

Antoine Care Ltd

Antoine Care LTD

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

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. Four people used the service at the time of our inspection.

People's experience of using this service and what we found

Relatives and people told us they felt safe with the staff who supported them.

Staff had regular safeguarding training and knew about the different types of abuse. Staff understood their responsibilities in relation to protecting people from the risk of harm. Where risks to people had been identified, risk assessments were in place.

People received their medicines when they needed them. Staff were very knowledgeable about people's changing needs.

People were supported by staff who were well trained and competent in their role. People were assessed before they used the service to ensure their needs and preferences could be met.

Staff understood the importance of ensuring people's rights were understood and respected.

People and their relatives told us they felt well cared for by staff who treated them with respect and dignity and encouraged them to maintain relationships and keep their independence for as long as possible.

Where people lacked capacity, people were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People's communication needs were assessed and understood by staff. People were provided with information in a format which met their needs.

Staff liaised with other health care professionals to ensure people's safety and meet their health needs.

Staff spoke positively about working for the provider. They felt well supported and they could talk to management at any time, feeling confident any concerns would be acted on promptly. They felt valued and happy in their role.

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.

The service was able to demonstrate how they were working towards consistently meeting the underpinning principles of Right support, right care, right culture.

Right support:

People were supported to be independent and have choice and control. Improvements are required to ensure people's voices such as reviews being conducted.

Right care:

Care was delivered in a way which meant people's human rights were respected.

Right culture:

Antoine Care were working with management and staff at all levels to continually improve the culture of the service. Staff were aware of the organisation's visions and values which were centred around supporting people to live meaningful lives.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was Good (published 09 January 2019)

Why we inspected

We received concerns in relation to the management of safeguarding incidents. A decision was made for us to inspect and examine those risks. As a result, we undertook a focused inspection to review the key questions of Safe and Well-Led only. We found no evidence during this inspection that people were at risk of harm from this concern.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection. Please see the Safe and Well-Led sections of this full report.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Is the service well-led?

Good ●

The service was well led.

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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 Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one 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. The inspector visited the service on 21 May 2021 and the Expert by Experience made telephone calls to relatives on 24 May 2021.

Service and service type

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.

The service had a manager registered with the Care Quality Commission. 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 of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider

information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with one person who used the service and three relatives about their experience of the care provided. We spoke with four members of staff including the provider and registered manager.

We looked at three people's care records to see how their care was planned and delivered, including pre-assessment records and risk assessments. Other records we looked at included, accident and incident records, safeguarding, fire safety procedures, complaints and compliments, staff scheduling, management of medication and the provider's audits, quality assurance, infection control procedures and overview information about the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at safeguarding and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from potential abuse and avoidable harm by staff who had regular safeguarding training and knew about the different types of abuse. One staff member told us, "There are many different types of abuse such as physical, emotional, financial, neglect and institutional".
- The provider had safeguarding systems in place and staff had a good understanding of what to do to make sure people were protected from avoidable harm or abuse. One staff member told us, "I would take action right away if I saw any type of abuse, I would tell my manager, the police and local safeguarding team". Another staff member told us, "If I was unhappy with how the incident was handled, I would contact CQC, local authority, safeguarding team or the police".
- People and their relatives explained how staff-maintained people's safety. A relative told us, "Yes I feel [name of person] is very safe, [name of person] is never left alone so if one carer is late then the other carer covers".

Assessing risk, safety monitoring and management

- The provider assessed risk from both people and the environment, these were managed through clear person-centred records.
- Individual risk assessments met the specific needs of people to keep them safe. For example, we saw assessments to manage the risk from people's behaviour and clear instructions for staff to follow. For example, one person's care plan detailed instructions for staff to follow to reassure them when displaying distressing behaviour. One relative told us, "'I know that [name of person] is settled as otherwise I would see a change in his behaviour". Another relative told us, "'I know the carers are good and they engage [name of person] in conversation, the care is the best [name of person] has ever had".
- Staff we spoke with confirmed identified risks and knew how to safely manage them in line with the risk assessments.

Staffing and recruitment

- There were sufficient numbers of staff to meet people's needs. The provider ensured people had a consistent staff team.
- Each person's staffing needs were pre-assessed on an individual basis, which were reviewed and updated regularly as people's individual needs changed.
- Staff had been recruited safely. All pre-employment checks had been carried out including reference checks from previous employers and Disclosure and Barring Service (DBS) checks.

Using medicines safely

- Medicines were managed to ensure people received them safely and in accordance with their health needs and the prescriber's instructions.
- Staff completed training to administer medicines and their competency was checked regularly to ensure safe practice.
- Administration of medication records indicated people received their medicines regularly. This was confirmed by relatives we spoke with.
- There were clear protocols for staff to follow for people who had been prescribed medicine to be used as required (PRN).
- People's medicines were safely received, stored and administered. Management completed monthly audits of medicines to ensure policies and procedures were followed and any errors or concerns were identified. We saw in these audits that where issues were identified appropriate action was taken, including learning opportunities for staff.

Preventing and controlling infection

- The provider had systems, procedures and policies in place that helped promote good standards of infection prevention and control (IPC).
- Staff had regular IPC training and updated guidance based on how to manage risks associated with COVID-19, including regular testing for COVID-19
- Staff confirmed they had enough personal protective equipment (PPE). The provider had systems in place to ensure they used this effectively when in people's homes. Relatives confirmed that staff wore appropriate PPE when providing care to people.
- We saw that IPC measures were in place at the office and staff wore the appropriate masks.

Learning lessons when things go wrong

- We found accident and incident records were completed and monitored by the registered manager for trends to reduce the number of accidents and incidents. For example, to ensure the provider had sufficient information to start new placements they introduced a transition evidence booklet. The booklet is completed when an individual is being assessed before care and support is commenced. The information is then used to formulate a person-centred care plan for the individual.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- At the last inspection we found the provider did not have documented evidence to confirm checks had been undertaken to ensure the quality and safety of the service. At this inspection we found staff training, skills and competence were regularly monitored through observations of practice and regular refresher training. Staff received regular supervisions where they had the opportunity to discuss their role and performance. We found the registered manager regularly met with people to discuss their care and recorded their responses. This gave people the opportunity to discuss any changes they wanted to implement or raise concerns.
- The provider did have a registered manager in post. 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 were supported by staff who were trained and motivated to carry out their role.
- Staff were aware of the whistleblowing procedure and said they would use this if the need arose.
- In accordance with their legal responsibilities, the provider had informed us about significant events which occurred at the service within required timescales.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and their relatives spoke positively about the care they received and of the way the service was run.
- One relative said, "Yes I know the manager she is very efficient."
- Staff at all levels were committed to providing people with a high standard of care which was tailored to their needs and preferences.

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 promoted an ethos of openness and transparency which had been adopted by all staff.
- There were some examples of learning where things went wrong and open discussions with people and their relatives.

Engaging and involving people using the service, the public and staff, fully considering their equality

characteristics

- Annual satisfaction surveys were issued to people and their relatives, overall responses were positive.
- People's views were sought daily when receiving support.
- We found there were regular meetings for staff and their views were encouraged. Staff told us they felt valued and their views were respected. One staff member told us, "The meetings are an opportunity for us to discuss ideas and receive updates."

Continuous learning and improving care

- There were effective procedures in place to monitor and improve the quality and safety of the service provided. These included a range of audits and monitoring the skills, training and competence of the staff team.
- The provider's policies and procedures were regularly reviewed to ensure they complied with current best practice and legislation.

Working in partnership with others

- We found the provider was working in partnership with people's relatives, health professionals, local authority departments and various groups and services within the community to ensure that people were supported appropriately. For example, the provider attended reviews for people who regularly attended a Day Centre. The information gathered was used for person-centred planning and positive outcomes for people.