

Anthony James Care Limited

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Inspection report

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Date of inspection visit:
23 June 2016

Date of publication:
25 July 2016

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

We inspected this service on 23 June 2016. The inspection was announced. The service is registered to deliver personal care in people's own homes, and provides a 24-hour assisted living service and 'social-visits' service.

The provider was also the registered manager for the service. 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.

At the time of our inspection, two people were receiving a social-visits service, which is not regulated by the Health and Social Care Act (2014), and one person was receiving the assisted living service, which is covered by the Act. The person was not able to speak with us, because of their complex needs, but a close relative spoke with us as the person's representative.

The relative told us the person felt safe, because they had known the registered manager for more than 15 years and trusted them. The registered manager delivered hands-on care to the person with the support of a team of trained staff. The registered manager had taken measures to minimise risks to the person's safety. Staff were trained in safeguarding and understood the action they should take if they had any concerns that the person might be at risk of harm. The registered manager checked staff's suitability to deliver personal care in people's own homes during the recruitment process.

Care plans included risk assessments for the person's health and wellbeing and explained the actions staff should take to minimise the identified risks. Staff understood the person's needs and abilities by reading the care plans and shadowing experienced staff when they started working for the service.

The registered manager assessed risks in the person's home and advised staff of the actions they should take to minimise the risks. The medicines policy included training staff and checking that the person was supported to take their medicines as prescribed by their GP.

Staff received training and support that enabled them to meet the person's needs effectively. Staff had opportunities to reflect on and improve their practice and to consider their own career development.

The manager understood their responsibility to comply with the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The person was supported by their family and healthcare professionals to make decisions. Staff understood they could only care for and support the person with the person's consent.

Staff sought advice from healthcare professionals when the person's health needs changed and supported the person to follow the health professionals' advice.

The registered manager had recorded the person's preferences, likes and dislikes in their care plan to make sure the whole staff team knew them. Staff supported the person regularly so they knew the person well. The registered manager regularly delivered hands-on care, so they maintained an on-going relationship with the person and oversight of staff's practice.

The relative told us all the staff were kind and respected the person's privacy, dignity and independence. They said the care staff felt more like friends or a second family, than staff.

The complaints policy was explained in the service user guide, but no complaints had been made. The registered manager encouraged the person and their relative to share their opinions about the quality of the service while supporting the person and through regular phone conversations with the relative.

The whole care team shared common values about the aims and objectives of the service. The person was supported and encouraged to live as independently as possible, according to their needs and abilities.

The registered manager and all the staff told us they loved their job and the team worked well together to deliver the kind of service they would want for their own family.

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. Staff understood their responsibilities to protect people from the risk of harm. Risks to people's individual health and wellbeing were identified and care plans explained how to minimise the risks. The provider checked staff were suitable to deliver care and support to people in their own homes. There were enough staff to support people safely. The provider minimised risks to people's safety in relation to medicines.

Is the service effective?

Good ●

The service was effective. Staff were skilled and trained to meet people's needs effectively. Staff understood their responsibilities in relation to the Mental Capacity Act 2005 and supported people to make their own decisions. People were supported to maintain their health and staff involved other health professionals in people's care when needed.

Is the service caring?

Good ●

The service was caring. Staff knew people well and understood their likes, dislikes and preferences for how they wanted to be cared for and supported. Relatives and healthcare professionals told us staff were caring and respected people's privacy and promoted their dignity and independence.

Is the service responsive?

Good ●

The service was responsive. People decided how they were cared for and supported and staff respected their decisions. People and staff were confident that complaints or concerns would be dealt with promptly and resolved to their satisfaction.

Is the service well-led?

Good ●

The service was well led. The provider led by example and promoted an open culture. Care staff felt supported and motivated by the registered manager, which empowered them to provide a good quality service. All staff shared the provider's vision and values, which were focused on maintaining people's well-being.

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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.

The inspection took place on 23 June 2016. The registered manager, who was also the provider, was given 48 hours' notice because they provide a 24-hour assisted living service and 'social-visits' service to people in their own homes. We needed to be sure that someone would be available at the office to speak with us. The inspection was undertaken by one inspector.

We reviewed the information we held about the service, including information the provider shared with us prior to the inspection in the provider information return (PIR). This is a form the provider completes to give some key information about the service, what the service does well and improvements they plan to make.

The registered manager had not sent us any statutory notifications during the previous 12 months, because no notifiable events had occurred. A statutory notification is information about important events, which the provider is required to send to us by law.

At the time of our inspection, two people were receiving the social-visits service, which is not covered by the Act, and one person was receiving the assisted living service, which is covered by the Act. We were not able to speak with the person because of their complex needs, however we spoke with their relative by telephone. We also spoke by telephone with two members of care staff, a healthcare professional and the local authority commissioners. Commissioners are people who work to find appropriate care and support which is paid for by the local authority. We spoke face-to-face with the registered manager.

We reviewed the person's care plan and daily records, to see how their care and support was planned and

delivered and we checked whether staff were recruited safely and trained to deliver care and support appropriate to the person's needs.

Is the service safe?

Our findings

The relative told us the person who received the service was safe because they lived in their own home and they trusted the registered manager and staff. They told us the registered manager had been supporting their relation for 16 years, so they knew them well.

The person was protected from the risks of abuse because staff understood their responsibilities to keep them safe from harm. Care staff told us they had training in safeguarding. Care staff told us they had no concerns, but the whistleblowing policy gave them confidence that any concerns would be taken seriously and dealt with by the registered manager. The registered manager had not needed to notify us of any referrals to the local safeguarding team since they registered in 2013.

Records showed the registered manager completed risk assessments that were relevant to the person's unique needs and abilities. For example, risk to the person's skin, nutrition and communication were identified and their care plan included guidance for staff to minimise the identified risks. The guidance included the equipment needed and how to complete the required tasks safely.

Care staff told us they also knew about the risks related to the person's home and the equipment and said there were clear instructions and guidance for actions to take in an emergency. A member of care staff told us, "We check equipment and report anything. The supplier is reliable and we go to the top of the list if there is a problem, due to the risks to [Name's] well-being." The risk assessments and care plan were clearly effective as no accidents or incidents had needed to be reported since the service was registered.

The person received 24-hour live-in care, so there was always a member of staff available to support them. Care staff told us they shared information verbally at the end of their shift and kept a written daily log, so all staff knew of any changes in the person's needs or plans for the day. A member of care staff told us, "The daily records are detailed. I have access to all the information I need, everything is available."

The relative told us, "All the staff are lovely. Anyone who has ever worked with [Name] is the right kind of person. He (the registered manager) senses them out. They have to be light hearted and have a joke." The registered manager told us their recruitment process included checking staff's behaviours during their interview. This was because staff needed to demonstrate the 'right' attitude to understand how the person viewed the world.

The registered manager protected the person from the risks of unsuitable staff because they checked staff's suitability to deliver personal care before they worked with the person. Records showed staff completed an application form, which detailed their background, personal experience and knowledge of health and social care. The registered manager checked with staff's previous employers and with the Disclosure and Barring Service (DBS), to make sure they were suitable to work in people's own homes. The DBS is a national agency that keeps records of criminal convictions.

The person's medicines were managed and administered safely. The registered manager told us they

maintained a continuous dialogue with the person's GP and pharmacist about the reasons for, and effectiveness of, the person's medicines. A member of care staff assured us, "We give medicines at set times and antibiotics when needed. I know what the medicines are for." Records showed staff logged when the person took, or declined, to take their medicines. This enabled staff to monitor the effectiveness of the person's medicines or any impact of not taking them.

Is the service effective?

Our findings

The relative told us the service was effective because their relation received the care and support they needed to lead their life in the way they wanted. They told us whenever they visited, they saw care staff continued to maintain their relation's preferred routine. A district nurse told us, "Staff are very attentive. [Name] is always sat in a chair at the table for lunch and gets bed rest."

Care staff told us they felt confident and fully prepared to work with the person, because their induction programme included shadowing experienced staff, getting to know the person and training. A member of care staff told us, "I was told about the history of the client, medical history and conditions, the premises and fire safety. I felt prepared." The registered manager checked that new staff understood the person's preferences for how they were supported, and checked staff were confident and competent in using the equipment, before they worked independently.

Care staff received training that was relevant to the person's needs, for example, training in first aid, food hygiene and moving and handling. They received support and regular supervision from the registered manager. Care staff told us, "I was completely new to care. [Name] was a huge support and the training was amazing." All future staff's induction will be supported with training in the Care Certificate to ensure staff understand the fundamental standards of care that people should expect to receive from the service.

Care staff were encouraged and supported to consider their own professional development. Care staff told us they had achieved nationally recognised foundation level qualifications in health and social care. One member of care staff had achieved a diploma in health and social care and another member of care staff was working towards the diploma. One member of care staff told us, as part of their career progression, they had recently agreed to adopt the role of 'team well-being and liaison' officer, which was the first line of support for care staff. They told us, "I see staff every week. I can feel when someone is not right. I can have a conversation with them or share it with the manager. It gives the manager support to have the back up."

The Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) set out the requirements that ensure, where appropriate, decisions are made in people's best interests, when they are unable to do this for themselves. The registered manager understood their responsibilities under the Act. They told us they talked with the person, their representative and the commissioners about their ability to recognise risks to their health and well-being. They told us the person was always accompanied by staff when they went out of the house because of their physical needs.

A district nurse told us, "Staff let [Name] live their life. They always get consent." Care staff understood their responsibilities under the Act and knew they could only deliver care and support with the person's consent. Care staff told us, "We are keeping [Name] empowered. We give them choices and options." They told us if the person declined care they would present the information in a different way or ask again later, which meant the person maintained the right to change their mind.

The person was supported to maintain a healthy diet and regular meals of their choice. The registered

manager told us they did the shopping together on-line to ensure the person's preferences, likes and dislikes were known and catered for. They told us, "I love cooking and regularly cook casseroles and prepare several portions to go in the freezer." Care staff knew the person's needs and abilities with eating. The information they shared with us about which foods the person could eat independently and which meals they needed assistance with matched the information in their care plan.

The person had been referred to a dietician to ensure their dietary requirements were identified and planned for. Care staff followed the dietician's advice in ensuring meals and drinks were of an appropriate temperature and texture to support the person to maintain good nutrition. Staff kept a record of what the person ate and drank so they could monitor their intake and spot any early signs of the person becoming unwell.

The relative told us they had confidence in the registered manager's ability to support the person with their health needs. They told us, "If anything happens, if [Name] gets a cold, if they are poorly or need to go into hospital, I'm kept in the loop." The registered manager supported the person to see their GP regularly and other healthcare professionals when they needed to. They knew the early signs of ill health and had recorded the signs in the person's care plan so all care staff were aware. A member of care staff told us, "I know at which point to call in professionals because the GP has advised us. I have done first aid, but I know when I need professionals."

Is the service caring?

Our findings

The relative told us the service was very caring. They told us, "All the staff are lovely. The best thing about it is everyone ends up like a family member. The manager is fundamentally like a third parent to me – like my 'shadow dad'."

The registered manager made sure the person enjoyed a continuity of care by recruiting staff who understood the person's values and view of the world. They told us they believed, "Care should not be just personal care, but someone to talk to, company." Care staff understood the importance of developing positive relationships with the person and their family. They had empathy with the person and recognised how the person's life experiences influenced their view of the world. A member of care staff told us, "I support [Name], keep them company and keep them comfortable."

The relative told us, "All the staff are very accommodating of [Name's] personality." Care staff understood that the person's moods and behaviours were related to their life experience and were supportive of the person's need to express themselves. One member of care staff told us, "I support [Name] to get through the day and offer emotional support and balance." Another member of the team told us, "If I can get them laughing three or four times a day, I'm happy. We joke, sing 'Queen' songs. It makes their day."

The person had not expressed any particular preferences for care related to staff's gender, or any cultural or religious preferences. A member of care staff told us, "I just support [Name] to express what they believe." They told us they understood the person's need to discuss life's 'unknowns' and controversial subjects, and enjoyed their conversations.

The relative told us staff respected their relation's privacy and promoted their dignity through their actions and words. They told us, "When I visit, personal care is always in a separate room. I can chat with [Name], through the doorway, but can never see them being cared for" and "Staff always check [Name] is presentable before I go in."

The person's care plan included guidance for how care staff should support the person to maintain their dignity, choice and independence. For example, care staff were instructed how to support the person to choose their own clothes and hairstyle, to suit their preferences.

Is the service responsive?

Our findings

The relative told us their relation's care plan met their individual needs and abilities and was updated as their needs changed. They told us the registered manager had supported the person continuously for 15 years and had a long-established friendship and rapport with them. A district nurse told us, "They have bent over backwards to support [Name]. They always let him live his life."

The registered manager knew the person's over-riding aim and wish was to remain living in their own home, as independently as possible, for as long as possible. This was clearly written into their care plan as the person's 'goal' and care was planned to achieve the goal in all circumstances.

The care plan set out how staff should support the person with this goal. The care plan described how to support the person with their physical and emotional needs and the actions staff should take to enable the person to lead a fulfilling life.

Care staff understood the person well and explained the person's preferred routines and interests to us. The importance of being 'good company' and sharing in engaging conversation was recognised by all the staff. A member of the care staff team told us, "I meet on [Name's] level, assess their mood and the situation, adapt my language. We have the same conversations and jokes regularly. The repetition is relaxing to them."

The relative told us the whole care team worked hard to support the person to maintain their interests in and access to the wider community. They told us one member of care staff brought their dog to work with them and said, "[Name loves the dog. It makes their day."

The relative told us the registered manager took the person out whenever they were able to support the person to understand that the benefits of going out were greater than the extra effort involved in getting out of the house. They told us, "The manager took them to a park for a couple of hours. They loved that. They loved having the windows open and walking around the park. It's nice for them to get fresh air." They told us the windows at the person's house faced onto the street and were always open, to give the person fresh air and a feeling of involvement in their community.

The relative told us they always felt welcome when they visited, but the person's needs always took priority. They told us they could stay all day and share meal times if they wished, but care staff always made sure the person had their medicines, meals, personal care and bed rest, to suit the person's needs and wishes, rather than the visitor's. They told us, "Staff are always very polite, very welcoming to us all, to the whole family."

The provider's complaints policy was explained in the service user guide. The registered manager had not received any complaints. A healthcare professional and the commissioners of care both told us they had no concerns or complaints about the person's care or the overall quality of the service.

Is the service well-led?

Our findings

The relative and staff told us the service was well-led. They told us the registered manager led by example and set high standards. The relative told us, "I have known (the manager) for about 15 years. He started as one-to-one care and is now a business. He is brilliant. I cannot say a bad word about him." A member of care staff told us, "The quality is amazing. I like the people I work with and the person development has made a difference to me." They told us they had a 'good grounding' in care and understood, "What care is really about."

The registered manager encouraged people, relatives and staff to share their views of the service, so they could make changes to improve their experience. The relative told us, "The manager always asks what I think of new staff. He asks how they were with [Name] when I visit. He asks if I have any concerns." The relative did not have any concerns, but was confident the registered manager would respond and take action if they did.

Staff told us the service was well-led because the registered manager had clearly explained the person's needs and their roles and responsibilities for delivering care. The standards of care were based on the person's needs and expectations. The whole care team shared a common goal of caring for and supporting the person to continue to live the life they wanted and to be as independent as possible. The relative told us all the care staff that had ever worked with their relation had a shared understanding of, and empathy with, their relation's concerns related to their health and well-being. They told us, "The manager picks staff that understand [Name]."

Care staff told us the registered manager took time to listen to them and was supportive in helping them to reflect on their practice and their personal concerns. A member of care staff told us, "I get good support from the manager and the team. I was supported to get the qualification. It is excellent working here." Another member of care staff told us, "It is a pleasure to work with the manager. They go out of their way to support staff. They might even step in to relieve you of a shift if you are finding it hard going. They are really supportive." The registered manager told us, "You've got to work as a team and let them know when they do a good job. I praise staff all the time I work with staff, work on their weaknesses and respect their strengths."

The registered manager told us they obtained feedback from the person and their relatives, because they saw them regularly. They told us their quality assurance system included checking with the person, meeting with staff and reading the daily records when they arrived on duty. They could check that the person received the same level of care and understanding, whichever member of staff was on duty.

The relative, staff and a healthcare professional told us the registered manager was approachable, open and honest. One member of staff told us, "It's a small team and very connected, very understanding. We don't have titles, people, issues or personal circumstances in the way of the open culture." Staff told us the registered manager dealt with problems promptly and appropriately. One member of staff told us the registered manager had listened when they voiced concerns about staff's understanding of a particular issue and taken effective action to minimise the risks to the person who received the service. The member of

staff told us, "When I noted an issue and raised it with the manager, he took it forward as a 'training need' and it worked out very well. We used it to support and empower staff."

The registered manager understood their legal obligations. They had worked in the care sector for more than 20 years, and had started supporting their current service user 16 years previously, with occasional support from other carers. Following changes in the regulations and funding relating to health and social care, they recognised the need to register with the Care Quality Commission. They needed to register in order to be able to employ care staff to help care for the person. They understood the responsibilities of being a registered provider. They had written policies and procedures, including for staff recruitment, in line with the fundamental standards of care. They had completed the provider information return, (PIR) when requested, and explained their plans for continuous quality improvements to the service. Their service user guide explained the aims of the service, a charter of people's rights, their policies and the complaints procedure.

The registered manager told us the aim of their service was to provide homecare with calls lasting a minimum of two hours, to ensure they delivered a service that met people's needs for company and conversation, not just their physical needs. They told us they had completed assessments of needs for other people, but their quality criteria for a minimum of two-hour long calls was more difficult for people in receipt of public funds. They told us, "I am just trying to do a good job. I love it. I love what I'm doing." A member of care staff told us they enjoyed working at the service for the same reasons. They told us, "It is better to be involved with the whole person so I like 24-hour care."

In the PIR, the registered manager told us their plans for improvement included completing their studies for a qualification in management and leadership of health and social care, undertaking training to become a trainer and appointing a 'well-being' champion for people and staff. During our inspection, we found they had already taken action and appointed a well-being champion. The appointed champion told us they enjoyed their new role, because the registered manager listened to them and they resolved issues jointly.