

Ansom Homecare Ltd

# Ansom Home Care Limited

## Inspection report

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### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

Ansom Home Care provides personal care to people who live in their own homes in the St Austell, Bodmin and Wadebridge areas of Cornwall. At the time of our inspection the team of 27 care staff were providing support to approximately 48 predominantly older people.

Everyone told us they felt safe and were well cared for by Ansom home care. People's comments included; "I feel very safe", "the carers are very good," and, "They are kind

and caring and care for me so well." People told us they had "never" experienced a missed care visit. The service had robust and effective procedures in place to ensure that all planned care visits were provided.

We found people's visits were provided on time, staff visit schedules included appropriate travel time and staff consistently provided the care visits of the correct visit length. People told us their staff were on time, they were never rushed and staff stayed for the correct duration of their visit. People said it was "rare" that staff were late,

# Summary of findings

commenting, “If they are late, they call us to tell us they are on their way. It’s understandable why they are late because they get held up at their last visit because of an emergency or because of traffic.”

The registered manager was confident about the action to take if they had any safeguarding concerns and had liaised with the safeguarding teams as appropriate. Risk assessments clearly identified any risk and gave staff guidance on how to minimise the risk. They were designed to keep people and staff safe while allowing people to develop and maintain their independence.

People said staff were well trained and understood how to meet their specific care needs. Training records showed staff had been provided with all the necessary training which had been refreshed regularly. Staff told us they had ‘lots of training’ and found the training to be beneficial to their role.

The service’s systems for the induction of new members of staff were effective and fully complied with the requirements of the Care Certificate. Training was provided in accordance with the 15 fundamental standards. The service commissioned a training academy to provide mandatory and bespoke training to its staff team. Staff said they were encouraged to attend training to develop their skills, and their career.

People were supported by stable and consistent staff teams who knew people well and had received training

specific to their needs. People told us they were introduced to new staff before they supported them in their home and said they had consistent carers to support them and had built up positive relationships with staff. Efforts were made to match staff with people by identifying any shared interests and hobbies.

Care records were up to date, had been regularly reviewed and accurately reflected the person’s care and support needs. Details of how the person wished to be supported with their care needs were highly personalised and provided clear information to enable staff to provide appropriate and effective support. The service’s risk assessment procedures were designed to enable people to take risks while providing appropriate protection.

The service’s visit schedules were well organised and at the time of our inspection there were a sufficient number of staff available to provide people’s care visits in accordance with their preferences. This meant people received home visits at their preferred time.

The management team had a clear set of values which was also apparent in our discussions with staff. The registered manager provided effective leadership and support to the staff team. Staff told us their managers were; “understanding”, “approachable”, and “motivating”. While people told us the service was “well managed”.

# 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. Staff understood both the provider's and local authority's procedures for the reporting of suspected abuse.

The risk management procedures were robust and designed to protect both people and their staff from harm.

There were sufficient staff available to provide all planned care visits and the service's staff recruitment procedures were robust.

Good



### Is the service effective?

The service was effective. People were positive about the staff's ability to meet their needs. Staff received on-going training so they had the skills and knowledge to provide effective care to people.

People's choices were respected and staff understood the requirements of the Mental Capacity Act.

The service's visit schedules included appropriate travel time between care visits and call monitoring information demonstrated care staff normally arrived on time.

Good



### Is the service caring?

The service was caring. Staff were kind, compassionate and treated people with dignity and respect

People and their families were involved in their care and were asked about their preferences and choices. Staff respected people's wishes and provided care and support in line with those wishes.

Staff supported and encouraged people to maintain their independence.

Good



### Is the service responsive?

The service was responsive. People's care plans were detailed, personalised and provided staff with clear guidance on how to meet people's care needs.

People's care plans included personalised goals and staff supported and encouraged people to engage with their hobbies and interests.

People and their relatives/ Visitors told us they knew how to complain and would be happy to speak with managers if they had any concerns.

Good



### Is the service well-led?

The service was well led. There was a positive culture in the service, the management team provided strong leadership and led by example. The provider/registered manager had clear visions and values about how they wished the service to be provided and these values were shared with the whole staff team.

People, their relatives and staff were asked for their views of the standard of service provided.

Quality assurance systems were appropriate and designed to drive improvements in the quality of care provided by the service.

Good



# Ansom Home Care Limited

## 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.

This inspection took place on 2 December 2015 and was announced 48 hours in advance in accordance with our current methodology for inspecting domiciliary care services. The inspection team consisted of one inspector. The service had recently moved premises and this was the first inspection at their new location. They were previously inspected at their previous address in October 2013 when it was found to be fully compliant with the regulations.

Prior to the inspection we reviewed the Provider Information Record (PIR) and previous inspection reports. The PIR 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. We also reviewed the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with six people who used the service, ten relatives, nine members of care staff, the two registered managers, director, administrator and two senior carers. We also inspected a range of records. These included five care plans, five staff files, training records, staff visit schedules, meeting minutes and the services policies and procedures.

# Is the service safe?

## Our findings

Everyone we spoke with told us they felt safe while receiving care and support from Ansom Home Care staff. People's comments included; "I do feel safe, yes." Relatives shared this view commenting, "The carer's are fantastic. My mum trusts (staff carer's name) in particular. This gives me reassurance as I know she is being cared for by staff who care."

Staff fully understood their role in protecting people from avoidable harm. All staff had received training on the safeguarding of adults and were able to explain how they would respond to any incident of suspected abuse. Staff said they would immediately report any concern to their manager who, they were confident, would take appropriate actions to protect the person. Staff understood the role of the local authority in the safeguarding of vulnerable adults and contact information was available in the service's staff handbook. The registered manager had a sound knowledge of safeguarding and had raised issues with the Local Authority when concerns had been identified. We reviewed the services safeguarding policy and found it had been recently updated to reflect changes in the local authorities safeguarding procedures. Staff also received training in the area of safeguarding children. This meant staff were aware of how to recognise abuse and the process to follow if they had any concerns in relation to children.

People's care plans included risk assessment documentation. These assessments had been completed as part of the care assessment process and provided staff with guidance on how to protect both the person and themselves from each identified risk. The risk assessments had been regularly reviewed and updated to reflect any changes to identified risks as part of the care plan review process.

Where accidents, incident or near misses had occurred these had been reported to the service managers and documented in the service accident book. All accidents and incidents had been fully investigated and, where necessary, procedures and risk assessments were reviewed and updated in light of each incident to reduce the likelihood of a similar incident reoccurring.

The provider had appropriate procedures in place for use during periods of adverse weather and other emergencies. Four wheel drive vehicles were available for staff

transportation. The staff team lived throughout the geographical area covered by the service and there were procedures in place for prioritising care visits based on each person's specific needs during periods of adverse weather. Office staff understood these procedures and described how they had worked effectively in the past.

We observed the senior carers organising the staff rota for the week. We found people were supported by a sufficient number of staff to keep them safe and meet their needs. Initial assessments were carried out by local authority commissioners and the registered managers who then decided whether they could meet those needs. The registered manager told us they turned down care packages for people where they felt they did not have the capacity to meet them and gave us of an example when this had happened.

People told us they had "never" experienced a missed care visit. The service operated an on call system. In the last six months the on call system had been reviewed. Three members of staff were now on call. From 7am to 9am one of the on-call staff would be nominated as the 'float' until the office was open. They undertook home visits if a member of staff called in to work at short notice due to ill health. This was also the system at the weekends. During office hours the senior carers were the first on call staff to be contacted if staff cover was needed or if there was a query about a care package or advice needed. If they were needed to attend home visits, then the on call system would be diverted to the registered manager on call. This meant that staff were available to cover for sickness or emergency situations at short notice. On call managers were able to access call monitoring information from home and were responsible for ensuring all planned visits had been provided at the end of each evening. Office staff monitored the call monitoring information in real time to ensure people's needs were met and all planned care visits had been provided. The registered managers said "Missed visits are not an option. People in the community are vulnerable and we must and do visit when we say we will. It's not acceptable for visits to be missed." Staff commented regarding on call "They are only a phone call away for any query."

Recruitment processes for new members of care staff were robust. References had been

## Is the service safe?

reviewed and necessary Disclosure and Baring Service checks had been completed before new members of staff provided care visits. The registered managers confirmed they had no staff vacancies, commenting “We strive to be overstaffed.”

All staff were provided with photographic identification badges to enable people to confirm the identity of carers who they did not know. However, people and their relatives said new carers were normally introduced by a member of staff who they already knew.

The service had appropriate infection control procedures in place and personal protective equipment was available to staff from the services office. The staff were each provided with an Ansom home care bag which they took on all home visits. Included in the bag were personal protective equipment, such as gloves and aprons and hand sanitizer.

Staff had received training on how to support people to manage their medicines. The service generally supported

people with medicines by prompting or reminding people to take their medicines. People confirmed that staff supported them to do this. Where staff administered people’s medicines this was done from blister packs prepared by a pharmacist. Where medicines were administered staff completed Medication Administration Record (MAR) charts. These charts were returned to the service office each month and audited by one of the registered managers. We reviewed the MAR charts in the care plans we inspected and found they had been correctly completed.

We saw there were systems in place to enable staff to collect items of shopping for the people they supported. Staff felt the systems were robust, as did the people they supported. We reviewed care documentation and risk assessments which confirmed appropriate systems were in place and consent had been gained by all parties.

# Is the service effective?

## Our findings

People consistently told us that care staff met their care needs in a competent manner. Comments included; “I think they are well trained” and, “This is my second time of receiving care, they are a lot better, more professional.” Relatives felt staff were very knowledgeable about the people they supported.

People received care and support from staff that were well trained and supported and knew their needs and preferences well. The registered manager told us, “We have a really motivated staff team; they know the people well.”

We spoke to four newly recruited staff who told us their induction to Ansom Home Care was comprehensive and that they ‘learnt a great deal’. Two people said they were new to care and the training and support they received was thorough. Induction training included three days in house training then shadowing experienced care staff on home visits. New members of staff were ‘spot checked’ and the quality of their care provision assessed before they were permitted to provide care independently. Care staff told us “We weren’t thrown in at the deep end, we were supported throughout. We didn’t care for people on our own until we felt comfortable to do this.”

New employees were required to go through an induction programme in order to familiarise themselves with the service policies and procedures and undertake some training. Ansom Home Care had fully integrated the new Care Certificate into their staff induction process. Staff received training in all of the 15 fundamental standards of care during their probationary period. Seven care staff had completed the Care Certificate successfully. The service had commissioned a training academy to provide the induction and further training courses to their staff team. All staff were encouraged and supported to complete the level two care diploma once they had successfully completed their induction.

Training records showed staff had received training in a variety of topics including, manual handling, safeguarding adults, medicines and, dementia. Staff told us; “The training has been fantastic”, “We have lots of training.” Staff explained they were able to request additional training in

specific areas that they found particularly interesting, for example end of life care and autism. Staff said they were encouraged to attend further training to strengthen their skills and knowledge.

Staff received regular three monthly supervisions and annual performance appraisals. In addition ‘spot checks’ by managers were used regularly to confirm each member of staff was providing appropriate standards of care and support.

The services staff visit schedules included appropriate amounts of travel time between consecutive care visits. Staff told us they had enough travel time between visits and commented, “There is enough travel time” and, “They take into account our family commitments so we don’t have to change our shifts.” People said their staff were, “Always on time” and “Always punctual.” Managers told us copies of people’s visit schedules were available and could be accessed by the person or the family via a secure internet site. People told us; “I get a rota in advance so I know whose coming.”

We reviewed daily care records. We found care staff normally arrived on time and provided the full planned care visit. People told us; “They’re here for the time they are meant to be, “Never rush, they are pretty (very) good”.

The Mental Capacity Act (MCA) provides a legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make specific decisions for themselves. Managers and staff understood the requirements of this act and what this meant on a day to day basis when seeking people’s consent to their care.

The care plans we reviewed had been signed to formally to record the person’s consent to the planned care. People told us they were able to control how their care was provided and that staff always asked for permission before providing care or support. People’s comments in relation to consent included; “They always ask me what I want”, “They check in the book if they are not sure” and, “They always ask what I want doing and the same when they leave.” Relatives echoed these comments. Staff recognised the importance of gaining consent before providing care and told us, “I ask to check what the person wants me to do, just in case they want something done slightly different.”

People were supported to maintain a healthy lifestyle where this was part of their support plan. People told us staff supported them with their food shopping and assisted

## Is the service effective?

them with the preparation and cooking of their meals. People's choices of the foods they wished to purchase were respected. People's care plans included guidance for staff on the support each person needed in relation to food and drinks. For example 'all food should be prepared in accordance with (person's name) choice and record all food and fluid prepared and observed taken.' Daily care records included details of how staff had supported each person to ensure they were able to access adequate quantities of food and drinks.

Records showed Ansom Home Care worked effectively with other health and social care services to ensure people's care needs were met. We saw the service had acted to ensure people's needs were recognised by health professionals. The service's managers had detailed knowledge of people's health needs and regularly contacted professionals to check and confirm that guidance provided was correct. For example to check that the right equipment was in place at a person's home.



# Is the service caring?

## Our findings

People were positive about the staff that supported them and said they were treated with consideration and respect. Everyone we spoke with complimented Ansom Home Care staff on the caring and compassionate manner in which they provided support. People told us, “The carers are as good as gold,” “They are very good, very caring and always respectful” and, “They are lovely, I can’t find fault with them.” Relatives told us “The carers are all very caring, they are marvellous. They treat mum with respect.” and “The staff are so patient they never rush, they genuinely care.”

Staff spoke about the people they supported fondly and displayed pride in people’s accomplishments and a willingness to support people to develop further. Staff and managers knew people well and demonstrated during their conversations with us a detailed understanding of both people’s care needs and individual preferences. Staff told us they enjoyed their role and aimed to care for people as they would for their own relatives. Staff comments included; “I adore them” and “I love working with people and seeing a smile makes such a difference.”

People told us they were treated with respect and their privacy was upheld. People’s care plans described how they wanted and needed to be supported in order to protect their dignity. Staff told us they always checked before providing personal care and ensured people were happy to continue. They were able to explain what they would do if personal care was refused.

Daily records showed people were regularly supported by the same carers. People said they knew and got on well with their carers. Staff recognised the importance of their role in the social networks of the people they supported

and told us, “It’s important to the person that they see us, they then don’t have to keep repeating how they want us to help them, we know exactly how they want us to help them.” A relative commented how important it was for their relative to have the same carers to lessen their anxiety. The relative said this had been acknowledged by the service and the same carers visited. This reassured their relative and both people felt their wishes had been listened to and respected.

People told us their staff always responded to small changes in their care needs and one person commented, “They do everything, and a bit more sometimes, if I’m not feeling too well”. Staff explained that if a person was not feeling well they always reported this information to the service managers. Staff told us they were able to request additional time to meet people increased needs and that when this was necessary managers would contact their other clients to inform them of any delay.

Staff recognised the importance of enabling and empowering people to make decisions. Staff described how they always offered people choices and provided care in accordance with people’s requests. Staff told us, “I ask lots of questions about how people want things done”, “The best person to ask is the person. They know how they want things done.”

People preferences in relation to the gender of their care workers was respected during the visit planning process. Care documentation showed each persons’ preference about the gender of care staff they would prefer visited them, and their wishes were respected. From our conversations with people, relatives and from care records this showed that people’s preferences had been respected.

# Is the service responsive?

## Our findings

People and their relatives were involved in the development and review of their care plans. People told us, “I’ve got a care plan. I’ve a copy in my house. I signed it.”

Staff told us people’s care plans were “useful”, “very thorough” and available in each of the homes they visited. Staff comments in relation to care plans included; “They are clear”, “They tell you what you need to do, they are easy to understand.” the registered managers and senior carers write the care plans, and review them regularly or when a care need has changed.

Care plans were detailed and personalised and provided staff with clear guidance on how to meet each person’s specific care needs. Care plans included details of people’s preferences about how their care should be provided. We observed senior carers discussing with commissioners changes over the weekend to a person’s health needs. The commissioners agreed to an interim increase in care support pending their reassessment of the person. This showed that senior staff responded to an emergency situation promptly to ensure the person received appropriate support at home. Contact with the family was made to confirm the increase in the care package and to discuss if the family had a preference for male or female carers.

People’s care plans were developed from information provided by the person, the commissioners of care and family members. This information was combined with details of people’s specific needs identified during initial assessment visits. The initial assessment visit was conducted by a senior carer who met with the person to discuss their care needs and wishes. During the assessment an interim care plan was developed and agreed with the person. Staff then provided care and support in accordance with the interim care plan for two weeks. After this period the interim care plan was reviewed in light of experiences of both the person and their care staff. The initial care plan was updated and expanded to ensure it provided staff with sufficient detailed information to enable them to meet the person’s individual needs. The care plan was then signed by the person to formally record their consent to the care as described.

Each care plan included specific objectives that had been developed with the person in need of support. For

example, for people who had several visits each day, the care plan was written for that time period. One was written for the person’s morning routine, the next for lunch and the last one for the evening routine. Each provided details of the care to be given as well as if household tasks were required. For example the person may need ‘assistance’ from care staff to encourage the person to retain or develop independent life skills. This enabled staff to tailor the care they provided towards supporting the person to achieve their identified goals.

Each care plan included details of the person’s background, life history, likes and interests as well information about their medical history. This information helped staff to understand how people’s background impacted on who they are today and provided useful tips for staff on topics of conversation the person might enjoy. For example, a care plan stated the person had a ‘love for music’ and their radio. Care staff could then check if the person wanted to have music on that day when they visited.

Daily records were completed by staff at the end of each care visit. These recorded the arrival and departure times of each member of staff and included details of the care provided, food and drinks the person had, as well as information about any observed changes to the person’s care needs. The daily care records were signed by staff and were audited by the registered managers monthly. This confirmed that staff had attended the visits for the agreed duration, and to monitor if changes to the care plans were needed.

People described how staff provided support and encouragement for them to do things independently and engage with their local communities. For example, care plans gave the person choices in how to spend their time stating ‘if (person’s name) does not want to go out staff can spend social time with (person’s name), there are games in the lounge to play.’ The daily records then gave an account of how time was spent with the person and how the person responded to the different activities both in and out of their home.

Details of the service complaints process were included in people’s care plans. People told us they understood how to report any concerns or complaints about the service. Most people reported they had never wished to make a complaint and the minority who had raised concerns with managers were happy with how the service had addressed and resolved their concerns. For example, when

## Is the service responsive?

relationships broke down people were able to exercise choice about who supported them. One person told us they had started to feel less comfortable with a member of staff. The member of staff no longer supported them as a result. People told us; “I can’t find fault.” And “if I needed to

raise a concern I would call the office.” Relatives shared this view. We reviewed the services complaint book and found any concerns raised with them were investigated and a resolution agreed between all parties.

Ansom Home Care regularly received compliments and thank you cards from people who used the service and their relatives.

# Is the service well-led?

## Our findings

People and their relatives told us of the consistently high standards of care and support they received from Ansom Home Care. People said, “We are very happy with Ansom Care. They do a great job,” “We can’t fault them” and “The carer’s, managers all make sure they look after me and my mum well.” No one could think of any improvements in respect of the care provided that could be made.

There was a management structure in the service which provided clear lines of responsibility and accountability. The registered managers showed effective leadership. People told us the service was organised and well managed. Their comments included; “I think it’s very well managed”. Staff reported the registered managers and senior carer’s were; “understanding”, “approachable”, “motivating” and, “really good.” Staff felt that as the registered managers had undertaken care visits in the community themselves this gave them a better understanding of their role and how they needed support, for example “making that extra phone call after a particularly difficult visit.”

The registered managers had a strong and positive working relationship and told us they, “support each other and recognise each other’s strength.” The organisation received support from their director, finance and administration teams to help with the running of the organisation. They commissioned an external training company to provide mandatory and bespoke training for their staff. This meant they were able to keep up to date on developments in the field.

The culture of the service was caring and fully focused on ensuring people received the care and support they needed. The staff we spoke with were highly motivated and proud of the care and support they provided. Staff told us, “I think we are a really good company”, “The services commitment to ensuring people care needs were met was demonstrated by the service’s response to an emergency situation as outlined in the responsive section of this report. This demonstrated how the services caring and reactive approach ensured people received effective care in a timely manner.

People, relatives and staff told us they were involved in developing and running the service at an individual and organisational level. Their views were sought and acted

upon. Staff told us they felt able to approach management with ideas and suggestions and were confident they would be listened to. The registered managers acknowledged that it was “imperative” to get views from people, relatives and staff about how the service was run, so that any improvements would be identified and acted on so that the service could continually improve. They said “We are good at listening. We are always learning. Sometimes we don’t get it right and then we will put it right.” The organisation was aiming to implement a monthly newsletter so that people and staff could hear of any developments in the service.

Staff told us the registered managers were approachable and staff felt well supported by their line managers. There was an on call system in place, which meant staff and people could access advice and support at any time. One staff member commented, “The managers are always available and approachable.” “I love the company I would not want to work anywhere else. They value their staff.”

The registered managers valued their staff. Staff turnover was low and they believed this was because they respected their staff and valued their skills and commitment to their work. They met with all their care staff at least weekly when they came to collect their rotas. This allowed managers to check with care staff how they were and if there were any issues they wished to discuss. We saw this occur during the inspection. Ansom Home care valued its work force and staff were paid from the beginning to the end of their planned care visit including appropriate amounts of travel time between care visits.

Staff meetings were held regularly. Staff told us these were useful and gave them an opportunity to exchange any ideas for the development of the service. One commented, “They take good care of staff and people.” Another said, “I love working there. It’s a great team.”

There were systems in place to monitor the quality of the service provided to people. Regular audits were carried out for all individuals using the service. This included checking support plans, risk assessments and any health and safety issues. There was also an opportunity for people to comment on the service they received.

People told us managers regularly completed “unexpected” spot checks on their care staff. Their comments included, Yes, “[the manager] comes and checks how we are providing care and that our records are

## Is the service well-led?

accurate”, “the manager comes round sometimes. A senior comes round unexpectedly” In addition surveys were completed to gather feedback on people’s initial experiences of care and to discuss any changes the person would like to their care plan.

An annual quality assurance survey was used to monitor the standards of care provided and identify any areas in which the service could improve. We saw the finding of these surveys and noted that people were highly satisfied with the care provided by trained and competent staff.

Team meetings were held regularly. The minutes of these meetings showed they had provided staff with an opportunity to share information about people’s care needs and discuss any changes within the organisation. Where appropriate, meetings of the care staff that supported specific individuals were held. These focused care team meetings enabled staff to share their knowledge and discuss and review any changes to the person’s care needs. The team meetings also provided an opportunity to discuss care practice issues, such as safeguarding and mental capacity to ensure that staff all had up to date knowledge.