

## Annette's Care

# Annette's Care

## Inspection report

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### Ratings

## Overall rating for this service

Good



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



### Overall summary

The inspection took place on 5 & 11 August 2015 and was announced. The provider was given 24 hours' notice because the service is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that someone would be in. This was Annette's Care first inspection since registration with CQC (Care Quality Commission).

Annette's Care provides a personal care service to people living in their own home. On the day of the inspection four people were being supported by Annette's Care with their personal care needs.

The service had 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'.

# Summary of findings

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. The registered manager is also the registered provider.

The offices of Annette's Care were based in Plymouth, however they supported people who lived in Cornwall.

People were not always kept safe. People were not kept safe or fully protected due to poor recruitment procedures. Staff had completed training on safeguarding adults from abuse. Staff understood the principles and had a good knowledge on how to report any concerns and described what action they would take to protect people against harm.

Care records contained information that described what staff needed to do to provide individual care and support. Staff responded quickly to people's change in needs. People's preferences, disabilities and abilities were taken into account, communicated and recorded.

People's risks were managed well and monitored. The service had policies and procedures in place and these were understood by staff to help protect people and keep them safe.

People were encouraged and supported to maintain a healthy balanced diet.

People had their medicines managed safely and people and relatives told us they received their medicines as prescribed.

People, their relatives and staff were encouraged to be involved and help drive continuous improvements. This helped ensure positive progress was made in the delivery of care and support provided by the service.

The service sought verbal feedback from people and encouraged people to share their concerns and complaints. The registered manager investigated any complaints or concerns thoroughly and used the outcome as an opportunity for learning to take place.

The registered manager had completed training in the Mental Capacity Act. The registered manager displayed a good understanding of the requirements of the act, which had been followed in practice.

People's needs were met by the staff employed. However due to the low staffing numbers employed staff were stretched and worked long hours. Staff were appropriately trained and had the correct skills to carry out their roles effectively. Staff described the management as very open, supportive and approachable. Staff talked positively about their jobs.

There were effective quality assurance systems in place to help drive improvements and ensure positive progress was made in the delivery of care and support provided by the service.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) 2014. You can see what action we told the provider to take at the back of the full version of this report.

# Summary of findings

## 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.

People were placed at risk due to poor recruitment practices.

People's needs were met by skilled and experienced staff.

People were protected by staff who understood and managed risk. People were supported to have as much control and independence as possible.

People had their medicines managed safely.

Requires improvement



### Is the service effective?

The service was effective. People received care and support that met their needs and reflected their individual choices and preferences.

Staff had good knowledge of the Mental Capacity Act, which they put into practice.

People were supported to maintain a healthy balanced diet.

Good



### Is the service caring?

The service was caring. People were supported by staff that respected their dignity and maintained their privacy.

People were supported by staff who showed, kindness and compassion.

Positive caring relationships had been formed between people and staff.

Good



### Is the service responsive?

The service was responsive.

People received personalised care treatment and support. Staff knew how people wanted to be supported.

People's needs were reviewed and change in need was identified promptly and put into practice.

Good



### Is the service well-led?

The service was well-led. There was an open culture. The registered manager was approachable and kept up to date with best practice.

The registered manager and staff shared the same vision and values that were embedded in practice.

Staff understood their role, and were motivated and inspired to develop and provide quality care.

Good



# Annette's Care

## 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 was undertaken by two inspectors, took place on 5 August & 11 August and was announced. The provider was given 24 hours' notice because the location was a small domiciliary care agency and we needed to be sure that someone would be in.

We reviewed information we held about the service. This included any notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with the registered manager and two members of staff. We also spoke with two people who received care, one relative and one social care professional who had supported people who had received care from the service.

We looked at four records related to people's individual care needs. This record included support plans, risk assessments and daily monitoring records. We also looked at two staff recruitment files and records associated with the management of the service, including quality audits.

# Is the service safe?

## Our findings

The registered manager confirmed that they were currently having difficulties recruiting staff. The registered manager was currently working with just two other staff members and working long hours to ensure people received the care they required to keep them safe. Staff confirmed there was currently a staff shortage but people were receiving the care they needed. A relative said, “The carers are never late and have never missed a visit”.

People were not protected by safe recruitment practices. We checked four recruitments files in detail and looked at other staff recruitment details. The required checks had not been completed which may place people at risk of the service employing staff who were not suitable or cleared to work with vulnerable adults. For example, files did not always hold a history of previous employment details. Disclosure and barring service checks had been sought, however information recorded on these checks had not been discussed or recorded to show the service had considered any risk to people in the service. Others files did not hold suitable references, for example some references were for “to whom it may concern” and did not match the named referee on the application form. The registered manager confirmed they used casual staff and said; “No, I’d known the staff for 10 years so I didn’t follow full recruitment procedures.”

This is a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they felt safe. One person said, “They go to a lot of trouble to make me feel safe.”

People were supported by staff who had the knowledge and skills to help keep them safe. Policies and procedures were available for staff to advise them of what they must do if they witnessed or suspected any incident of abuse or discriminatory practice. Records showed staff had received safeguarding adults training. Staff confirmed they were able to recognise signs of potential abuse. One staff member said; “Yes, I have received safeguarding training. If I suspected abuse, I would report it to the manager, CQC or local safeguarding.” The registered manager confirmed that a safeguarding alert remained open with the local authority and said they had nearly concluded their own investigation. The registered manager went onto say they would have no hesitation in raising an alert in the future to protect people and keep them safe.

Before Annette’s Care provided support to people, an initial risk assessment, based on the information provided by the placing authority, took place. This confirmed the service would be able to safely meet the needs of the person concerned and took account of risks associated with lone working, ensuring staff would be protected. Environmental risk assessments indicated where risk could occur and measures were put in place to minimise the likelihood of incidents occurring.

People’s medicines were well managed by staff. Staff were appropriately trained and confirmed they understood the importance of safe administration and management of medicines. The staff confirmed that if they were delayed they had systems in place to ensure people received their medicines on time. A person said; “They are very good with my medicines.”

# Is the service effective?

## Our findings

People were supported by knowledgeable, skilled staff who effectively met their needs. A relative said; “I couldn’t manage without them-they are the best thing that has happened to me in years.” Due to the current low staffing levels staff and management worked long hours to ensure people received a visit and people confirmed that, though some visits were late, no visit had been missed. One staff member said; “With all the extra support hours we are providing, we are going to get more staff.”

People told us the staff always involved them in their care and asked for their consent before providing support. One person said “They always ask me if I’m happy with the care. They have given me some of my independence back.”

Staff received an in-house induction when they first started working at the service, for example staff were shown fire alarm systems. The registered manager confirmed that she worked alongside the other two staff members daily who could also discuss any issues of concerns in one to one meetings with the registered manager. Due to the staffing numbers team meetings were currently not held, however the registered manager confirmed they would take place when needed.

People were supported by staff that had received appropriate training. Ongoing training was planned to support staffs’ continued learning and was updated when required. Training was also arranged to meet the individual specific needs of people the service agreed to support, for example, pressure ulcer care.

The registered manager had a clear understanding of the Mental Capacity Act 2005 (MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The MCA provides a legal framework for acting and making decisions, on behalf of the individuals who lacked mental capacity to make particular decisions for themselves. Staff had completed training in the Mental Capacity Act.

People were supported and encouraged to maintain a healthy balanced diet as part of the support plan some people received support in relation to their meals and nutrition. Staff provided people with meals and snacks on their visit. People told us they did their own shopping and staff just needed to heat food.

Some people who used the service made their own healthcare appointments and their health needs were managed by themselves or relatives. The registered manager confirmed referrals to relevant healthcare services were sometimes made when changes to health or wellbeing had been identified. Staff knew people well and monitored people’s health on a daily basis. If staff noted a change they would discuss this with the individual and with consent seek appropriate professional advice and support. For example, the registered manager said a GP would be contacted if a person, currently living with a life limiting illness, became unwell. One person told us the service had supported them well after a fall and admission into hospital.

# Is the service caring?

## Our findings

People were well cared and treated with kindness and compassion. One person told us, “The best days are when they visit.” Another said; “They are like sunshine coming.” A staff member said; ““I have never missed a call. If I was going to, I would contact the person and the office.

People confirmed their privacy and dignity were respected, and they were encouraged to be as independent as possible. People told us the staff respected them and made sure they were comfortable and had everything they needed before they left.

People received care, as much as possible from the same care worker or team of care workers. People told us “I always know who’s coming.” Another said; “I’m kept informed and tell them if I’m happy with the person they sent.”

People told us how the service had helped to improve their lives by promoting their independence and well-being. One person told us how the staff had helped them by; “taking me outside of my flat, support me and giving me my confidence back.” One person said they really help my relative have a break by supporting them with their care and said; “they help wash and dress me.”

Staff were clearly compassionate about making a difference to people’s lives. Staff told us, “I could talk about it all day!” (About the support one person received and the difference it has made to their life).

# Is the service responsive?

## Our findings

People's views and wishes were taken into account when planning care. Support plans had been written from the person's perspective and included information about how they needed or wanted to be supported. For example, one care record detailed how one person's health could deteriorate at any time and the named person to contact to update them. A staff member confirmed they had reported that the person's needs were changing, to the specialist nursing team. A visit was arranged and the service requested a stand aid to assist this person. Staff went onto say; "It's much better now." (Meaning the equipment helped them respond to this person's needs). This showed us the service responded to people's needs.

Care plans recorded what support was required and what people could do for themselves to help maintain their independence. The registered manager confirmed that people and if appropriate their family were regularly consulted to help ensure care records reflected a person's current needs. One staff member said; "Care plans are updated every six months, but one was updated recently because a person's needs changed with the way that we support them to move." However one care plan showed the visit times for one person did not reflect the times and length of visit specified by the contract held. The registered manager told us that the contract had been increased but this had not been updated in the person's care plan. However agreed to update this plan. This confirmed they would ensure this was changed.

People had their individual needs regularly assessed to help ensure personalised care was provided when they

needed it. Arrangements were in place to help ensure care records were reviewed and documented where people's change in needs had been identified. One staff confirmed one person was now having extra support at weekends. They went onto say this person now goes; "Swimming, to the cinema and to the park and he's really enjoying it." The staff went onto confirm this person social worker was currently writing a care plan to reflect this changes to provide longer term care.

Staff members ensured they communicated important messages about each client with one staff saying; "We always leave a handover sheet for the staff member coming in the next day. If there were more significant changes, I would contact the social worker. I always phone the social worker if I have any concerns."

The service had a policy and procedure in place for dealing with any complaints. This was made available to people, their friends and their families. The registered manager confirmed they had received no written or verbal complaints. As this was the first inspection of the newly registered service questionnaires had not yet been sent out. However the registered manager confirmed questionnaires would be sent to people, their relatives and social care professionals. The registered manager said people would be given the opportunity and were encouraged to feedback their experience and raise any concerns or complaints. A relative said, "I have never had to make a complaint." And one person receiving the service said; "I told [...] (The registered manager) I didn't like one person who came to visit and now they don't come anymore-I'm very happy with the staff."



# Is the service well-led?

## Our findings

There was a management structure in the service which provided clear lines of responsibility and accountability. A registered manager was in post who had overall responsibility for the service. The registered manager was also one of the owners of the service. They were supported by a deputy manager. People told us they knew who to speak to in the office and had confidence in the registered manager and deputy manager.

The registered manager was involved in all aspects of the day to day running of the service. For example due to current staff shortages the registered manager was also visiting people to provide care. There was an open culture, people felt included and strong links were held between people and their families. One person said; “[...] (the registered manager) came today. She never lets me down and is like sunshine when they come.” Another person said; “they always tell me and my husband what is happening.”

The service had informed CQC by telephone of a significant event but not completed the required form in line with their legal obligations. The registered manager said they would ensure a form was sent. The provider had an up to date whistle-blowers policy which supported staff to question practice and defined how staff who raised concerns would be protected. Staff confirmed they felt protected, would not hesitate to raise concerns to the registered manager and were confident they would act on them appropriately.

Staff understood what was expected of them and shared the registered manager’s vision and values. The registered manager met the two staff currently employed on a daily bases and worked alongside them. The manager said they would discuss any issues including training when traveling between visits. Appraisals had not currently taken place as the service has not been running a full year. The registered manager confirmed staff were asked to contribute in

helping to provide the best quality of care for people. Constructive feedback was given on performance which helped staff to be accountable and reflect on their practice and encourage improvement.

Staff received regular support and advice from managers via phone calls, texts and face to face meetings. Staff told us the management were very supportive and readily available if they had any concerns.

The registered manager inspired staff to provide a quality service and be actively involved in developing the service. Staff confirmed they were happy in their work, were motivated by the registered manager and understood what was expected of them.

The policies and procedure held were the old regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and not the new regulations of the Health and Social Care Act 2008 (Regulated Activities) 2014. The registered manager said they would print a copy of the new regulations to hold in the service’s offices.

Due to the service only being open six months a full yearly quality assurance survey, to drive continuous improvements of the service, had not been sent out. The registered manager planned to complete a full survey in the near future.

The registered manager monitored the quality of the service by regularly speaking with people to ensure they were happy with the service they received. People and their families told us the management team were very approachable and they were included in decisions about the running of the service. The registered manager worked alongside staff. This was in part due to the low staffing levels. However the registered manager said they worked alongside staff to monitor their practice and would carry out spot checks of staff as they worked to review the quality of the service provided. The registered manager said spot checks would also include reviewing the care records kept at the person’s home to ensure they were appropriately completed.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>Regulation 19 (1) (a) (2) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>People who used the service were not protected against the risks associated with unsafe recruitment procedures, as relevant checks had not been carried out.</p>