

Annicare Ltd

# ANNICARE LTD

## 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

About the service: Annicare Ltd provides support to people in their own homes. At the time of our inspection, a service was being provided to 10 people including children and younger and older adults. This included people with learning disabilities or autistic spectrum disorder, physical disabilities and people living with dementia.

People's experience of using this service: Staff had awareness of safeguarding and knew how to raise concerns. Steps were taken to minimise risk where possible. Staff supported people to manage their medicines safely. Systems were in place to recruit staff safely and they were equipped with the skills required to provide effective care and support.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff supported people to access healthcare and maintain a nutritious diet.

People were supported by a small group of regular staff which provided continuity. Staff had developed relationships with people and knew them well; people received person-centred care as a result. Staff promoted people's independence and treated them with dignity and respect.

People were involved in making decisions about their care and involved in reviews to ensure their care plans met their needs and supported them to achieve outcomes. Staff supported people to access the community and chosen leisure activities.

The service had an open and supportive culture. Systems were in place to monitor the quality and safety of care delivered. There was evidence of improvement and learning from any actions identified. The registered manager and staff were committed to providing high quality care and support for people.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection: This was the service's first planned inspection.

Why we inspected: We inspected this service in line with our inspection schedule.

Follow up: We will continue to monitor this service and inspect in line with our re-inspection schedule or sooner if we receive information of concern.

## 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.

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service was Effective.

Details are in our Effective findings below.

Good ●

### Is the service caring?

The service was Caring.

Details are in our Caring findings below.

Good ●

### Is the service responsive?

The service was Responsive.

Details are in our Responsive findings below.

Good ●

### Is the service well-led?

The service was Well-Led.

Details are in our Well-Led findings below.

Good ●

# ANNICARE LTD

## Detailed findings

### Background to this inspection

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

Inspection team: This inspection was carried out by one inspector.

Service and service type: Not everyone using Annicare Ltd receives a regulated activity; The Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'; help with tasks relating to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The service had a manager registered with the CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: We gave the service 24 hours' notice to ensure we would be able to access the office.

Inspection site visit activity started on 6 March 2019 and ended on 8 March 2019. We visited the office location on 6 March 2019 to see the manager and office staff; and to review care records and policies and procedures.

What we did: Before we inspected the service, we reviewed information we held about the service, to help inform us about the level of risk for this service. Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information is called a Provider Information Return and helps support our inspections. We also contacted the local safeguarding team, commissioners and Healthwatch to request their views of the service. Healthwatch is the independent national champion for people who use health and social care services.

During the inspection, we reviewed two peoples care records and two medication administration records. We also looked at a selection of documentation in relation to the management and running of the service.

This included quality assurance audits, complaints, accident and incident records, recruitment information for two members of staff, staff training records and policies and procedures.

We spoke with two people who used the service and two relatives. We also spoke with three members of staff, the registered manager and nominated individual.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse.

- Staff were aware of how to recognise abuse and protect people from harm. They felt confident raising any concerns with managers and were aware of the whistle-blowing policy.
- Staff were trained in children and adult safeguarding.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong.

- Staff understood how to identify and manage risks to people's health, safety and welfare.
- Care plans contained explanations of the control measures for staff to follow to keep people safe. Risk assessments were personalised and reflected people's individual needs.
- Accidents and incidents were recorded appropriately. For example, if someone had a fall. The registered manager had oversight of these, so any patterns and trends could be identified to reduce the likelihood or impact of these reoccurring.

Staffing and recruitment.

- The provider operated a safe recruitment process.
- Most people receiving a service had large packages of care, which were provided by a small number of regular staff. This provided continuity for people's care.
- People and their relatives confirmed staff arrived on time and stayed for the allocated time.

Using medicines safely.

- Safe systems were in place to manage people's medicines.
- People received their medicines as prescribed from trained staff.
- Medicines which were prescribed 'as required' also known as PRN, did not have protocols in place to guide staff about when to administer these medicines. The registered manager developed these during the inspection and confirmed these would be implemented as soon as possible for any PRN medicines.

Preventing and controlling infection.

- Systems were in place to protect people from the spread of infection.
- Personal protective equipment was available to staff.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Adapting service, design, decoration to meet people's needs.

- Assessments of people's needs were thorough and expected outcomes were identified.
- Care and support was reviewed regularly to reflect people's current needs and make changes where needed.
- Risks in people's home environments were assessed to promote people's safety in their home.

Staff support: induction, training, skills and experience.

- Staff were equipped with skills to provide effective care and support. A relative said, "Staff are skilled and know how to support [person's name]."
- Staff completed a comprehensive induction and training programme.
- Staff received regular supervision to discuss their role and the care they provided. Staff told us the training was good, relevant to their role and they felt well supported to deliver good standards of care.
- The registered manager developed an assessment tool during the inspection to monitor staff's competency, which they told us they would implement.

Supporting people to eat and drink enough to maintain a balanced diet.

- Staff supported people to maintain a diet of their choosing. Support was provided dependent on the person's requirements, whether this be support with shopping, eating and drinking or preparing meals. A relative said, "Staff prepare meals [person's name] likes. They use pictures to encourage [person's name] to make choices."
- Staff were knowledgeable about people's dietary requirements and these were followed.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support.

- Staff monitored people's health and wellbeing and supported them to access healthcare services. Staff liaised with a range of healthcare professionals and services including GP's and district nurses.
- Staff were committed to working collaboratively with other professionals and services supporting people to achieve better outcomes and achieve continuity in their care. For example, staff liaised with professionals including social workers to ensure people received a consistent service.

Ensuring consent to care and treatment in line with law and guidance.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to

take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. We checked whether the service was working within the principles of the MCA.

- Most people using Annicare Ltd had capacity to make their own decisions. People's capacity had been considered and staff liaised with appropriate people to involve them in decision making when required.
- Staff gained people's consent before providing care and support and people were supported to make their own decisions and choices.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

People were supported and treated with dignity and respect; and involved as partners in their care.

Supporting people to express their views and be involved in making decisions about their care.

- People were involved in making every day decisions and choices about how they wanted to live their lives and staff respected these.
- Staff understood how people communicated. Care records set out how staff should offer people choices in a way they would understand, so they could make decisions about their care. This included using different methods of communication such as picture charts.
- People and their relatives had been included when care was being planned and reviewed.
- Staff would support people to access advocacy services if required.

Ensuring people are well treated and supported; respecting equality and diversity.

- People were supported by a small group of regular staff members which provided continuity. Staff had developed trusting relationships with people and people told us they felt comfortable in their presence. One person said, "They make me feel comfortable. I have regular staff."
- Staff spoke fondly of people they supported and knew their needs and preferred routines well. A relative told us, "[Staff member's name] is kind, caring and keen. They have got to know [Person's name]; they have a bond."
- Staff were aware of equality and diversity and respected people's individual needs and circumstances. People were valued for who they were.

Respecting and promoting people's privacy, dignity and independence.

- Staff were committed to providing the best possible care for people. They respected people's privacy and dignity. Staff were able to tell us the ways they did this.
- Staff valued the importance of maintaining people's independence and promoted this where possible. For example, a staff member told us how they encouraged a person to carry out tasks they were able to such as selecting their own night wear and putting dirty garments in the laundry basket.
- Systems were in place to maintain confidentiality and staff understood the importance of this.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- People's care plans contained detailed and personalised information about their abilities, health needs, likes and dislikes. Staff could tell us details about people's needs, the support they required and the person's preferred routines. This enabled staff to provide person-centred care and support people in line with their preferences.
- People's care was regularly reviewed to ensure people received appropriate support.
- People were involved in decisions about their care and supported to engage in care planning. For example, interactive care plans with pictures had been developed for children.
- People's communication needs were assessed, recorded and highlighted in their care plans. This helped ensure staff understood how best to communicate with each person.
- The registered manager was aware of the Accessible Information Standard and provided adapted information for people. For example, information about the service was presented in an easy to read format.
- People were supported to live their lives the way they wanted. They were supported to access the community and engage in activities and social activities, as well as follow their interests. Staff supported people to attend groups they were members of and go on days out to places of their choice.

Improving care quality in response to complaints or concerns.

- The provider had a complaints policy and procedure in place for responding to any complaints. This was also available in an easy to read version to make it accessible for people.
- People told us they knew how to raise any concerns.
- Any issues which had been raised were responded to appropriately.

End of life care and support.

- People were supported to make decisions about their preferences for end of life care.
- People's wishes were respected if they did not feel ready to discuss this.
- The registered manager said they would liaise with relevant professionals to ensure people got the care they needed.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility; Continuous learning and improving care.

- It was clear the registered manager valued people and was committed to providing a person-centred service. They had developed a positive culture within the service which was open and transparent. Discussions with staff demonstrated they shared the same culture and values. One member of staff told us, "The service is orientated towards providing help. They do care."
- The registered manager was keen to drive improvement through learning.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others.

- The service involved people in discussions about their care.
- People told us they felt listened to and their views were acted on. Plans were in place to gain feedback from people through questionnaires to drive improvement. The registered manager told us these would be sent shortly and any feedback would be collated and responded to.
- The registered manager worked closely with other agencies and professionals to achieve good outcomes for people. This included working as part of a team with other services to provide support for people.
- People, relatives and staff confirmed the registered manager was accessible and they could get in touch with them. A relative said, "[Registered manager's name] is approachable. You can ring them. If they are not available they always get back you."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- Quality assurance systems were in place to ensure shortfalls were identified and to drive continuous improvement within the service. The registered manager completed a range of audits and checks on a regular basis; action plans were completed to address any shortfalls.
- The registered manager was aware of their regulatory requirements. For example, the registered manager was aware of their responsibility to notify the Care Quality Commission and other agencies when incidents occurred which affected the welfare of people who used the service.