

Annette's Care Limited

# Annette's Care Limited

## Domiciliary

### Inspection report

64 Elm Road  
Mannamead  
Plymouth  
Devon  
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Date of inspection visit:  
13 October 2016  
27 October 2016

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This was the first inspection for Annette's Care Limited since they registered with the CQC in March 2016.

We received information of concern in relation to the service and as a result, carried out a comprehensive inspection on 13 and 27 October 2016. The concerns included that staff only stayed for ten minutes at a thirty minutes call and only one staff arrived for an allocated call where two staff were needed. We also received concerns that there was unreported and un-investigated theft, the registered manager completing staff medication training for them, no on call system and no protective gloves or aprons available.

We looked at these concerns during this inspection. People confirmed staff stayed the allocated time for each visit, never rushed and if required two staff members turned up to assist with supporting people. The registered manager said they had not received any reports of items stolen or taken from people's home. People confirmed they had not had any items stolen or go missing from their homes. Staff confirmed they had completed their own medicines training and understood the importance safe administration and management of medicines.

Annette's Care Limited Domiciliary provides personal care in people's homes to adults within Plymouth and Cornwall. On the day of the inspection Annette's Care was providing personal care support to 17 people including those with physical disabilities and people living with dementia.

The service had a registered manager, in post, who was also the registered provider. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People received personalised care and had care plans in place to provide guidance and direction to staff. This helped to ensure the support they received reflected their wishes and preferences. People's care plans were currently being updated following advice from a healthcare professional from the commissioning authority, to ensure they were reflective of their up to date care needs. One person said; "I've had them for over two years and am quite happy" and "There isn't anything they can improve. If there is, we talk about it. They listen." A staff member commented; "It makes me proud to work for them and know people are so well cared for."

People had risk assessments in place to help ensure they were protected and kept safe. The registered manager was taking steps to review and update people's risk assessments. People were supported by sufficient numbers of staff to keep them safe and meet their needs. Staff were recruited safely, to ensure they were suitable to work with vulnerable people. People told us overall, staff arrived on time. Staff said they had adequate travelling time between visits.

People were protected from avoidable harm and abuse because staff had received safeguarding training and knew what action to take if they suspected someone was being abused, mistreated or neglected. Staff understood the principles, had a good knowledge on how to report any concerns and described what action they would take to protect people against harm.

Staff were protected by a lone working policy and the provider had emergency plans in place to help, in the event of staffing difficulties.

People were protected from the spread of infection. People told us staff followed infection control practices and that staff wore gloves and always left their homes clean and tidy.

People's medicines were managed safely, staff received training and people had care plans in place to provide guidance and direction as to how they would like their medicines to be administered.

People received care from staff who had undertaken training to be able to meet their needs. People were positive about the staff's ability to meet their needs. Staff were complimentary of the training and support they received.

People's consent to their care and support was sought. The registered manager and some staff had completed training in the Mental Capacity Act. Some staff had an understanding of the Mental Capacity Act 2005 (MCA). Further training was planned.

People who had support with meals were encouraged and supported to maintain a healthy balanced diet.

People told us they received support from excellent and kind staff. People were supported by a small group of staff which helped to ensure continuity of care and develop personal relationships. Staff spoke fondly of the people they supported and told us they liked to go the extra mile. People were involved in decisions relating to their care, and support, and people told us their privacy and dignity was respected.

People's independence was promoted and staff took opportunities to encourage people to do as much for themselves as possible.

People had a pre-assessment before joining the agency to help ensure the service could meet their needs.

People, their relatives and staff were encouraged to be involved in the running of the service and help drive continuous improvements. This helped ensure positive progress was made in the delivery of care and support provided by the service.

The registered manager sought verbal feedback from people and encouraged people to share their concerns and complaints. The registered manager said any complaints or concerns would be investigated thoroughly and used the outcome as an opportunity for learning to take place.

There were effective quality assurance systems in place to help drive improvements and ensure positive progress was made in the delivery of care and support provided by the service.

There was evidence of leadership and governance in place via a management team, who were passionate about delivering a quality service. Staff felt motivated and well supported.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People told us they felt safe.

People were protected from avoidable harm and abuse.

People had risk assessments in place to help ensure they were protected and kept safe. The registered manager was taking steps to update and review people's care records to ensure risk assessments and records reflected people's healthcare needs.

People were supported by sufficient numbers of staff to keep them safe and meet their needs. Safe recruitment practices were followed.

People's medicines were managed safely.

People were protected from the spread of infection because safe practices were in place to minimise any associated risks.

### Is the service effective?

Good ●

The service was effective.

People received care from staff who had undertaken training to be able to meet their needs.

People's consent to their care and support was sought. Some staff had an understanding of the Mental Capacity Act 2005 (MCA).

People were supported with food and drink in a way that suited their needs.

People were supported to access healthcare services to maintain their health and wellbeing.

### Is the service caring?

Good ●

The service was caring.

People received care and support from kind and compassionate staff.

People were involved in decisions relating to their care and support.

People were supported by staff that respected their dignity and maintained their privacy.

People had their end of life care wishes documented.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People received personalised care treatment and support. Staff knew how people wanted to be supported.

People's needs were reviewed and changes in need were identified promptly and care altered accordingly.

### **Is the service well-led?**

**Good** ●

The service was well led.

There were clear systems of leadership and governance in place.

There was a registered manager in post who staff and families described as approachable. Staff felt comfortable discussing any concerns with the registered manager.

There were systems in place to monitor the safety and quality of the service. Audits were completed to help ensure risks were identified and acted upon.

# Annette's Care Limited

## Domiciliary

### **Detailed findings**

## Background to this inspection

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

This inspection took place on 13 and 27 October 2016 and was announced. The provider was given notice because the location was a domiciliary care agency and we needed to be sure that someone would be available. The inspection team consisted of two inspectors.

Before our inspection we reviewed the information we held about the service. We reviewed notifications of incidents that the provider had sent us since the last inspection. A notification is information about important events, which the service is required to send us by law.

After the inspection, we spoke with five people who used the service and two relatives. We also spoke with three members of staff, the deputy manager and the registered manager, who was also the registered provider. We also contacted three healthcare professionals, who knew the service well, for their views about the service. On the second day of our visit the registered manager and deputy manager were unavailable. Therefore we were supported by a senior staff member of another of Annette's Care Limited services.

We looked at five records related to people's individual care needs. This included support plans, risk assessments and daily monitoring records. We also looked at three staff recruitment files and records associated with the management of the service, including quality audits.

# Is the service safe?

## Our findings

People said that they felt safe in the hands of Annette's Care Limited Domiciliary and the staff who supported them. One person said; "These people are very honest and reliable." People and their relatives spoke highly of the staff and the support provided. Comments included; "The staff are excellent" and "There's nothing they could do better." A relative said; "They do a good service." Staff uniforms and identification badges helped people to recognise staff on arrival.

People were protected from discrimination and avoidable harm. Staff had completed safeguarding training and had a good understanding of how to report any concerns if they felt someone was being abused or mistreated. Staff told us concerns raised were always taken seriously and support was provided by the management team if needed. Policies and procedures were available for staff to advise them of what they must do if they witnessed or suspected any incident of abuse or discriminatory practice. Staff were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures, comments included "I would report it to the bosses, they would follow it up. There are safeguarding phone numbers in the care plans." No safeguarding concerns had been raised by the agency however, the registered manager understood their responsibilities in relation to this. The registered manager informed us that any concerns regarding the safety of a person would be discussed with the local authority safeguarding of adults team and referrals made when necessary. We received information of concern that there was unreported and uninvestigated theft of people's belongings. The registered manager confirmed they had not received any allegations. People spoken with said they had never had anything stolen or had items gone missing.

People were supported by sufficient numbers of staff to keep them safe. Staffing levels were determined by the number of people using the service. These could be adjusted according to the individual needs of people. Staff rotas showed that extra staff had been arranged to support a person whose needs had increased. For example one staff member said; "One lady now needs two staff members to support her when she goes upstairs. When she wanted to go upstairs, I explained we needed to wait until two staff members were there so she would be safe. She was happy to wait." In addition, the registered manager considered potential sickness levels and staff vacancies when calculating how many staff needed to be employed to ensure safe staffing levels.

People were protected by safe recruitment practices. Required checks had been completed. For example, files held a history of previous employment details. However one file only showed the start and end year worked at each employer but did not show the relevant month. The registered manager told us they would ask the staff member to complete that section. Disclosure and barring service checks had been sought to help ensure staff were safe to work with vulnerable adults. Staff confirmed checks had been applied for and obtained prior to commencing their employment with the service. Staff were interviewed by the registered manager to establish their experience and values in determining whether they were suitable to work with people who used the service.

Protocols were in place to help keep staff safe, for example a lone working policy and environmental risk assessments all helped to ensure staff were equipped to deal with emergencies. There was an on call team

which was available seven days a week, twenty four hours a day, so staff could always receive advice and guidance if they found themselves in a difficult situation. One staff member said; "I can call the boss or her sister, or other members of staff."

The agency had recently had involvement from a healthcare professional. The recommendation from this professional was to review and update risk assessments in relation to people's healthcare needs. We saw the registered manager was currently taking action to address this. On day two of our visit we could see the improvements already made. However there were still further improvements planned.

Staff told us they supported each person differently, according to their needs, and this was recorded in individual care plans. Some care plans still required additional updating. One staff member confirmed; "There are care plans in people's homes." The registered manager kept relevant agencies informed of incidents and significant events as they occurred. For example, one person had choked on their food and this was discussed with professionals involved with this person.

People's personal risks associated with their care were known and recorded. Assessments were undertaken to assess any risks to people who received a service and to the staff who supported them. This included environmental risks and any risks due to the health and support needs of the person. Risk assessments included information about action to be taken to minimise the chance of harm occurring. Some people had restricted mobility and information was provided to care workers about how to support them safely when moving around their home and transferring in and out of chairs and their bed.

People confirmed staff mostly turned up on time and if they were going to be late they usually received a call informing them. They went onto say staff stayed the time required for each visit and never rushed. One staff member said; "Plenty of travel time between calls." This decreased the risk of staff not being able to make the agreed visit times. The registered manager informed us that the agency had not had any missed visits. We received concerns that staff did not stay the allocated time for each visit as recorded into care plans. People we spoke with confirmed the staff stayed the required time of each visit and never rushed these visits.

People were happy with the support they received with their medicines. One person said; "It's in a blister pack, so they just make sure it's the right one. They always remember."

We had received concerns that the registered manager completed medicines training on behalf of staff. Staff confirmed they had received medicines training and understood the importance of safe administration and management of medicines. They said the registered manager had observed them administering medicines however the registered manager did not record these competency checks. The registered manager confirmed they will action this. There were up to date policies and procedures in place to support staff and to ensure medicines were managed in accordance with current regulations and guidance. There were systems in place to ensure medicines had been stored, administered and reviewed appropriately.

People were protected from the spread of infection because staff had received training in relation to infection control practices. Staff received personal protective equipment such as gloves, aprons and hand gels to support good infection control practices. One staff said; "If we are low on gloves and aprons at anyone's house, we stock them up from the house (the agency's office base)." Staff confirmed they had received training and people we spoke with confirmed staff wore gloves as they carried out personal care.



## Is the service effective?

### Our findings

People were supported by knowledgeable, skilled staff who effectively met their needs. One person said; "They make sure I'm comfortable with everything and if I need any more help, they'll give it to me."

Staff received an induction when they first started working at the service. Before staff worked on their own they spent time shadowing experienced staff and getting to know the person they would be supporting. There was a checklist to make sure staff received relevant training. The registered manager confirmed new staff completed the Care Certificate (a nationally recognised training course) as part of their training.

People were supported by staff that had received regular training which was updated when needed. Training was arranged to meet the individual specific needs of a new person receiving the service. For example, diabetic and insulin training was currently being arranged to help ensure staff had the correct knowledge to support the person effectively. Staff confirmed they had received training in the use of lifting equipment, such as hoists. Staff said they had opportunities for on-going training and one staff member said; "We can arrange extra training when we need it."

The registered manager had plans to create a training matrix which would record training completed and highlight when training needed to be renewed and updated. The registered manager monitored the training skills required to meet each person's package of care and ensured staff competency was regularly checked. However this was not currently documented. The registered manager planned to action this. Family members spoke well of staff and one said; "They do a good service, they wash her feet, put cream on her legs and look for pressure sores."

Staff confirmed they received yearly appraisals and regular supervision. Team meetings were held to provide the staff the opportunity to discuss areas where support was needed and encourage them to share ideas on how the service could improve. Staff confirmed they had opportunities to discuss any issues about how best to meet people's needs during their one to one supervision, appraisals and at team meetings. Staff confirmed they were well supported by the registered manager, colleagues and other managers of the service. Staff said; "As she (the registered manager) works alongside us we can raise any concerns straight away."

People who had meals and snacks provided were supported and encouraged to maintain a healthy balanced diet as part of their support package. People either did their shopping with staff support or prepared frozen meals were used if people preferred. Staff knew foods people could have, which was in line with guidance from professionals, and which foods to avoid and could pose a risk. Clear records detailed people's dietary needs, for example how to support people who required a soft diet or thickened drinks.

People had consent to care forms in their individual care plans. Records showed consent had been obtained and signed to provide care. One staff member said; "I would always ask first if they wanted things done."

The registered manager and some staff had an understanding of the Mental Capacity Act 2005 (MCA) and

how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The MCA provides a legal framework for acting and making decisions, on behalf of the individuals who lacked mental capacity to make particular decisions for themselves. Some staff had completed training in the Mental Capacity Act and further training was planned. No one currently using the service had any restrictions or lacked capacity to make decisions. However one staff member discussed the planning of a best interest meeting for one person who's had a diagnosis of dementia and their health was deteriorating. This involved family and professionals.

Staff knew people well and monitored people's health on a daily basis. If staff noted any deterioration in people's health they would discuss this with the individual, if possible and with consent, would seek professional advice and support. For example, staff said one person had become ill during a visit and staff had called the ambulance and stayed with them until assistance arrived. A relative said; "If there are any changes to [...] health needs, the nurse leaves a note and the staff follow that."

# Is the service caring?

## Our findings

People were well cared for and treated with kindness and compassion. A relative said; "She enjoys their company. They cheer her up" and a person told us, "They talk to me and we have a good laugh." A staff member said; "It makes me proud to work for them and know people are so well cared for." A healthcare professional who knew the service well, said they always received positive feedback about the service and they spoke highly of the care received by people and of the staff.

People received care, as much as possible from the same staff or team of staff. Rotas were organised so people knew who would be supporting them and were kept informed of any changes, if possible. One person said; "They phone if they're going to be late. They always say they could never forget me!"

People had a "Who is in charge of my care" section in their care plans. This documented a list of staff involved in that individual's care package. This included a picture of the staff and a brief summary of their experiences. This helped people to know the team working with them.

People were supported to stay as independent as possible. Staff confirmed they tried to improve people's lives by promoting their independence and well-being, for example staff would support people to wash what they were able but helped them with areas of their body they were unable to reach. Staff worked at people's pace to enable them to remain as independent as possible and care for themselves. One staff member said; "I try to get people to do as much for themselves as I can. It helps them remain independence."

People said staff respected their privacy and dignity. Staff said they ensured people were respected, comfortable and had everything they needed. People's care records detailed the support people needed to maintain their dignity. Staff gave examples of closing doors and curtains when supporting people with personal care.

People's life histories had been recorded into individual records so staff were able to have a meaningful conversation with people. People's individuality was recognised and staffing was adjusted accordingly to help provide better care.

Staff had genuine concern for people's wellbeing. Staff said they felt passionate about the support they gave and explained the importance of adopting a caring approach and making people feel they mattered. Staff were clearly compassionate about making a difference to people's lives.

Staff liked to go the extra mile for people to help improve people's quality of life. One member of staff told us how she went out of her way to cook a roast dinner for people who were not able to do so for themselves.

People were shown compassion and respect on their end of life choices. One staff described the end of life package they had just started to put into place for one person who wished to remain at home. The staff

discussed the involvement of relatives and other professionals when needed. People had a "What I would like to happen" section in their care plan which documented people's wishes about their end of life.

## Is the service responsive?

### Our findings

People's views and wishes were taken into account when planning care. For example the registered manager visited people and completed an "Initial Client Discussion and Overview", a pre-admission care record to ensure the agency was able to meet people's needs. The agency also received comprehensive care plans from the commissioning authority which highlighted the care tasks required to meet people's needs.

The agency had recently had involvement and input from a healthcare professional. The recommendation from this professional was to review and update care records in relation to people's healthcare needs. We saw action had been taken by day two of our visit with further actions planned.

People were encouraged to express their views and be actively involved in making decisions about the care and support they received. Support plans had information about how people needed or wanted to be supported. For example, care plans held a breakdown of each task to be completed on each visit. Staff confirmed they had responded to people if they became unwell or their needs changed. This showed us the service was observant and pro-active in responding to people's needs.

People had a "What you may want to know about me" section. This documented people's likes and dislikes and what made that person happy. People also had a "What you need to know about me" section and included information about people's eye sight and hearing. This enabled staff to respond to people appropriately. One relative confirmed; "We write everything on a white board as [...] is deaf and nearly blind."

People's health needs, communication skills, abilities and preferences were known. Records held information on what support was required and what people could do for themselves to help remain as independent as possible. The registered manager confirmed that people and, if appropriate their family, were regularly consulted to help ensure care records reflected a person's current needs.

Staff said they got to know people through reading their care plans, working alongside experienced staff members and through the person themselves. Staff understood what was important to people including how people wished to be supported with their personal care needs. This helped ensure the views and needs of the person concerned were documented and taken into account when care was planned.

People had their individual needs regularly assessed and updated to help ensure personalised care was provided. Arrangements were in place to review and update care records when changes in people's needs had been identified. For example, one person who had a recent incident had been referred back to the SALT (Speech and Language Therapist) for support and advice. This helped to ensure their needs were being met by staff.

People and their relatives knew who to contact if they needed to raise a concern or make a complaint. The service had a policy and procedure in place for dealing with any complaints. This was made available to people, their friends and their families. The registered manager confirmed they had not received any

complaints. They went on to say they visited people themselves to provide care and people were given the opportunity and encouraged to feedback their experiences and raise any concerns or complaints at this time. One relative said; "Two weeks ago the manager got in touch to ask if everything was ok." The registered manager confirmed any concerns or complaints received would be recorded and analysed for themes.

## Is the service well-led?

### Our findings

The registered provider is also the registered manager of Annette's Care Limited. Annette's Care Limited Domiciliary was found to be well led and managed effectively. The company's values and visions included, for people; "To be treated equally, receive respect and understanding and prompt attention in relation to all their health care needs." Information provided to people when they moved into the service set out these values. Staff spoken with also understood these values.

All providers are required to have a policy in place that shows regard to the duty of candour which would demonstrate they supported a culture of openness and transparency and admitted when things had gone wrong. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment. However due to the absence of the registered manager during the second day of the inspection, staff were unable to locate this policy. The staff supporting us on day two of our visit agreed to obtain a copy of the policy and send it to us when the registered manager returns. The registered manager sent us their policy on the Duty of Candour as requested.

There was a management structure in the service which provided clear lines of responsibility and accountability. A registered manager was in post who had overall responsibility for the service. They were supported by a deputy manager and senior staff who all worked alongside people who used the service. A staff member said; "We work well as a team. [...] (The registered manager) is great."

The registered manager understood they needed to notify the CQC of all significant events which occurred in line with their legal obligations. The provider had an up to date whistle-blowers policy which supported staff to question practice and defined how staff that raised concerns would be protected. Staff confirmed they felt protected, would not hesitate to raise concerns with the provider and were confident they would act on them appropriately.

The registered manager inspired staff to provide a good service and be actively involved in developing the service. The registered manager worked alongside staff and staff told us the management team were approachable. Staff understood what was expected of them and shared the registered manager's vision. Staff supervision and appraisals evidenced there were processes in place for staff to discuss and enhance their practice. Staff said supervision was beneficial. In addition, staff also received regular support and advice from the registered manager via phone calls and informal face to face meetings. Staff told us the management were very supportive and readily available if they had any concerns. Staff confirmed they were happy in their work, were motivated by the registered manager and understood what was expected of them.

The registered manager monitored the quality of the service by regularly speaking with people to ensure they were happy with the service they received. The registered manager was involved in all aspects of the day to day running of the service. The registered manager had questionnaires prepared to send out for feedback from relatives, friends and health and social care professionals. They told us they would use the feedback to enhance the service. However as the service had not been registered for a year yet, these were

yet to be distributed. One person confirmed; "I am quite happy."

There was an effective quality assurance system in place to drive continuous improvement of the service. The registered manager carried out audits which assessed the quality of the care provided to people. Though the registered manager worked alongside staff to check their competency in areas such as medicines, however these were not documented. The registered manager said they would action this. They also planned to carry out checks on care records kept at the person's home to ensure they were appropriately completed.