

Annies Homecare Services Ltd

# Annies Homecare Services Ltd

## Inspection report

Lower Farm  
Steeple Road  
Mayland  
Essex  
CM3 6EG

Tel: 01621773672

Date of inspection visit:

12 October 2023

18 October 2023

23 October 2023

Date of publication:

05 December 2023

## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service responsive?

**Requires Improvement** ●

Is the service well-led?

**Inadequate** ●

# Summary of findings

## Overall summary

### About the service

Annies Homecare Services is a domiciliary care agency providing personal care to people living in their own houses and flats. At the time of the inspection 59 people were using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

### People's experience of the service and what we found

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

The provider had failed to make all of the required improvements since the last inspection. The provider did not have robust oversight of the quality and safety of the care people received. Risks to people's safety were not assessed or managed appropriately. People did not always receive personalised care which reflected their individual needs and preferences. People's care plan and risk assessment documentation was poorly completed and people's end of life care needs and wishes had not always been considered.

The provider did not have effective processes in place to analyse and learn from complaints, accidents, and incidents in order to drive improvement. The provider had not always submitted appropriate notifications to CQC in line with their regulatory responsibilities. Employment checks were completed for all new staff; however, documentation was not always checked robustly to ensure all details were recorded.

Staff told us they did not always feel supported or listened to and we received mixed feedback about how well the provider communicated and the effectiveness of the leadership. Staff did not always feel there was an open and positive culture in the service.

The provider had made improvements to their monitoring of people's care visits. People and relatives told us there were now enough staff available to provide support. People had not experienced missed calls, although punctuality remained an issue. The provider had implemented a new system to monitor the administration of people's medicines. We found people's medicines were now managed safely.

The provider worked in partnership with other health professionals in order to support people's needs. People were not always supported to have maximum choice and control of their lives; however, staff did support them in the least restrictive way possible and in their best interests; the policies and systems in the

service supported this practice. People and relatives told us they were able to give feedback and felt comfortable discussing any concerns with the management team.

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 and update

The last rating for this service was Requires Improvement (published 11 November 2022).

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider remained in breach of regulations.

#### Why we inspected

When we last inspected Annies Homecare Services on 12 October 2022, breaches of legal requirements were found. This inspection was undertaken to check whether they were now meeting the legal requirements. The inspection was also prompted in part by concerns received about the management of safeguarding concerns and oversight at the service. A decision was made for us to inspect and examine those risks.

We undertook a focused inspection to review the key questions of safe, responsive and well-led only. For those key question not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Annies Homecare Services on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement

We have identified breaches in relation to safe care and treatment and governance at this inspection.

Please see the action we have told the provider to take at the end of this report. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not well led.

Details are in our well-led findings below.

**Inadequate** ●

# Annies Homecare Services 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

The inspection team consisted of 1 inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 12 October 2023 and ended on 23 October 2023. We visited the location's office on 12 October 2023 and 18 October 2023.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection and we sought feedback from the local authority. We used this information to plan our inspection. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

#### During the inspection

We spoke with 10 people who used the service and 9 relatives about their experience of the care provided. We spoke with 10 members of staff including the registered manager, care and compliance managers, senior carers and care staff. We also spoke to 3 health professionals who have contact with the service.

We reviewed a range of records. This included 7 people's care records, 3 staff files in relation to recruitment and a variety of records relating to the management of the service.



# Is the service safe?

## Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has remained Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Using medicines safely

At our last inspection the provider had not ensured effective systems were in place to manage people's medicines safely and risks to people's safety were not appropriately managed. This was a breach of Regulation 12 (Safe care and treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection the provider had made improvements to their processes for managing medicines. However, improvements had not been made to the management of risks to people's safety. The provider remained in breach of the regulation.

- The provider had not assessed risks to ensure people were safe.
- People did not always have risk assessments in place where appropriate. For example, we found people who were receiving catheter care had no information about how staff should support them in this area or what risks they should be aware of. This meant staff may not know how to provide care to people safely.
- The provider had not assessed risks relating to people's health needs. For example, we found people did not have risk assessments or guidance in place around their epilepsy, Parkinson's diagnosis, mental health support needs and eating and drinking risks. This placed people at risk of receiving unsafe care.

The provider had not ensured risks to people's safety were assessed and managed. This was a continued breach of Regulation 12 (Safe care and treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People were supported to receive their medicines safely.
- The provider had implemented an electronic medicines administration system since the last inspection. This enabled them to monitor people's medicines support in real time and alerted the management team to any delays or errors with administration, allowing them to respond immediately.
- The provider completed regular medicines audits to identify any concerns and monitor the accuracy of people's medicines documentation. Spot checks were completed with staff to monitor their competency when administering medicines.

Staffing and recruitment

At our last inspection the provider had failed to ensure there were sufficient numbers of staff available to

meet people's needs. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- The provider ensured there were sufficient numbers of staff available.
- The provider had implemented an electronic call monitoring system since the last inspection. This enabled them to see when staff were arriving and leaving people's care visits and how long they were staying.
- The system alerted the management team to any missed or late visits, so they were able to respond promptly. This meant the provider was able to monitor people's care visits closely to ensure they were not left for prolonged periods without support.
- People and relatives told us they were generally happy with their care visits; however, punctuality remained an issue at times. Comments included, "They come to me four times a day and usually arrive on time", "They arrive in good time usually, unless they get an emergency or something", "The time keeping could be a little bit better" and "They usually turn up on time, just occasionally they are late but they have a lot of people to see, and everyone is human after all."
- Staff told us there were more staff available and some improvements had been made to the rota system since the last inspection. Comments included, "The rota is improving, it's not such a heavy workload now" and "Some days can be a little heavy but it's manageable. The rota does change all the time, but I've no concerns with having time to do the calls."

At our last inspection we recommended the provider review their processes for the safe recruitment of staff.

- The provider had made improvements to their recruitment processes since the last inspection, with recruitment checks documented more clearly. However, we found some employment checks still lacked information. For example, gaps in applicant's employment history were not always recorded in detail. The provider responded promptly to our feedback, ensuring additional information was added where necessary.

Systems and processes to safeguard people from the risk of abuse and avoidable harm; Learning lessons when things go wrong

- Staff knew how to recognise and report safeguarding concerns and the provider was aware of their responsibility to submit safeguarding notifications to the local authority. However, we found not all concerns had been raised with CQC where appropriate. The provider responded promptly, stating they would review their safeguarding records and submit retrospective notifications to CQC where necessary.
- The provider kept a record of the actions they had taken in response to safeguarding concerns, including investigation reports and outcomes.
- The provider told us they shared information about incidents with staff through a variety of communication methods including written handovers, group messages and emails. The provider said they also used team meetings to discuss learning. However, team meetings were not taking place regularly at the time of the inspection. This meant it was difficult to evidence how staff had been involved in discussing and learning from incidents.
- People and their relatives told us staff made them feel safe. Comments included, "[Person] is safely and caringly looked after, and if there is anything wrong, they will call me" and "We are in safe hands with Annie's."

Preventing and controlling infection



At our last inspection we recommended the provider considered best practice guidance for managing the risks associated with preventing and controlling the spread of infection.

- At this inspection, the provider had made improvements to their infection prevention and control processes and systems were in place to protect people from the risk of infection.
- The provider had an infection prevention and control policy in place for staff to follow and staff had received training in safe infection prevention and control practices.
- Staff had access to appropriate personal protective equipment (PPE) to use when necessary and we received no feedback of concern about staff's use of PPE when providing support.

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 MCA 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.

- The provider was working in line with the Mental Capacity Act.
- People's capacity to consent had been considered during the provider's initial assessment of their support needs. Supporting documentation was completed when appropriate to evidence how people were involved in making decisions; however, this was not always detailed. The provider told us they were in the process of reviewing people's capacity assessments as part of a wider review of people's care plan and risk assessment documentation.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has changed to Requires Improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were not always supported as individuals, or in line with their needs and preferences.
- People's care plans were not always personalised or detailed. This meant there was a risk people may not receive care in their preferred way.
- The provider did not always empower people to have choice and control over the timing of their care visits. People's care documentation did not always state their preferences for the timing of their visits and people told us they did not always know what time staff would arrive. Comments included, "You never quite know when you are having a lie in, I like to know when I'm getting up" and "They don't always come at the same time."
- The provider had considered people's protected characteristics as part of their initial assessment and information was documented in people's care plans. However, this was not always detailed.
- At the time of the inspection, the provider was in the process of implementing a new care planning system. They told us they were reviewing and updating every care plan with the involvement of people and their relatives. They said this would enable them to incorporate greater detail and personalisation to ensure people's individual needs and preferences were clearly documented.

Improving care quality in response to complaints or concerns

- The provider kept a record of the complaints raised; however, it was not always clear what actions they had taken or how the complaint had been resolved. This meant the provider was not always able to evidence how they had used the information to learn and improve the quality of care provided.
- Despite a lack of detail in the documentation, people and relatives told us they felt comfortable raising concerns and were listened to. Comment included, "If I wanted to complain, I would ring [registered manager]", "They are quick to respond if there is an issue" and "I can always call [registered manager], they are very helpful."

End of life care and support

- The provider had not always ensured people's end of life needs and wishes were recorded in their care plans. For example, we found 1 person's care plan had not been updated to reflect they were now receiving end of life care. This meant staff may not have accurate guidance in place about how to provide dignified and appropriate end of life support.
- Following our feedback, the provider responded immediately, updating the relevant care plans to ensure people's end of life care wishes were recorded.
- The provider worked in partnership with the appropriate healthcare professionals to assess and support people's end of life care needs.

### Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider had considered people's sensory and communication needs during their initial assessment. The provider told us information could be made available in different formats for people if required.
- People's care plans contained a summary about how they communicated and noted any sensory aids they used such as hearing aids and glasses.

# 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.

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Inadequate. This meant there were significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider had not ensured effective systems were in place to monitor the quality and safety of the service. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection not enough improvement had been made and the provider remained in breach of regulation 17.

- The provider had failed to effectively monitor the quality and safety of the care provided.
- The provider did not have robust oversight of risks to people's safety despite these concerns being raised at the last inspection.
- The registered manager told us they had delegated the task of reviewing and updating people's care plans and risk assessments following the last inspection. However, they had not maintained appropriate oversight to ensure this task was completed to the required standard.
- The provider's own action plan and auditing processes had failed to identify the poor quality of people's care documentation.
- The provider did not have robust oversight of the systems in place to support staff. For example, supervision and appraisal records were poorly completed and it was not always clear when staff supervisions had taken place. Whilst the provider had recognised senior staff required additional training and guidance around delivering supervisions, they had not monitored or reviewed the completion of records to ensure the necessary improvements were made.
- The provider did not understand their regulatory responsibility to notify CQC when safeguarding concerns were being raised or to provide evidence of their actions and oversight of these safeguarding concerns to CQC.
- The provider had not consistently created a learning culture at the service which meant people's care did not always improve.
- The provider had processes in place to record accidents, incidents, and complaints but there was no analysis to identify and understand any trends or themes to drive improvement. This was also identified as an issue at the last inspection.
- The provider has been rated as requires improvement or inadequate in the well led domain for 4 of the last 5 inspections with repeated breaches of regulation 17. This demonstrates a lack of sustained

improvement in the service.

- A warning notice was issued at the last inspection highlighting significant concerns with the provider's governance and oversight. Whilst some actions have been taken, including recruiting a quality and compliance manager to support the implementation of their electronic call monitoring and medicines systems, significant concerns remain at this inspection. The provider has not made the required improvements to ensure people receive good quality, safe care.

The provider's processes for monitoring the quality and safety of the service were not effective This was a continued breach of regulation<sup>17</sup> (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was not always a positive and open culture at the service.
- We received mixed feedback from staff about how comfortable they felt raising concerns with the management team. Whilst some staff felt supported, others did not feel listened to. Comments included, "There's a worry with a lot of staff that their concerns won't be kept confidential and they'll be shared in the office. There's been no improvements in that area" and "You don't always get feedback when you report something. There's terrible communication and you're too scared to say anything. You're made to feel uncomfortable."
- Staff told us team meetings were not taking place regularly, despite some staff stating they would benefit from being able to come together to discuss issues. One member of staff said, "I'd like more staff meetings, sometimes it hard to switch off when you've got concerns about a person and it would be good to discuss these concerns and feedback."
- At the last inspection we identified concerns with the provider's processes for gathering feedback from people and relatives. We found improvements had been made at this inspection with people and relatives confirming they received satisfaction surveys and regular phone calls from the management team.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider was aware of their responsibility to be honest with people and their representatives when things went wrong. People's relatives confirmed they had been kept updated about incidents and concerns. One relative said, "They are trustworthy, conscientious, professional and kind."

Working in partnership with others

- The provider worked in partnership with others in order to support people's needs.
- People's care plans noted which healthcare professionals were involved in their care. The professionals we spoke with told us the provider was responsive to communication and the management team were knowledgeable about the people they supported.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider's processes for monitoring the quality and safety of the service were not effective.</p> <p>This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had not ensured risks to people's safety were assessed and managed.</p> <p>This was a continued breach of Regulation 12 (Safe care and treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>

### **The enforcement action we took:**

A warning notice was issued