guidance would be sought and referrals would be made for a mental capacity assessment. At the time of our inspection the registered manager told us that no one using the service was deprived of their liberty.

Some people that received services from Annix Care had their meals and drinks prepared for them by staff and some were supported by staff to eat their meals. One person told us, “The staff heat a microwave meal for my lunch and also make me a sandwich and leave that with me along with my bottled drinks for later. I can’t get this myself so the staff make sure that when they leave I always have these close to me.” All staff spoken with confirmed to us that where people did not live with relatives they ensured people had access to food and drink when they left them. Records showed us that some staff had not completed food hygiene training. Staff told us that the session was planned for and they would be doing it during January 2015. This meant that staff would have the information needed for best practice food hygiene.

We were told by most people and their relatives that their health care appointments and health care needs were co-ordinated by themselves or a family member. However, a few people told us that they would find accessing healthcare appointments challenging. One person told us, “I’m on my own. It would be impossible for me to get to any healthcare appointment without support. If I needed to go to the doctors or hospital, I’d phone the manager at Annix Care and ask them if staff could help me get there.” We discussed this with the registered manager and they confirmed to us that additional charged visits could be arranged or discussed and contracted with the service commissioner so that staff were available to support people to access their healthcare appointments if needed.

Is the service caring?

Our findings

All of the people and their relatives that we spoke with told us that they felt the staff were caring toward them and / or their family member. One person told us, “The staff are very good to me. We have a laugh and a joke together. As well as the support, that’s what I need from them.” One relative told us, “I feel that my family member has good support from the staff, they are kind. Generally we have the same staff visit, so they know what they are doing and have built up a good relationship with [Person’s name].”

People and their relatives told us that they felt involved in the care and support package provided to them by Annix Care. One relative told us, “My family member only wanted female staff members to provide personal care to them. The manager listened to us when the care package was planned and has arranged this.” Care records looked at showed that people or their relative had signed an agreement to the written plan of care and support. This showed that people’s views were sought and they were listened to and acted upon.

Staff spoken with told us that they felt it was important to build positive caring relationships with people they supported. One staff member told us, “I always talk with the person whatever I am doing. It would be wrong to just do the task listed in the care plan and not talk with the person.” Another staff member told us, “If we get to know

people, it is then easier for us to know when something is wrong or they are concerned about something.” This showed that staff adopted a person led approach to their visits and were not task led.

All of the people and their relatives spoken with told us that feedback was sought from them by care staff and the registered manager. One person told us, “When the staff arrive they always ask me if I am okay and if I have any concerns. The manager also phones me to ask me if everything is going okay.” We saw positive feedback comments from people included, “My carer listens, understands and acts on my needs” and, “My carer is supportive to both my physical and emotional needs.”

People told us that they felt staff respected their dignity. One person told us, “The staff always make sure my blind is closed when they help me wash and dress. They cover me with a towel to keep me warm and maintain my dignity.” One relative told us, “I feel that the staff treat my family member with respect and dignity.” All of the staff spoken with were able to tell us how they maintained people’s dignity. One staff member told us, “One person that I visit does not have any verbal communication, but I always talk and explain tasks that I am doing and cover them with a towel when giving them a bed bath.” This meant that staff were caring and ensured that people’s dignity was maintained.

Is the service responsive?

Our findings

Staff were knowledgeable about the people that they supported. One staff member told us, “People have individual care plans and this tells us about the tasks we have to complete. But, we also spend time getting to know the person and the family members they live with.”

People told us that staff were aware of their likes and dislikes. One person told us, “The staff always leave me with a bottle of water. They know that I prefer to drink water than other things.”

Care records showed us that people and their relatives were given the opportunity to complete information about their lives called ‘My Story.’ This gave people the option to share details about their life such as their family, job and hobbies or interests. This meant that people were given the option of adding detailed information to their care plan so that staff knew them and could offer an increased personalised approach to care.

We saw that assessments had been completed by Continuing Health Care and that this had been shared with Annix Care. The registered manager told us that they used this information and undertook their own assessment with people and their relatives to develop a plan of care. We saw that monthly reviews were recorded where people’s care needs were looked at to see if any changes to the care plan were needed. One staff member told us, “If we feel that there has been a change to a person’s care needs then we phone the manager and they will review their care package.” The registered manager gave us an example of when they had identified one person required increased visits and they had referred this to Continuing Health Care. Following a further assessment of need, increased daily visits were arranged. This was confirmed to us by the person’s care records. This showed us that the provider was responsive to people’s changing needs.

We spoke with a healthcare professional from Continuing Health Care as part of our inspection. They told us, “We have no concerns about the provider Annix Care. We find that staff are responsive to people’s needs and do not hesitate to contact us if there is any change to people’s care needs.”

Staff told us that if people or their relatives asked for a change to be made to the visit times this could generally be accommodated. The registered manager showed us one person’s care record that showed changes had been made when requested by a family member. Relatives told us that they felt they telephone the registered manager if they wanted to make any changes. One relative told us, “I am happy with the visit times for my family member but if I wanted to make a change, I would speak with the manager and they would arrange it for me.” This meant that visits took place at agreed times and if changes were required these were responded to and accommodated whenever possible.

All of the people or their relatives spoken with told us that they felt they could raise any concern or complaint to the registered manager. One person told us, “I have a blue book and it gives me all the information and the telephone number if I need to speak to the manager.” One relative told us, “I have no concerns at all but I’d phone the manager if I need to.” The registered manager told us that one complaint had been received since our last inspection. This had been shared with us by the provider and our records showed us that these had been investigated and resolved. Satisfaction questionnaires were available to obtain feedback from people and we saw that positive comments had been made. This meant that feedback was sought and concerns or complaints made were dealt with and resolved in a timely way.

Is the service well-led?

Our findings

All of the staff that we spoke with told us that they felt supported and listened to by the registered manager. One staff member told us, “The manager is nice. They listen to us.” Another staff member told us, “I feel that the manager is approachable. We can always phone them if we need to check something out.”

Staff received regular support from the registered manager. This was through spot checks, supervision and staff meetings. One staff member told us, “We don’t know when the manager will carry out spot checks on us. But, they are useful as the manager gives us feedback on what we are doing well and where we can improve.” Another staff member told us, “We have staff meetings and these are useful times we can discuss our work.” Records confirmed to us that spot checks, supervision sessions and staff meetings took place. This showed us that staff were supported by the registered manager.

All of the staff spoken with told us that they had opportunities to develop their skills and knowledge through training. Three staff told us that they were being supported to complete their Qualification Credit Framework (QCF) Diploma in Health and Social Care at level 2. The registered manager told us that they were completing their (QCF) Diploma in Health and Social Care at level 5. This meant that the provider offered learning opportunities for staff.

The registered manager had been in post for three years providing consistent leadership. All of the relatives spoken with told us that they knew who the registered manager was and that they were approachable. One relative told us, “I do know the manager. Sometimes they come on visits themselves or with another staff member. I feel that they listen to me if I needed to speak with them.”

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). Although the PIR was not returned to us, all of the information requested by us when we gave short notice of our inspection was provided to us. We reviewed information we received since the last inspection including a notification of safeguarding incident and a complaint that was shared with us. As part of the inspection we also spoke with the local Continuing Health Care service that contract with the provider. One health care professional told us, “We are very happy with the services provided to people from staff at Annix Care.”

The registered manager had ensured that information that they were legally obliged to tell us, and other external organisations, such as the Continuing Health Care, about was sent. This meant they were aware of and fulfilled their legal responsibilities.

The provider’s business plan showed us that resources were available to the registered manager to enable them to support the staff team, for example through purchasing training. This showed us that sufficient resources were available to them to support and develop staff.

We saw that there were quality assurance systems in place, such as feedback surveys and audits, to monitor the quality of the service provided to people. Feedback from people and their relatives had been collected during December 2014. We saw that there was no overall analysis of feedback so that any themes might be identified and an action plan implemented to improve the quality of the service where needed. The registered manager told us that they were still waiting for some feedback surveys to be returned to them. Feedback surveys showed an overall positive response to the service provided.

From our conversations with people that used the service, their relatives and staff members we found that Annix Care had an open and transparent culture.