

Annette's Care Limited

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## 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 ●

# Summary of findings

## Overall summary

This was Annette's Care Limited first inspection since registering with the Care Quality Commission.

The inspection took place on 4 July 2017 and was unannounced. Annette's Care Limited provides care and accommodation for up to four people with learning disabilities.

The service had a registered manager. 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. The registered manager is also the joint provider of the service.

People's medicines were managed safely. Medicines were stored, given to people as prescribed and disposed of safely. Staff received appropriate training and understood the importance of safe administration and management of medicines. People were supported to maintain good health through regular access to health and social care professionals, such as speech and language therapist. One person said; "I like it here!" And went onto say; "I have a waking night staff which makes me feel safe at night."

The Provider Information Return (PIR) records; " We work alongside of health care professionals with our residents to strive for better quality of care, and accept their professional view on recommendations that may benefit our clients care here with us, we then implement these recommendations and document them in the care plan provided for staff to follow."

People's care records were detailed and personalised to meet individual needs. Staff understood people's needs and responded when needed. People were involved with their care plans with staff support to complete and review and update their care plans accordingly. People's preferences were sought and respected.

People's risks were documented, monitored and managed well to ensure they remained safe. People lived full and active lives and were supported to access local areas and activities. Activities reflected people's interests and individual hobbies. People were given the choice of meals, snacks and drinks they enjoyed while maintaining a healthy diet. People had input as much as they were able to in preparing some meals and drinks.

Staff understood their role with regards to ensuring people's human and legal rights were respected. For example, the Mental Capacity Act (2005) (MCA) and the associated Deprivation of Liberty Safeguards (DoLS) were understood by the registered manager. They knew how to make sure people, who did not have the mental capacity to make decisions for themselves, had their legal rights protected and worked with others in their best interest. People's safety and liberty were promoted.

Staff had completed and updated safeguarding training and had a good knowledge of what constituted abuse and how to report any concerns. Staff described what action they would take to protect people against harm and were confident any incidents or allegations would be fully investigated.

Staff described the registered manager as being very approachable and supportive. Staff talked positively about their roles.

People who required it had two to one or one to one staffing at certain times. Staff confirmed there were sufficient staff to meet these requirements. Staff had completed appropriate training and had the right skills and knowledge to meet people's needs. New staff completed an Induction programme when they started work. People were protected by safe recruitment procedures.

All significant events and incidences were documented and analysed. Evaluation of incidents was used to help make improvements and keep people safe. Improvements helped to ensure positive progress was made in the delivery of care and support provided by the staff. Feedback to assess the quality of the service provided was sought from people living in the home, relatives, professionals and staff.

## 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 

This service was safe. People were supported by sufficient skilled and experienced staff.

Staff had a good understanding of how to recognise and report signs of abuse.

Risk had been identified and managed appropriately. Risk assessments had been completed to protect people.

People received their medicines as prescribed. Medicines were managed safely and staff were aware of good practice.

People lived in a clean and hygienic environment.

### Is the service effective?

Good 

The service was effective. People received individual one to one support from staff who had the knowledge and training to carry out their role.

Staff had received training in the Mental Capacity Act and the associated Deprivation of Liberty Safeguards. Staff understood the requirements of the act which had been put into practice.

People could access health, social and medical support as needed.

People were supported to maintain a healthy and balanced diet and the service used a range of communication methods.

### Is the service caring?

Good 

The service was caring.

Staff were caring, kind and treated people with dignity and respect.

People were involved as much as possible in decisions about the support they received and their independence was respected and promoted. Staff were aware of people's preferences.

People had formed positive caring relationships with the staff.

### Is the service responsive?

Good ●

The service was responsive.

People received personalised care.

Staff responded quickly and appropriately to people's individual needs.

People were supported to undertake activities and interests that were important to them. People made choices about their day to day lives.

There was a complaints procedure available for anybody to access.

### Is the service well-led?

Good ●

The service was well led.

There was an experienced registered manager in post who was approachable.

Staff were supported by the registered manager. There was open communication within the staff team and staff felt comfortable raising and discussing any concerns with them.

There were systems in place to monitor the safety and quality of the service. People's views on the service were sought and quality assurance systems ensured improvements were identified and addressed.

# Annette's 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.

The inspection was undertaken by one inspector on 4 July 2017 and was unannounced.

Prior to the inspection we reviewed information we held about the service, and notifications we had received, the previous inspection report and Provider Information Return (PIR). A notification is information about specific events, which the service is required to send us by law. 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.

During the inspection we met or spoke with people who lived in the service, the registered manager and two members of staff. After our visit we spoke to one professional and another member of staff.

We looked around the premises and observed how staff interacted with people. We looked at records which related to people's individual care needs, records which related to the administration of medicines, five staff recruitment files and records associated with the management of the service including quality audits.

# Is the service safe?

## Our findings

People told us they felt safe. One person said; "Safe, yes I feel safe because I have staff around me. Also when I eat I don't choke because they cut my food up into small pieces." People who lived at the service were safe because the registered manager had arrangements in place to help make sure people were protected from abuse and avoidable harm. Staff and the health and social care professional all said that people were safe in the service.

People were protected from discrimination, abuse and avoidable harm by staff who had the skills and knowledge to help ensure they kept people safe. The registered provider had safeguarding policies and procedures in place. Information displayed provided staff with contact details for reporting any issues of concern. Staff said they received updated safeguarding training and were fully aware of what steps they would take if they suspected abuse and they were able to identify different types of abuse. Staff were aware who to contact externally should they feel their concerns had not been dealt with appropriately. For example the local authority. Staff were confident that any reported concerns would be taken seriously and investigated.

The PIR recorded; "We provide adequate training to our staff (safeguarding) to help gain knowledge and understanding of abuse."

People's finances were kept safe. People had appointees to manage their money where needed, including family members. Money was kept secure and two staff signed money in and out. Receipts were kept where possible to enable a clear audit trail on incoming and outgoing expenditure and people's money was audited on a weekly basis.

People who had been identified as being at risk inside the service or when they went out had clear risk assessments in place. Risks had been assessed and steps taken to mitigate their impact on people. For example, the service liaised with the speech and language therapist to support people who required their food in a particular consistency to help keep them safe. Care plans detailed the staffing levels required for each person to keep them safe inside and outside the service. For example, staffing arrangements were in place to help ensure people who needed it had two to one staffing when attending activities in the community. This enabled people to participate in activities in the community safely. There was a contingency plan in place to cover staff sickness and any unforeseen circumstances. The registered manager covered any staff absences to ensure there was enough staff on duty. This they felt helped to keep people safe. Staff said; "There are more staff on duty when needed."

The registered manager kept relevant agencies informed of incidents and significant events as they occurred. For example, if people had an episode of choking, this was discussed with the appropriate service to help keep people safe.

People's risk of abuse was reduced because there were suitable recruitment and selection processes for new staff. Required checks had been conducted prior to staff starting work at the home. For example,

disclosure and barring service checks had been made to help ensure staff were safe to work with vulnerable adults. Staff were only allowed to start work when satisfactory checks and employment references had been obtained. Any issues were discussed, recorded and a risk assessment completed to help ensure people received safe care.

Accidents and incidents were recorded and analysed to identify what had happened and actions the staff could take in the future to reduce the risk of reoccurrences. This showed us that learning from such incidents took place and appropriate changes were made. The registered manager informed other agencies, including safeguarding, of incidents and significant events as they occurred. Staff received training and information on how to ensure people were safe and protected.

People lived in an environment that was safe, secure, clean, hygienic and regular updates to maintain the premises were carried out. Protective clothing such as gloves and aprons were made available to staff to help reduce the risk of cross infection. Staff had completed infection control training. This meant staff had the knowledge and skills in place to maintain safe infection control practices. Staff checked the identity of visitors before letting them in. Smoke alarms were tested and evacuation drills were carried out to help ensure staff and people knew what to do in the event of a fire. Care plans included up to date personal evacuation plans and held risk assessments which detailed how staff needed to support individuals in the event of a fire to keep people safe.

People's medicines were managed safely. People had risk assessments and clear protocols in place for the administration of medicines. There were safe medicines procedures in place and medicines administration records (MAR) had been fully signed and updated. Medicines were managed, stored, given to people as prescribed and disposed of safely. Staff were appropriately trained and confirmed they understood the importance of the safe administration and management of medicines. People prescribed medicines on an 'as required' basis had instructions to show staff when these medicines should be offered to people. Records showed that these medicines were not routinely given to people but were only administered in accordance with the instructions in place.



# Is the service effective?

## Our findings

People received care from staff that had the skills and experience to carry out their roles and responsibilities effectively. Staff completed an induction programme that included shadowing experienced staff until both parties felt confident they could carry out their role competently. The registered manager confirmed new staff completed the Care Certificate (A nationally recognised training course for staff new to care) as part of their training. The registered manager informed us staff received appropriate ongoing training, for example manual handling training. This helped ensure staff had the right skills and knowledge to effectively meet people's needs. Ongoing training was planned to support staffs continued learning and was updated regularly.

Staff received supervision with either the registered manager or deputy manager. Staff meetings were held to provide the staff the opportunity to discuss areas where additional support maybe needed and also to encourage ideas on how the service could improve. Staff said they'd had opportunities to discuss any issues during their one to one supervision, appraisals and at staff meetings.

People lived in a home that was regularly updated and maintained. The registered manager talked through recent upgrades in the home and further upgrades planned to ensure people lived in a suitable environment, for example widening doors to enable better wheel chair access for people. Staff confirmed that the upgrades to the service were suitable for the people who lived there and any adaptations needed would be carried out.

The registered manager and staff understood the principles of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and how to apply these in practice. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. DoLS provide legal protection for those vulnerable people who are, or may become, deprived of their liberty and there is no other way to help ensure that people are safe.

The registered manager confirmed they continually reviewed individuals to determine if a DoLS application was required. The registered manager informed us that no one was currently under a DoLS authorisation. Staff were aware of people's legal status and when to involve others who had the legal responsibility to make decisions on people's behalf. The registered manager said when it came to more complex decisions such as if people decided to leave the service without staff supporting them; they understood other professionals and appointee would need to be consulted to ensure they were acting in people's best interest and ensuring their safe care. This helped to ensure actions were carried out in line with legislation.

Staff sought people's consent before providing care. Staff knew when to involve others who had the legal responsibility to make decisions on people's behalf. A staff member told us how they gave people time and encouraged people to make simple day to day decisions. For example, what activities they wished to partake in.

Staff said they received a handover when coming on shift and said they had time to read people's individual records to keep them up to date. Care records recorded updated information to help ensure staff provided effective support to people. Staff confirmed discussions were held on changes in people's health needs as well as any important information in relation to medicines or appointments.

People had access to healthcare services when required. People's well-being in relation to their health care needs was clearly documented. People had guidelines in place to help ensure their specific health and care needs were met in a way they wanted and needed. Records held health action plans that detailed people's past and current health needs as well as details of health services currently being provided. Health action plans helped to ensure people did not miss appointments and recorded outcomes of regular health check-ups and could be used to help ensure people received continuity of care if admitted to hospital to enable hospital staff to understand the person and meet their needs.

People spent time with staff in the communal areas and were encouraged to make choices. We observed staff offering people a choice of activities and drinks and their preferences were respected. We observed people being supported by staff when required and nobody appeared rushed. Staff sat next to people, gave people time, made eye contact and spoke encouraging words to help keep them engaged.

People's individual nutritional and hydration needs were met. Staff demonstrated they knew how people communicated and encouraged food choice when possible. Care records identified what food people disliked or enjoyed and listed what the staff could do to help each person maintain a healthy balanced diet.

The Provider Information Pack (PIR) stated; "All our service users have choice in the menu planning, we interact with the service users on their menu planning and ask them what they would like for the week ahead, they then participate in the shopping activities such as lists and collecting items in the supermarket and collecting treats of their choice."

People identified at risk of choking had their food in a consistency that suited them and the service had sort advice from the speech and language therapist to help people. Staff confirmed they had information about people's dietary requirements. People had access to drinks and snacks 24 hours a day. This helped to ensure people remained hydrated and received adequate nutrition.

# Is the service caring?

## Our findings

People were supported by staff who were kind and caring and we observed staff treated people with patience and kindness. There was a happy and friendly atmosphere in the service. The interactions between people and staff were very positive. We observed staff providing care and support to people during our visit. Staff informed people what they were doing and ensured the person concerned understood and felt cared for. One person said; "Staff are very caring and very considerate."

People were supported by staff who had the skills and knowledgeable to care for them. Staff understood how to meet people's individual needs. Staff knew people's particular ways of communicating and supported us when meeting and talking with people. This showed us the staff knew people well. Staff understood how to meet people's needs and knew about people's lifestyle choices to promote independence. Staff involved people and knew what people liked, disliked and what activities they enjoyed. People were allocated a key staff member to help develop positive relationships. This worker was responsible in ensuring the person had care records that were updated for staff to access.

People's needs in relation to their behaviour were clearly understood by the staff team and met in a positive way. For example, one person could become anxious when discussing certain subjects. Staff involved them in discussions and distracted them with more popular subjects, for example going out for a meal. This provided reassurance to this person and reduced any anxiety.

People were supported to express their views and be actively involved in making decisions about their care and support when possible. People were provided with either two to one or one to one staff support when needed to enable them to receive quality time for any activities undertaken. People had specific routines and care was personalised and reflected people's wishes. For example, each person had clear routines in place to help reassure them. This enabled staff to assist the person and care for them how they wished to be cared for. Staff were also aware due to people's changing needs these routine needed to be reviewed regularly. Staff knew people well and what was important to them such as their structured daily routines in some areas of their care. For example times people like to get up or go to bed.

People were encouraged and supported to express their views. Staff encouraged people to be as independent as possible. People had access to individual support and advocacy services, for example Independent Mental Capacity Assessors (IMCA). This helped ensure the views and needs of the person concerned were documented and taken into account when care was planned.

People had their privacy and dignity maintained while staff supported people with their personal care needs. We observed staff knocking on people's bedroom doors to gain entry and people were always involved and asked if they were happy we visited them and met them. We observed people closing bedroom doors to carry out care tasks.

Respecting people's dignity, choice and privacy was part of the home's philosophy of care. People were dressed to their liking and the staff told us they always made sure people were smartly dressed if they were

going out. Staff spoke to people respectfully and in ways they would like to be spoken to. We observed staff enjoying joking with one person who enjoyed this interaction. Staff were also courteous to people.

People's relatives and friends were able to visit at any time. Staff recognised the importance of people's relationships with their family and promoted and supported these contacts when appropriate.

## Is the service responsive?

### Our findings

People were involved as much as possible with planning and reviewing their own care and making decisions about how they liked their needs met. People were well known by the staff who provided care and support and took account of individual needs and wishes. Staff told us how they encouraged people to make choices. For example they encouraged one person to assist with their own shopping. This helped ensure everyone's voice was heard. One person said; "I sometimes go to the local shop and can choose what I like."

The PIR records; We have a person-centred plan in place which states what is important to our residents, what is working in their life and what is not, what is a good day to them and what is a bad day to them, how they like to be supported, what is a good week for them, and a decision agreement on what they would like to happen regarding a decision. Peoples choices here at Annette's care are always respected."

People's care plans were personalised and contained information to assist staff to provide care and gave information on people's likes and dislikes. In addition to full care plans there were brief pen pictures of people, particularly about people's moving and handling needs. This information showed the service had liaised with other agencies to support people and enabled the staff to respond appropriately to people's needs. Staff had a good knowledge about people and were able to tell us how they responded to people and supported them in different situations. Some staff had worked at the service for a number of years and knew how to respond appropriately to people's needs.

Guidelines were in place for people in their daily lives. People had information that told a story about the person's life, their interests and how they chose and preferred to be supported. This information helped staff in understanding and responding to people in the way they liked to be supported. Staff confirmed plans had been drawn up with staff who worked with the person who knew them well. Regular reviews were carried out on care plans and moving and handling plans. Guidance on assisting people with their food safely helped ensure staff had the most recent updated information to respond to peoples need.

People were supported to make choices. Staff knew how people communicated and encouraged choice when possible. Staff confirmed they offered people choices, for example, what café people wanted to visit during the day when they were going out. One person said; I choose where I want to go for lunch out."

People were supported to develop and maintain relationships with people that mattered to them. For example, people told us they went out with family members and attended a local disco regularly to see their friends. People took part in a variety of activities and with two to one support. On the day of the inspection people had gone out for lunch and then onto an art and craft workshop. People had contact with family members. One person confirmed the activities they went on which included shopping and to the bank.

People were encouraged and supported to maintain links within the local area to ensure they were not socially isolated or restricted due to their individual needs. For example people visited local shops. Staff were knowledgeable on how they supported people to access a wide range of activities. Staff confirmed they researched new activities to ensure they were suitable.

The complaints procedure was displayed in a picture format so people could understand it. The registered manager understood the actions they would need to take to resolve any issues raised. Staff told us that they worked closely with people and monitored any changes in behaviour. Staff confirmed any concerns they had were communicated to the manager and were dealt with and actioned without delay. One person said; "I talk to the staff if I have complaints or concerns."

## Is the service well-led?

### Our findings

The service was well led and managed effectively. Annette's Care ethos and philosophy recorded that "the following statements best describes the values and beliefs within which we seek to operate daily." It included; "We believe that each service user in our care has the fundamental right to be regarded as an individual and given special attention" and went on to say; "be safe, feel loved and always know that someone cares." This demonstrated the service had clear values in place on how people's needs should be met and respected. These values were incorporated into staff training and people received a copy of the service's core values.

People were provided with information and were involved in the running of the home as much as possible. The registered manager said they encouraged the staff to talk to, listen and observe if people had concerns. A range of communication aids were used to support people to tell staff about the service. For example easy read surveys to assist people. One person said; "[...] (named the registered manager) is fabulous!"

The registered manager promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

The registered manager took an active role within the running of the home and had good knowledge of the people and the staff. There were clear lines of responsibility and accountability within the management structure of the company. The registered manager demonstrated they knew the details of the care provided to the people which showed they had regular contact with the people who used the service and the staff.

Staff spoke well of the support they received from the registered manager and deputy manager. Staff felt supported. Staff said the registered manager was available and approachable and they were able to call them at any time. Staff confirmed they were able to raise concerns and agreed any concerns raised were dealt with immediately. Staff had a good understanding of their roles and responsibilities. Staff told us the registered manager and deputy manager worked alongside them. Staff said there was good communication within the staff team and they all worked well together.

Staff were motivated and hardworking. They shared the philosophy of the management team. Shift handovers, supervision, appraisals and meetings were seen as an opportunity to look at current practice. This also provided an opportunity for staff to raise any concern or make comments on how Annette's Care was run. Staff were updated on any new issues and gave them the opportunity to discuss current practice. Staff confirmed they were encouraged and supported to participate in looking at ways to improve the service. Information was used to support learning and improve the quality of the service. The home had a whistle-blowers policy to support staff. Staff felt comfortable in using the whistle-blowers policy if required.

There was a quality assurance system in place to drive continuous improvement within the service. Audits were carried out regularly and in line with policies and procedures, for example audits on medicines. The registered manager sought verbal feedback regularly from relatives, friends and health and social care

professionals to enhance their service. Annual audits and maintenance checks were completed related to health and safety, the equipment and the home's maintenance such as the fire alarms and electrical tests.

Systems were in place to ensure reports of incidents, safeguarding concerns and complaints were overseen by the registered manager. This helped to ensure appropriate action had been taken and learning considered for future practice. We saw incident forms were detailed and encouraged staff to reflect on their practice.

The registered manager knew how to notify the Care Quality Commission (CQC) of any significant events which occurred in line with their legal obligations. The registered manager kept relevant agencies informed of incidents and significant events as they occurred. This demonstrated openness and transparency and they sought additional support if needed to help reduce the likelihood of recurrence.