Annies Homecare Services Ltd

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Inspection report

Lower Farm
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Tel: 01621773672

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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?	Requires Improvement

Summary of findings

Overall summary

We carried out an announced inspection on 14 September 2016.

Annies Homecare Services is a domiciliary care service and is registered to provide personal care to people in their own homes. On the day of our inspection, there were 74 people using the service and 37 staff supporting them.

There was a registered manager in place. 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 2008 and associated Regulations about how the service is run.

Quality assurance arrangements were in place but there were improvements needed in relation to the review of care records and communication and involvement of staff.

The visible leadership of the service showed that person centred care was being delivered to people who used the service.

The service had appropriate systems in place to protect people from harm and uphold their rights. Staff had a good understanding and knowledge of safeguarding procedures and were clear about the actions they would take to protect the people they supported.

People's medicines were given to them safely and in a timely way and risks to people's health and wellbeing were appropriately assessed and managed.

There were sufficient numbers of staff available to meet people's needs. A recruitment process was in place to protect people and staff had been employed safely. Staff had the right skills and knowledge to provide care and support to people. Staff were supported in their role and received supervision.

People were supported to have meals of their choosing which met their nutritional needs. They were treated with kindness and respect by staff and their dignity was maintained.

Staff understood people's needs and provided care and support accordingly. Caring relationships had been developed and people were fully involved in their care arrangements.There was a system for responding to complaints and concerns.

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. Staff knew how to protect people from harm or poor practice in order to keep them safe. There were processes in place to listen to and address people's concerns.

There were enough staff who had been recruited safely and who had the skills to provide people with safe care. People received their medicines safely and as prescribed.

Is the service effective?

Good

The service was effective. Staff received the support and training they needed to provide them with the information to carry out their responsibilities effectively.

People's health, social and nutritional needs were met by staff who understood how they preferred to receive care and support. People were supported to access healthcare professionals when needed

Consent from people or their relatives was obtained before support and care was provided.

Is the service caring?

Good

The service was caring. Staff treated people well and were kind and caring in the way they provided care and support.

Staff treated people with respect, were attentive to people's needs and maintained their privacy and dignity. People were involved in making decisions about their care and the support they received.

Is the service responsive?

Good

The service was responsive. People received care and support that met their assessed needs and any changes in their needs or wishes were acted upon.

People's choices were respected and their preferences were taken into account by staff providing care and support. There

were processes in place to deal with people's concerns or complaints and to use the information to improve the service.

Is the service well-led?

Requires Improvement

The service was not always well led. Some quality assurance systems were in place but areas in relation to care plans and staff involvement needed improvement.

The management of the service were open and visible. Staff provided good care and support to people and were well managed. There were systems in place to obtain the views of people who used the service and to make improvements.

Annies Homecare Services Ltd

Detailed findings

Background to this inspection

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

We undertook an announced inspection on 14 September 2016. The provider was given 48 hours' notice because the location provided a domiciliary care service and we needed to be sure that someone would be in. The service was inspected by one inspector.

Before the inspection we reviewed the information we held about the service including any safeguarding concerns and statutory notifications. Statutory notifications include information about important events which the provider is required to send us by law.

On the day of the inspection we spoke with the registered manager, the manager and the trainer at their office location. We reviewed eight people's care records, four staff recruitment and training files and looked at quality audit records. After the inspection, we undertook phone calls to seven people who used the service, one relative and five members of staff.

Good

Is the service safe?

Our findings

People told us that they had no concerns about their safety and wellbeing. Staff made them feel safe when in their homes. One relative told us, "[Person] feels very secure with the carers."

The manager showed us the service's policy and procedures which they had reviewed in 2015. These included staff code of conduct and confidentiality as well as safeguarding vulnerable people from abuse and medicines management. These were included in the staff handbook and staff had signed to say they had received copies of the handbook and understood and agreed with the contents.

Staff knew about safeguarding people, what constituted abuse and the actions that they would take to keep people say should they hear, see or suspect abuse. Staff told us that they would report any concerns to their supervisor or either of the managers. They were confident that action would be taken if someone was at risk of harm. We saw that the manager recorded and dealt with incidents and safeguarding concerns and sent notifications to the relevant authorities and the Commission in a timely way.

General risk assessments had been completed which identified the areas in which people needed support with, for example people who needed assistance with moving and repositioning, the administration of medicines, risk of falls and checking people's skin who were at risk of pressure ulcers. The use of equipment to aid people's mobility was noted in their care plan such as beds which were height adjustable and turning aids to help people transfer from bed to wheelchair or chair. Staff had been shown how to use equipment safely by professionals such as occupational therapists when they had been installed so that they were able to move people safely.

Environmental issues were discussed with people as part of the initial assessment to ensure that people and staff were safe from any potential hazards in the home such as 'small step from the dining room to the toilet' and, 'unlit access to the back door.' One person said, "The carers use the key safe to come in and always call out "Hello', it's only me", so I know it's them."

Staff told us if they identified any area of potential risk during the provision of care they would report this to one of the supervisors or managers who would arrange for a new assessment to be completed. Accidents and incidents and the intervention taken were recorded so that the event of anything happening again was eliminated or reduced. One person said, "They [care staff] always write things down to make sure the other carers know any changes to my health."

The registered manager told us that recruitment was an on-going challenge and whilst they were always recruiting for new staff, they had enough staff with the right skills and experience to meet people's needs. Up until a recent reduction in staffing, there had been a consistent team available to provide continuity to the people who used the service. The staff told us that they were asked to cover additional visits that they would not otherwise do but understood the management were recruiting and that this would be temporary. The manager provided care and support as part of the rota so was 'hands on' and the registered manager provided care as and when needed. Both had the necessary skills and experience to provide care and

support to people in the community.

There was an effective recruitment process in place for the safe employment of staff. Checks were in place to confirm that staff were of good character and suitable to work with people who needed to be protected from harm or abuse. Staff confirmed they did not commence employment until the necessary checks such as, proof of identity, references and satisfactory Disclosure and Barring Service (DBS) checks had been obtained. A review of records showed the appropriate pre-employment checks had been made.

People and their relatives told us they received or were supported to take their medicine in the right way and at the right time. We saw that systems were in place to enable the safe administration of people's medicines. Staff received training in how to administer and prompt people, how to complete the paperwork and how to check the correct medicines were given. There was a formal test of the staff members' knowledge before they were able to administer medicines to people. Checks on staff members' competency to give medicines safety were undertaken and this involved observation of their practice and identified any additional training which may be needed.

In people's care plans we saw that people self-administered their medicine, were prompted or were assisted by staff. The medicine administration records (MAR) charts we saw confirmed that staff administered medicine for people correctly. However, we noted that some people's names were not recorded on the MAR charts for medicines or creams which meant that information about the person could get mixed up. We made the manager aware of this and they changed the MAR chart immediately to ensure there was space for the name to be written. Staff were informed to implement this immediately on the day of our inspection.

Good

Is the service effective?

Our findings

The service was effective in providing people with a service from staff who were skilled and knowledgeable about people's needs. A family member said, "We have a core of regular staff who know my [relative] well, that is important to us." One person told us, "I really like [staff member], we get along so well. I once had someone else and it just wasn't right. They changed the person and now I am really happy with my care."

We found that staff had the necessary knowledge and skills to carry out their roles and responsibilities. We saw records in the staff files which showed that there was an induction process, training, supervision and annual appraisals in place.

All staff had undertaken an induction programme which included training in the essential areas of working with disabled and older people with ill health in the community. They went on to shadow experienced staff and completed competency checks to ensure they were confident to work with people alone. After the induction, regular unannounced spot checks were completed by the trainer or manager to monitor and review their competency.

Staff told us that they were provided with the training that they needed to meet people's needs. A programme of face to face, group and individual learning sessions were completed on a regular basis throughout the year. This included moving and positioning, safeguarding adults from abuse, medicine administration, food hygiene, and catheter care and dementia awareness. Some of the courses included answering questions after the training to test their knowledge such as medicine awareness.

A trainer was employed at the service for three days a week and designed the training programme to accommodate all what staff needed to know. They kept records relating to the knowledge and skills all staff members had and could tailor courses to meet individual staff members' levels of experience. Staff told us that the training was, "Really useful." and, "The training is always relevant to the work, the trainer makes it real."

Staff were supported to study and gain qualifications whilst employed at the service. These included levels two and three in the Qualifications and Credit Framework (QCF) in social care and access to the new Care Certificate (the new vocational qualification in social care). The manager also kept up to date with their training to ensure a level of competency was in place across the staff team.

We saw that there was a supervision and appraisal process in place to support staff in their work. Staff told us that they felt supported and could talk to their supervisor or the managers. However, some staff relied on their colleagues for day to day support and advice rather than go to the managers.

We saw that people's needs were assessed, recorded and communicated to staff effectively. The care plans and daily logs reflected that the staff followed specific instructions to meet individual needs and people told us this was the case. Staff were updated about people's changing needs regularly. People told us that their rota for the week worked well but at weekends, staff could be later than the half hour allowance or only one

turned up for a call where two were needed. We reported this to the manager for them to look into this and make improvements.

People told us that their consent was sought before any care and support was provided and that staff acted upon their wishes. People's records included information regarding their capacity to make particular decisions and they or a representative, where required, had signed their records to show that they had consented to their planned care. One person said, "Even though they know what to do every time, they still ask." Where people did not have capacity, we saw that decisions made in people's best interests had been recorded to ensure that they were kept safe whilst maintaining their rights and freedoms.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA.

The service was working within the principles of the MCA and had a policy and process in place to secure and maintain people's rights. We saw from the care records that capacity assessments and best interests decisions had been made where required. This was completed correctly and being followed and recorded by the care staff. This ensured that the person's health and wellbeing was being monitored alongside their freedom to remain at home in their own community.

In discussion with the trainer and manager we were told that training about capacity was incorporated into the training for dementia awareness. Whilst this was useful for staff in relation to people with dementia, the trainer and manager decided to deliver the dementia training separately to the MCA training in order that staff had a clear understanding that the Act related to everyone's rights to making decisions about their care and support.

Whilst talking with staff, we got an understanding of how they obtained consent from people before undertaking their care. One staff member said, "I always ask [Person] what they want each time even though I know the routine, it means they are involved." Another said, "It's hard to see a person struggling when they have lost their confidence and are unsure, but I just give them time to decide."

People's records identified their requirements regarding support needed in maintaining a healthy diet and drinking enough. Where people required assistance with food and drink, they were supported to maintain a balanced diet and to choose their meals. One person said, "If I fancy something different for dinner, they will pop out to the shops for me, they are very good that way." Another person said, "I rely on them for my dinner at lunchtime, even though it is just put in the microwave they don't rush me."

Referrals were made quickly when people's health needs changed. The service had contact and liaised with a range of health, mental health and social care professionals in order for people to maintain their health and wellbeing. Changes to people's care and treatment were recorded in their care plans to enable staff and other professionals to meet their needs effectively and in a timely way.

Good

Is the service caring?

Our findings

We were told by people who used the service and their relatives that the staff were very caring, kind and considerate. One person said, "When they are coming in, they call out "good morning [Person's name]" and when I hear that call it makes me smile." Another person said, "So very kind and never in a rush to go." A relative said, "Very sensitive and respectful at difficult times."

People told us that good relationships had developed with the staff who visited them. Some had had the same staff members for many years and said, "They are more like family now." People liked the consistency of staff and being able to express a preference about the staff who visited them. Staff knew the needs, likes, dislikes and personalities of people they cared for. People, who were able to, directed their own care and stayed in control of their home and environment which was respected by staff.

Relatives told us that staff respected their homes and their privacy and would listen to them about any changing needs of the people they cared for. One person said, "I do feel very listened to by the staff and the manager." A relative said, "The carers are pretty flexible and are happy to change the way things are done as and when needed."

Arrangements could be altered easily so that times of visits were flexible, for example if someone had a hospital appointment or a leisure visit with relatives. People told us that sometimes the staff were late but they usually got a call to say they were delayed or on their way which they appreciated as this showed respect and courtesy. One person said, "As long as they call me to say they are going to be late, that is fine. When they don't I get worried."

People's needs were reviewed in order that the care and support provided was relevant. People told us that they knew the managers as they had visited them and had contact with them on a regular basis. The managers made sure that people were enabled to have the maximum amount of choice, control and independence in order to remain in their own homes. One person said, "Annies is better than good, the staff are charming, nice and attentive."

The daily logs about the tasks undertaken for people were written in a respectful way. They also said how people had been feeling and any changes to the plan of care. One staff member had written, "Had a lovely chat with [Person] in fine form."

In our discussions with staff, we got an understanding of their attitude and respect for the work they undertook. Staff knew the importance of respecting and promoting people's privacy and dignity and gave examples of how they did this. "I make sure that I go at their speed for their comfort and safety." "I like to build up relationships with people I look after." "I look after people inside and out and make sure they feel important."

Good

Is the service responsive?

Our findings

Most people told us that they were happy with the care and support provided by Annies Homecare Services. The service responded to their needs in an individual way and respected their preferences, likes and dislikes. One person said, "I am very satisfied with the service. They care for me very well." Another person said, "The carers are always on time, well within half an hour, but that's to be expected."

However, some people did make suggestions for improvements to the service especially in relation to the arrangements for the weekends, "We never know who is turning up and when at the weekend and I am on tenterhooks not knowing who is coming." And, "The arrangements are a little erratic, especially at weekends, but other than that the care is brilliant." We passed on this information to the manager for their attention and action to ensure everyone's needs were responded to in a timely way.

We saw that people had been referred to the service by the local authority or health service or had purchased the service directly. Information about people and their requirements was discussed during the initial assessment and prior to the service being agreed. Decisions about the service to be provided were made jointly so that the service was tailor made and individual.

Most of the care plans covered all aspects of a person's individual needs, circumstances and preferences. This included details of any personal care and support required, duties and tasks to be undertaken, risk assessments, how many calls and at what times in the day or evening.

Care plans were personalised and some included a life history which reflected the person's personality and a little about their life. Some people, we were told by the manager, were very private and only provided essential information about themselves and how they wanted the service delivered. Staff told us that they were able to follow the information recorded about people's needs, preferences and wishes and to support them to follow their interests, remain independent and in their own homes.

We saw that some people's individual assessments and care plans had been reviewed yearly or sooner if a person's needs changed. In addition, staff recorded daily notes after each visit and these were held in people's homes. This allowed staff to share information with each other so that the care and support people received was responsive to their daily requirements.

The service promoted people's independence and encouraged people to maintain their daily living skills. One person said, "They [staff] have helped me get my confidence back, which is so important to me." Staff demonstrated an understanding of how to enable people to do the things for themselves with support like washing, dressing and making meals. One staff member said, "It is lovely to see someone get better and better, it makes it a nice job."

People told us that they knew who to contact if they had any concerns or complaints. Some people told us that when they had contacted the office or one of the supervisors, they had been listened to and their concerns or requests had been dealt with well and to their satisfaction. We saw that all communication and

the responses were recorded. For example, "[Person] phoned to say that they do not want [particular carers] as they don't get on with them. This has been changed as requested and is working at present."

The views of people and their relatives were sought regularly and they were encouraged to share their views. Management acted on feedback about the quality of care and dealt with individual issues and concerns quickly. The views about times of calls especially at weekends would be looked into by the manager and improved to ensure people had a quality service which responded appropriately to their needs.

Requires Improvement

Is the service well-led?

Our findings

The registered manager told us that the management team had been consistent over the last few years and they were supported by a manager, who managed the service on a day to day basis, a trainer, and three supervisors. They had a clear vision and values for the service which they believed that staff delivered for people who used the service.

Quality audits were carried out in relation to medicine administration and training, but reviews of care plans were inconsistent. We found that some had not been reviewed and needed attention. For example, one care plan was very confusing to read, not in any date order and was not signed to show agreement to the care arrangements. In another care plan, we noted that a risk assessment had been only half completed with no dates or actions to take. We discussed these two care plans at the time of the inspection so that the manager could address these issues. However, a system of good recording and administration of people's care plans would ensure that everyone received a quality service.

Staff were motivated in their work and supported to question practice. However some staff told us that they did not have the opportunity to share their views and ideas about their work or the service. One staff member told us that, "Sometimes, I report things back, but am not sure what has happened about it." Another said, "There is no time for discussing things, I think it would be a good idea to meet up a bit more often with the staff and managers together." We saw that only one staff meeting had taken place this year and was only to share information. We were not assured that staff views and ideas were considered in developing and improving the service.

This is a breach of Regulation 17(1)(2)(c)(e) of the HSCA 2008 (Regulated Activities) Regulations 2014.

People, their relatives and staff told us that the managers were open and transparent in their dealings with them. One person said," I get calls from the manager asking how things are going and I think that is nice." A staff member said, "The managers are always there and you can go to them for anything."

Unannounced spot checks were undertaken on staff by the manager or supervisor to review the quality of the service provided by them and ensure that staff were adhering to the service's policies and procedures. One staff member said, "Yes, there are checks on us but that's OK." Both managers were aware of the needs of people who used the service. As well as managing the service, they provided care and support on the rota as required so they knew people very well.

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We saw that the service involved people and sought their views through the use of annual surveys. of people who used the service and their relatives. This information gathered from 2016 had been collated but not yet analysed in order to look at improvements to the service. We saw that the written responses to the surveys

were positive and any issues had been picked up and dealt with by the service where the person had identified themselves.

We also saw thank you cards where people had shown their appreciation. One person said, "I am happy with most of the carers and it's nice to see the management come out too." Another person said on the survey itself, "It's good to have the reviews as it gives me the opportunity to share my view on the care and carers."

All information about people who used the service and staff was kept confidential in their own homes and in locked filing cabinets at the office location.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The recording of information was not sufficiently robust to ensure quality care.