

Antoine Care Ltd

# Antoine Care LTD

## Inspection report

31 Doversley Road  
Kings Heath  
Birmingham  
West Midlands  
B14 6NN

Tel: 07999019407

Date of inspection visit:  
03 December 2018  
04 December 2018

Date of publication:  
09 January 2019

### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

This inspection took place on 3 and 4 December 2018 and was announced. This was the service's first inspection since the service registered in December 2016.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community and specialist housing. It currently provides a service to adults with learning disabilities or autistic spectrum disorder. Two people used the service at the time of our inspection.

There was a registered manager in place who had registered in January 2017. We visited the registered manager in their office for our inspection. 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.

People and relatives told us they felt the service was safe. People were supported to have their risks managed by familiar staff who regularly supported them. Recruitment processes were carried out safely to reduce the risk of people being supported by staff who were unsuitable. People received safe support with their medicines.

People were supported to have their needs monitored, and to access healthcare services when needed, to help promote their health. People's meals were prepared with the support of staff and healthy options encouraged. People were supported to have maximum choice and control of their lives and staff supported people in the least restrictive ways possible. Staff were supported to develop the skills and knowledge needed for their roles.

People's relatives told us staff were kind and caring. People were supported to express their care needs and wishes. People's independence was promoted and people were treated with care and respect.

People's individual needs and preferences were considered and met through care planning processes. People and relatives were given access to information about how to complain about the service if they needed to. A complaints process was in place and would be used when necessary to drive improvements to the service.

We received consistently positive feedback about the service and how people's needs were responded to. Relatives spoke positively about the support provided and felt the care provided had a positive impact on people's lives. People's relatives and staff felt able to contact the registered manager when needed.

Although the registered manager had oversight of the quality and safety of the service, this was not always robust; people's own views were not always sought where possible, and records were not always accurately maintained and available to always ensure the safety of the service. We have made a recommendation

about this.

## 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 and relatives told us they felt the service was safe.

People were supported to have their risks managed by familiar staff who regularly supported them. Recruitment checks were carried out safely.

Relatives told us people received appropriate support with their medicines.

### Is the service effective?

Good ●

The service was effective.

People were supported to have their needs monitored, and to access healthcare services when needed, to help promote their health.

Staff were supported to develop the skills and knowledge needed for their roles.

People's meals were prepared with the support of staff and healthy options encouraged.

People were supported to have maximum choice and control of their lives and staff supported people in the least restrictive ways possible.

### Is the service caring?

Good ●

The service was caring.

Relatives told us staff were kind and caring.

People were supported to express their care needs and wishes.

People's independence was promoted and people were treated with care and respect.

### Is the service responsive?

Good ●

The service was responsive.

People's individual needs and preferences were considered and met through care planning processes.

People and relatives were given access to information about how to complain about the service if they needed to.

### Is the service well-led?

The service was not consistently well led.

Systems to oversee and monitor the quality and safety of the service were not always robust.

Records were not always accurately maintained to help ensure the safety of the service.

We received consistently positive feedback about the service and how people's needs were responded to. Staff felt supported and able to contact the registered manager when needed.

**Requires Improvement** 

# Antoine Care LTD

## Detailed findings

### Background to this inspection

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

This inspection took place on 3 and 4 December 2018 and was announced. Inspection site visit activity was carried out on 3 December 2018 and included a visit to the office location to see the registered manager and office HR staff member and to review care records and policies and procedures. We carried out phone calls to relatives, staff members from 4 December 2018 as part of our inspection process.

This inspection was carried out by one inspector. As part of our inspection planning, we used information the provider sent to us in the Provider Information Return. This is information we require providers to send to us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also sought feedback from the local authority quality monitoring team and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We checked and saw the service had received compliments and positive reviews on the NHS website. We referred to other information we held about the service to help inform our inspection planning. This can include notifications, which contain information about important events which the provider is required to send us by law.

As part of our inspection, we spoke with three relatives of people using the service to help us understand the experience of people who could not talk with us. We also spoke with two staff members who regularly supported people. We also met the registered manager and a HR staff member. We sampled records related to two people's care and additional information related to the quality and safety of the service. We checked three staff members' recruitment files chosen at random. We requested additional information from the registered manager after our inspection and this was provided.

# Is the service safe?

## Our findings

This was the service's first inspection since the service registered in December 2016. We asked, 'Is the service safe?' and rated this key question, 'Good'.

People and relatives told us they felt the service was safe. One person's relative told us they felt the person was, "Very much so" safe when using the service. Another relative told us they felt the service was safe and commented, "Staff always say what [person] has been up to and are always with [person]. [Person] is always happy to see staff and looks forward to seeing them." A staff member told us, "It's a secure and safe service for people." Staff could describe the possible types of abuse that people could be at risk of and possible indicators of abuse. Staff told us they would report any concerns to the registered manager, and staff were aware of partner agencies they could contact if needed. A staff member told us, "If there were any indication of that, straight away I would report it to my manager, and if it was not dealt with, I would go a bit further and contact CQC or other agencies like the police or social services." Records showed staff were reminded of safeguarding processes during staff meetings.

Systems were in place to help people safely manage their finances. Our discussions with staff and a relative found there was a clear system in place to record and monitor how people were supported to use their money. We saw that receipts and corresponding records were regularly checked in a timely way by the registered manager and documented. This helped ensure people's finances were managed safely.

People's risks were managed safely. Records we sampled showed people's risks were assessed to help identify how to keep people safe. These records were regularly reviewed by the registered manager. Staff knew about people's risks and how to provide safe support. For example, staff told us, "[Person] is at risk of choking because they eat very fast, so we sit and help and ask [person] to slow down." In another example, staff were aware of how to keep another person safe if the person showed specific symptoms related to a healthcare condition. This person lost their appetite on occasions when they were unwell. We saw additional checks were put in place to help monitor the person's health and ensure the person was supported to have enough to eat and drink. Incidents and concerns were logged, and longer term plans identified to help manage people's risks. For example, staff had appropriately recorded instances where some people had shown behaviours that may have challenged. This information was used to inform people's care planning. Our discussions with relatives and staff found these risks had decreased over the time people had settled and used the service. Incidents had been used and reviewed to help improve the safety of the service and people's experiences.

Health and safety checks were carried out in people's homes to help reduce risks posed by the environment. Staff showed awareness of how to help keep people safe in their homes. For example, one person was supported to use the kitchen once appliances had cooled down after cooking, because the person was not aware of this potential risk of touching hot surfaces. This helped balance the person's independence to use their kitchen whilst keeping the person safe from harm.

People were supported by regular and familiar staff. A bank staff member was employed to provide cover

during staff absence for example due to sickness or holidays. A staff member confirmed, "If there is an emergency, we try to find cover as soon as possible." Relatives told us they had no concerns around missed or late calls. The registered manager told us they regularly checked that staff attended calls as required through regular spot check phone calls.

The registered manager told us they recruited staff by word of mouth by staff who shared the same good values for providing care. Recruitment records we sampled showed character references had been gathered for staff in addition to checks through the Disclosure and Barring Service (DBS) before staff started in their roles. A staff member told us, "My DBS check was quite quick, then they did my references, this was all done before I started [supporting people]." Records we sampled showed reference checks had been completed and the registered manager had checked the most recent staff DBS records online and viewed staff members' original DBS certificates. Evidence of such checks was not available for all staff during our inspection, however the registered manager was able to supply this evidence after our inspection. Recruitment checks were carried out safely to reduce the risk of people being supported by staff who were unsuitable.

People were supported to take their medicines safely. Relatives told us they were happy with the support provided. Records confirmed people had 'as and when' medicines available if they needed them, for example for pain and specific symptoms. A staff member told us that if one person showed specific symptoms, "I would get in touch with the manager and suggest giving it if person showed [specific symptoms]." Staff knew when people may have needed 'as and when' medicines. One person had 'as and when' medicines prescribed however the person had settled over the time they used the service and had not required these. The registered manager told us they would develop more specific guidance about those 'as and when' medicines in case the person needed these in future. Staff and relatives confirmed people's medicines were stored securely and appropriately in locked cabinets in people's homes. We saw staff completed medicines administration records (MARs) to reflect the support people received. The registered manager had collected those records in a timely way and told us they always checked those records for accuracy and any concerns. People were supported to take their medicines by trained staff. Staff told us they felt confident supporting people to take their medicines and confirmed they had received training on how to do so safely. A staff member told us they had received a competency assessment sometime after training, to ensure the staff member continued to provide safe support. People received safe support with their medicines.



# Is the service effective?

## Our findings

This was the service's first inspection since the service registered in December 2016. We asked, 'Is the service effective?' and rated this key question, 'Good'.

People's needs were monitored and assessed to help achieve effective outcomes. Healthcare professionals had advised one person was at risk of developing a specific healthcare condition. Staff had helped developed a healthy menu to help reduce this risk and promote the person's health. Records also showed that when this person became unwell, staff regularly monitored the person's temperature and fluid intake to check how the person was and ensure they did not become less well. Another person had started to cough when eating recently. Staff had shared this information, which had led to the person's referral to a speech and language therapy (SALT) team through the doctor. Information was recorded in people's care plans about their health needs and history, and recommendations from healthcare professionals which helped people remain well. This included hospital passports containing summaries about people's communication and health needs so these would be known by healthcare professionals.

People's healthcare needs were known to staff who often accompanied them to healthcare appointments. A staff member explained that they helped one person understand what was happening and answer questions as medical appointments, as this was an unfamiliar environment to the person. The staff member also commented, "When you visit the doctor with [people using the service] and you think nothing much has been done, I always phone [the registered manager] and always share my concerns." People were supported to have their needs monitored, and to access healthcare services when needed, to help promote their health.

People received care and support by regular and familiar staff who were supported to develop the skills and knowledge for their roles. Staff we spoke with knew people's needs and told us they felt equipped to support people effectively. One person's relative told us, "[Staff] know what they're doing, they're all really good with [person]." A staff member told us, "When I don't understand something, [the registered manager] is always ready to answer your call, I can ring up and ask questions." We saw staff had received the provider's mandatory training in relevant areas including safe medicines support, fire awareness, food hygiene, and health and safety. Additional training and guidance had been provided to help staff understand people's individual needs related to people's conditions and when people's needs changed.

The provider told us that some staff had been enrolled to train for the next level of a health and social care qualification which staff had requested for further development. A staff member confirmed this. Staff who are new to care roles are required to complete an induction in line with Care Certificate standards. This had been offered to some staff alongside shadowing and other training as part of their induction. Staff had additional support through regular team meetings and supervision and told us they could contact the registered manager when needed if they needed more support.

People's meals were prepared with the support of staff and healthy options encouraged. Staff told us they helped people choose from options of meals and drinks. A staff member commented, "I take them to bring and show to [person] as visual support for [person] to decide." One person's care showed the person's goal

to have healthier meals to help improve their blood pressure and cholesterol had been achieved. Relatives spoke positively about this aspect of people's care and told us people were supported with their meals as needed.

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's choices were promoted as far as possible, and appropriate processes followed where people could not make particular decisions about their care. Staff understood how people expressed their choices and told us they supported people to make their own decisions. A staff member told us, "We don't force [people] to do what they don't want to. We always consider their best interests, what they want to do, what they are comfortable with." Records we sampled show assessments had been completed where it was considered some people lacked capacity to make specific decisions, for example around their medicines support. Some decisions had subsequently been taken appropriately in people's best interests. Records we sampled confirmed one person had an appointee for finances. The relative confirmed the person's finances they were satisfied with how the service supported them to help manage the person's finances.

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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. One person's social worker had completed an application to the Court of Protection to deprive the person of their liberty. Our discussions with staff showed they understood how to help balance the person's safety and independence. People were supported in line with the requirements of the MCA.

# Is the service caring?

## Our findings

This was the service's first inspection since the service registered in December 2016. We asked, 'Is the service caring?' and rated this key question, 'Good'.

Our discussions with relatives and staff reflected that people received a caring service. One person's relative told us, "Yes definitely, staff are kind and caring." Another relative told us, "We're very happy w/the service provided to [person]. [Person] will tell you they're very happy." Staff spoke respectfully about the people they supported and gave examples of how they treated people with care and respect. One staff member told us, "We have good relationships, we communicate and I can see how, from their communication they understand me, we talk, we laugh." The provider had received survey feedback which showed relatives felt staff were, 'always' caring in their approach including being polite, courteous and respectful.

People were supported to express their care needs and wishes. Information about what was important to people had been gathered. Support was in place to help people express their needs and wishes to staff and ensure these were understood. For example, an assessment tool had been developed for one person who could not express their needs verbally and this showed how the person communicated how they felt, for example through vocal signs, appearance and habits. The registered manager told us they regularly checked in with people and relatives to check people were happy, although those checks were not documented. A staff member described how they supported people with their shopping: "We make a list with them, what they want and they pick things themselves." One person's relative told us, "[Person] never used to help in kitchen before, now they help in the kitchen, bringing dinner to the table and are involved in everything and every aspect of their care." This helped promote people's independence and opportunities to socialise.

The service had received compliments including around how this person's independence had been promoted over the time the person had used the service. Our sample of another person's records showed a weekly planner for household tasks they could do independently. Staff confirmed this helped the person get involved with things they could do at home. One person's relative told us, "Staff make cakes and everything with [person]" which the person responded well to. People's independence was promoted.

People were supported to develop and maintain important social relationships. One person had been supported to regularly attend a club. This helped link the person with the community and mix with others. One person's relative told us the service helped ensure another person could attend festive celebrations with the family. The relative told us, "[The registered manager] said they would always find someone [to accompany the person], even at short notice."

Training was provided to help staff understand requirements and expectations around promoting people's dignity and ensuring people's individual needs were understood and respected. This helped ensure people received caring support from staff.

## Is the service responsive?

### Our findings

This was the service's first inspection since the service registered in December 2016. We asked, 'Is the service responsive?' and rated this key question, 'Good'.

People's individual needs and preferences were considered through care planning processes. Information had been gathered to help assess people's needs and ensure these could be met through support from the service. This was monitored and regularly reviewed with some input from people's relatives. The service promoted positive outcomes through personal goals for people using the service, for example related to people's health and access to activities. This had included improvements to one person's home environment. The registered manager told us, "When we first supported [person], a lot of improvements were needed in their home." The registered manager explained how they helped with improvement work with support from the local authority. This helped improve the person's quality of life and meet the person's physical support needs. Staff had helped find and link another person to a club in the local area. The registered manager advised staff reviewed how the person felt about the club over the time to ensure it suited the person. The registered manager commented, "Staff could tell [the person] was comfortable and happy." This helped improve the person's access to the community and social links. People's cultural needs were considered as part of their care planning. A staff member told us, "We try to promote the person's culture in terms of their food, in terms of everything. For [another person], we try to buy what goes with their culture, like foods, and how they dress so we promote the culture."

Systems were in place to meet people's communication needs. One person communicated through a specific language programme. One staff member had learned this language, and other staff used a dictionary at the person's home when needed, to help staff always understand what the person expressed. People communicated in specific ways which were known to staff and recorded in their care plans. We saw a specific tool was used to help staff understand how another person would display. People's communication needs had been reviewed and met so people could receive information in a way they could understand it. This meant people were supported in line with the Accessible Information Standards, standards that all providers must follow to provide people with information in formats that meet their needs.

People and relatives were given access to information about how to complain about the service if they needed to. Although relatives were not always aware of this process, they told us they would feel comfortable raising any concerns with the registered manager and confident that any complaints they raised would be addressed. No complaints had been received however the registered manager described appropriate action they would take if they received a complaint. Systems were in place to ensure complaints and concerns would be addressed and used to improve the service.

## Is the service well-led?

### Our findings

This was the service's first inspection since the service registered in December 2016. We asked, 'Is the service well-led?' and rated this key question, 'Requires improvement'. This was because some improvements were required to ensure systems and processes always effectively assessed, monitored and improved the quality and safety of the service.

Although the registered manager told us they carried out regular checks of the quality and safety of the service, this oversight was not documented to support their ongoing monitoring of the service. For example, the registered manager told us they visited the two people using the service on a weekly basis. The registered manager told us this helped them oversee and ensure the quality of the support people received through and to allow their review of people's care records. However, there was no record of those visits and any feedback and issues identified and gathered through the registered manager's checks. The registered manager told us they did spot check phone calls to ensure people received their calls on time and as planned, however this was not documented. People's care records had been gathered in relation to medicines, finances and the care provided. Although financial records had been signed off as checked over by the registered manager to ensure people received safe support, there was no such system in place to ensure other records related to people's care, including daily care records and medicines support were consistently checked. Although staff received regular support through those visits alongside supervision and team meetings, there was no record of 'spot checks' or competency assessments for staff. This did not demonstrate the registered manager's oversight that people always received appropriate support of a good quality.

Systems did not always ensure people's views were sought and gathered as far as possible. The registered manager had issued surveys to relatives to help assess and monitor the quality of the service. Although relatives provided positive feedback about the service, people using the service had not been asked for their own views and experiences as part of this process. The registered manager commented, "We go through the family members really, we could involve people if we made [the questionnaires] more accessible." The registered manager confirmed that with support provided, one person could have given their own feedback with a questionnaire and told us they would look at making questionnaires accessible to people using the service.

We saw records were not always updated or in place to ensure the quality and safety of the service. A DoLS had been authorised for one person in December 2017. Although this update was included in the person's care plan and staff understood why the person had a DoLS authorisation in place, the registered manager's oversight had failed to ensure the Commission were notified of this authorisation as required. The registered manager told us they would notify the Commission as required of future updates related to the person's new application. Although the person's health needs were known to staff, we saw the person's record of health consultations had not been updated for over fourteen months despite support they received during this time.

Although we received consistently positive feedback about the service and how people's needs were

responded to, the registered manager's systems were not always robust to ensure the quality and safety of the service would be effectively assessed and monitored. We recommend the registered manager seeks support and resources to ensure they have robust systems and documentation in place to effectively assess, monitor and ensure the quality and safety of the service.

Relatives spoke positively about the support provided and felt the care provided had a positive impact on people's lives. People's relatives and staff felt able to contact the registered manager when needed. The registered manager was accessible and involved in people's care and the oversight of the service. A staff member told us, "The registered manager is always available to talk to. I could approach them with concerns." Another staff member told us, "If there's anything I think we need in [a person's] home, I consult the manger and say do you think we could have this, and it's always like that, it's secure and safe for people." The staff member confirmed they also felt supported: "If I'm at work and not feeling good, I will let the manager know and she will support me, if there's anything in the role I feel not 100% about, I make sure I go to her and ask if it's the right way and so on." Staff team meetings were used as an opportunity to discuss people's needs and any updates. Discussions included gathering ideas and feedback from staff and reminding staff of how to identify and report safeguarding concerns. This helped staff maintain an understanding of their role requirements and expectations.

The registered manager had referred to some current good guidelines including Skills for Care and specific guidance to help staff understand people's changing needs. The registered manager understood they needed to notify the Commission for example of specific events and incidents and showed understanding of the Duty of Candour. The registered manager told us they had plans to develop the service in future but wanted to continue at a steady pace to maintain the quality of care provided. After our inspection, we shared feedback with the local authority quality monitoring team who could help support the registered manager's oversight of the quality and safety of the service.