Annette's Care Limited

Annette's Care Limited Domiciliary

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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?	**Requires Improvement**

Summary of findings

Overall summary

The inspection took place on 7, 8, 9 and 12 March 2018 and was announced.

The service is a domiciliary care agency. It provides personal care to people living in their own homes in the community. It provides a service to older adults and younger adults who may have a physical or learning disability or a mental health need.

The service is also registered with the commission to provide care to people housed under supported living arrangements. However at the time of the inspection, the agency was not supporting anyone under this arrangement.

CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of this inspection, all people supported by the service were being provided with personal care.

The service is newly registered with the commission and this was its first inspection. However, the provider had operated the same service from a different office location previously. New services are required to be inspected within 12 months of their registration. However, concerns had been raised with the commission regarding the service so we decided to inspect the service earlier than required. The concerns included staff understanding and recording of medication, one staff attending a call when two were required, missed calls, length and time of calls, infection control, unsafe manual handling and not informing relevant agencies safeguarding concerns promptly.

During this inspection we found that, as a result of the concerns raised, some improvements had been made regarding medicines management and updated staff's manual handling training. People told us they were happy with call times and the right number of staff attended. They also reported staff followed used correct protective equipment to protect them from infection. However, we found improvements were still required regarding alerting relevant agencies to safeguarding concerns and medicines management.

A registered manager, who was also the owner, ran 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.

People told us they received their medicines as prescribed, however when people were prescribed creams, there were no records to show where they were to be applied or to show whether they had been applied.

The registered manager had not taken action to ensure they had an overview of the quality of the service and made improvements where required. They had not kept up to date with relevant regulations and best practice. They had delegated responsibilities for the day to day running of the service to other staff

members; however, they did not monitor the work done by these staff members to ensure it was of a satisfactory standard. They had not completed any audits of the service to assure themselves of the quality of the service. When they had completed spot checks of staff care work, they had not recorded any reasons for negative outcomes or actions taken as a result. The provider had not always notified the Commission of significant events in line with their legal obligations.

Recruitment procedures had recently been updated but new staff had been able to support vulnerable adults before the provider had assured themselves they were safe to do so. There were risk assessments in place to help reduce any risks related to people's care and support needs. However, when people received support with their shopping, there was no risk assessment in place detailing staff responsibility regarding people's finances.

Staff induction and training were in the process of being updated to ensure they met the needs of the service. However, there was no evidence the registered manager had assessed new staff members as competent to provide care and support or administer medicines, before they supported people alone.

Action was taken following incidents or safeguarding concerns being raised, however, professionals told us they felt these concerns could have been avoided if the service was more proactive in identifying and acting on gaps in quality or potential problems more swiftly.

People told us they felt safe using the service. Staff had received training in how to recognise and report abuse and were confident any allegations would be taken seriously and investigated to help ensure people were protected. People told us the correct number of staff attended their calls, on time and for the right amount of time.

Staff had received mental capacity act training and were aware of the need to act in people's best interests. However, the registered manager needed to ensure people's mental capacity was assessed, when appropriate. People confirmed staff requested their consent before providing care.

People received support from staff who knew them well and people's care plans reflected their wishes, need and preferences. However, people had not always been asked about their preferences for care at the end of their life.

We have made recommendations about complying with the requirements of the Mental Capacity Act 2005 (MCA) and about requesting and recording people's wishes for the end of their life.

People and their relatives spoke highly of the staff and the support provided. Comments included, "They are so kind and caring. My wife looks forward to seeing them" People were supported by staff who talked about them with fondness and were aware of the importance of supporting people's wellbeing. People's diverse needs were respected and met.

Staff told us they felt supported by the management team and people confirmed they had good communication with the registered manager and the office. People and staff felt any concerns they raised were dealt with. Feedback was sought informally and via annual questionnaires from people who used the service.

Further information is in the detailed findings below.

We found three breaches of regulation. You can see what action we told the provider to take at the back of

the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Recruitment was not always robust to ensure staff were safe to work with vulnerable people.

People did not always have risk assessments to ensure staff knew what to do to minimise risks.

People's care plans and medicines records did not show when people required prescribed creams and when these had been administered.

People told us they felt safe using the service.

People told us the correct number of staff attended their calls, on time and for the correct amount of time.

People were protected by staff who could identify abuse and who would act to protect people.

Is the service effective?

Good

The service was effective.

People received support from staff who knew them well.

Staff training was in the process of being updated. Staff told us it was useful and well organised.

Staff felt well supported and were confident contacting senior staff to raise concerns or ask advice.

Staff promoted choice and independence whenever possible.

Is the service caring?

Good

The service was caring.

People were looked after by staff who treated them with kindness and respect.

People spoke highly of staff. Staff spoke about the people they were looking after with fondness.

People said staff protected their privacy and dignity.

Is the service responsive?

Good

The service was responsive.

Care records were written to reflect people's individual needs and were regularly reviewed and updated.

People told us the care and support they received was responsive to their changing needs.

People were being involved more in the planning and reviewing of their care.

People knew how to make a complaint and raise any concerns and told us these were dealt with to their satisfaction.

Is the service well-led?

Requires Improvement

The service was not always well led.

The registered manager did not monitor the quality of the service or audit work delegated to other staff members.

The registered manager had not remained up to date with relevant regulation and best practice.

People's feedback about the service was sought.

People knew the registered manager and felt communication with the service was good.

Annette's Care Limited Domiciliary

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 prompted in part by concerns raised with us about the care people were receiving from Annette's Care Limited Domiciliary. At this inspection, we did not investigate these specific concerns but looked at these areas and how they were delivered by Annette's Care.

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, similar care services.

The inspection was carried out on 7, 8, 9 and 12 March 2018. We visited the office location on 7 March 2018 to see the registered manager, office staff and a member of care staff. On the remaining dates, we contacted people who use the service and staff by, phone. At the time of the inspection the service was providing care for 18 people.

During the inspection we spoke with six people using the service and seven relatives. We reviewed five people's records in detail. We also spoke with six staff members and reviewed three personnel records and the training records for all staff. Other records we reviewed included the records held within the service to show how the registered manager reviewed the quality of the service. This included questionnaires to people who use the service, minutes of meetings and policies and procedures.

Prior to the inspection we reviewed the records we held on the service. This included notifications. Notifications are specific events registered people have to tell us about by law. We also reviewed concerns raised with us about the service. We sought the views of four external professionals who know the service

well. These were a quality assurance officer from the local authority, two social workers and a district nurse.

Requires Improvement

Is the service safe?

Our findings

Prior to the inspection concerns were raised with us regarding staff understanding and recording of medication, one staff member attending a call when two were required, missed calls, length and time of calls, infection control, unsafe manual handling and not informing relevant agencies promptly of safeguarding concerns. At this inspection, we did not investigate these specific concerns but looked at these areas and how they were delivered by Annette's Care.

Despite recruitment practices being recently updated to ensure appropriate checks were being undertaken on new staff, the provider had not always assured themselves new staff were suitable to work with vulnerable people. For example, records showed new staff had not been required to provide a full employment history before commencing their employment with the service. New staff had also started shadowing existing staff in people's homes, before their Disclosure and Barring Service (DBS) check or confirmation they were not on the Adults' Barred List had been received. Following the inspection, the registered manager told us they had now updated their recruitment procedures to ensure all new staff had the required checks in place before meeting vulnerable adults.

People were encouraged and supported to manage their own medicines where possible however, when people required support this was provided. People's care plans described what support they required from staff and records were kept in the person's home of medicines administered. Staff supported some people with prescribed creams, however these were not signed for on the medication administration record (MARs) and there was no detail to advise staff how much or where to apply the cream. This meant it would be difficult to check whether the creams had been administered correctly. However, people told us they received their medicines and creams as prescribed. Following the inspection, the registered manager informed us staff now signed to confirm when they had administered creams.

Staff had received training on safe administration of medicines and told us they felt confident to administer medicines. The registered manager told us, "We don't allow them to administer medication until they have shadowed a member of staff and administered medication with a senior member of staff present." However there was no formal check done of staff's competence before they were able to administer medicines independently. This meant the registered manager could not be assured each staff member was working within best practice guidelines. Following the inspection, the registered manager told us staff now had formal, recorded competency assessments.

The provider had not always recruited staff safely. People's medicines were not always managed safely. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Risk assessments were in place to guide staff how to reduce risks to people. For example, one person's records also detailed the needs of their family member, so staff were aware how these could impact on the safety of the person's daily life. Sometimes staff supported people by doing shopping for them. Staff recorded what money the person gave them, and provided receipts and recorded the money they were returning also. One person confirmed, "They buy the odd thing for me and I am given receipts". Receipts and

transactions were checked by staff in the office but there were no risk assessments in place detailing the responsibilities of staff members when looking after people's money.

Staff were knowledgeable with regards to people's individual medicines. The registered manager explained they also ensured information about any side effects was kept with people's records in their home. A staff member explained, "I always read the label and find out about any medicines I am administering." Medicine administration records (MARs) were returned to the office each month and were checked to ensure each medicine had been signed for. When staff had not signed for medicines or completed the MARs correctly, they were reminded of the importance of this.

People were protected from the spread of infection by staff who had received infection control. Clear detail was included in people's care plans to guide staff how to minimise the risk of cross infection at each visit. People confirmed staff wore the correct protective equipment, for example when delivering personal care.

People confirmed they felt safe when receiving care from Annette's Care, comments included, "I feel completely safe with my carers" and "They're all trustworthy and very honest". Support plans provided details for staff about what had been agreed with the individual about staff entering their home and any specific arrangements for ensuring the safety of the individual, their property and belongings. Staff were aware of the reporting procedures for any accidents or incidents that occurred. Action was taken to learn from incidents. For example, following an incident where staff had used an unsafe manual handling technique, staff training was being reviewed and plans were in place to ensure all staff training was up to date.

People were protected by staff who had an awareness and understanding of signs of possible abuse. Staff felt reported signs of suspected abuse would be taken seriously and investigated thoroughly. Staff knew who to contact externally should they feel that their concerns had not been dealt with appropriately. For example, the local authority or the police. The service was in the process of ensuring all staff had up to date safeguarding training.

People benefited from staff who understood about using the whistleblowing procedure. People and staff had confidence the registered manager would listen to their concerns and would be received openly and dealt with appropriately.

There were sufficient numbers of staff available to keep people safe. People and staff confirmed the correct number of staff attended calls and for the allocated time. As far as possible, people had consistent staff who supported their needs. One staff member explained, "You see the difference in people when they know the staff, rather than it always being different staff and staff they don't know." People told us staff were usually on time and never missed appointments and they or the office staff called if they were going to be significantly late. People also confirmed staff stayed for the whole of their allocated time and often arrived early. Some people told us they would like to receive a rota, so they knew in advance which staff members would be attending each call. We shared this information with the registered manager.

When people's needs changed and staff required more time in order to meet their needs staff fed this back to the management team who arranged a longer call time for the person. For example, one staff member explained, "One person's calls were taking longer and they needed extra support as it wasn't safe for just one staff member to support them any longer. Two staff now attend calls and the call times and frequencies have increased. They're a lot happier. They're not rushed now and we have time to talk, which they need. It's made it easier on their family too." Another staff member added, "I think everyone is happy with their call times."

Good

Is the service effective?

Our findings

Staff knew the people they cared for and were able to tell us about individuals' likes and dislikes.

People and their relatives spoke positively about staff and told us they were able to meet their needs. Comments included, "Absolutely; they're well trained", "They're trained sufficiently to look after me" and "I think they are well trained; and most of them are experienced care workers." A compliment received by the service stated, "The staff set about their work efficiently and with good humour and never let us down. We could not have asked for more."

New members of staff completed an induction programme, which included training to develop their knowledge and skills and shadow shifts. This helped ensure they were competent in their role and knew people's needs before working alone. The induction was in the process of being reviewed and now included the care certificate, (a nationally recognised set of skills training). Shadow shifts were completed under the supervision of a senior member of staff or a member of the management team. Staff members explained, "We had a great big check list. There was a lot of information" and "I met people before I started supporting them. The managers talked through people's needs and the care plan." People confirmed new staff were usually accompanied and introduced properly by established staff.

The registered manager told us they worked with new staff members and provided extra shadow shifts for them, if for example they were new to care, or didn't feel confident. However, there were no records to show they had checked the staff member was competent and felt confident, before they were enabled to work independently. The registered manager had recently started doing spot checks of staffs' work. They told us they would use these checks in the future to help ensure new staff were competent to start working alone.

On-going training was then planned to support staffs' continued learning and was updated when required. There had been a recent drive to help ensure all staff training was up to date. Staff told us they had the training and skills they needed to meet people's needs. Comments included, "Training is scheduled and well organised".

Staff told us they felt supported by the management team. Staff confirmed the registered manager listened to them and that changes were made as a result of any ideas or concerns they raised. Comments included, "Any problems whatsoever, they do answer and listen." Staff supervisions were now planned to take place every month. One staff member explained that in supervisions, "We talk about whether we are happy, any problems and if we're doing anything wrong." Another staff member confirmed the registered manager had completed a spot check with them and that they had also had an annual appraisal.

Information about what care people had received was recorded at the end of each call, along with any changes or concerns. This helped ensure staff at following calls remained up to date with the person's needs and could take appropriate action. Staff members told us they felt the staff worked well as a team to meet people's needs.

Some people who used the service made their own healthcare appointments and their health needs were managed by themselves or relatives. However, staff were available to support people to access healthcare appointments if needed and liaised with health and social care professionals. One staff member explained, "When you see people every day, you notice small things." Another staff member confirmed staff in the office ensured any support requested on behalf of people was followed up. Where staff did not normally support people with their health appointments, they confirmed care plans still contained relevant contact details for people's health professionals so they were confident in providing them with information in an emergency. A health care professional confirmed the management were very accommodating of people's needs but explained that sometimes the information provided was not then followed by staff members. The registered manager was aware of this and had recently started spot checks of staff's work to improve this area.
People's care plans detailed whether they required support to prepare and eat meals. People who had food prepared by staff told us they were satisfied with the support provided.

People told us staff always asked for their consent before commencing any care tasks and staff understood the importance of gaining consent before providing care. One staff member told us, "I always ask first before I do anything. They'd be on the phone to [the registered manager] if I didn't, I know that!" However, a health care professional explained that sometimes, if a person declined care, they may accept it with a little encouragement from staff. They felt staff did not always provide sufficient encouragement to people to accept care and support, if they initially declined. This meant these people may not always getting their needs met effectively. The registered manager told us they would discuss this with staff in order to make improvements.
We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

The management team told us they only supported one person who lacked capacity. The person's care plan gave clear details about their preferences which had been shared by the person's family. This enabled staff to ensure the decisions they were making were in the person's best interest. However there was no formal mental capacity assessment in place to evidence how they had concluded the person lacked capacity to make their own decisions.

Following a concern about someone's medicines, new procedures had been put in place to help ensure the risk of reoccurrence was reduced. The concern and new procedure had been put in place but had not been discussed with the person themselves, even though staff told us the person had capacity to make their own decisions. The deputy manager told us they would ensure this information was discussed with the person.

We recommend the provider reviews the requirements of the Mental Capacity Act 2005 (MCA) and take action to update their practice accordingly.

Good

Is the service caring?

Our findings

People told us they were happy with the care they received.

People were treated with kindness and compassion. People and their relatives told us they were very happy with the compassion and care provided by staff. Comments included, "They do the job in a very caring and courteous manner", "They are so kind and caring. My wife looks forward to seeing them" and "They're excellent." A compliment received by the service stated, "I am profoundly grateful for the care and kindness that [….] received. Your carers, without exception, undertook their tasks in a professional way and beyond this, with kindness and understanding."

Staff talked about people with affection and told us they enjoyed spending time with the people they supported. Comments included, "We have lovely clients", "The clients are amazing," "I want to put a smile on their face" and "We genuinely care for people." People told us staff were respectful of their home. A staff member explained, "I treat people's homes how I would want my home to be treated. I talk to them and ask them how they like things."

Staff showed concern for people's wellbeing in a caring and meaningful way. A relative told us they were impressed staff would sometimes, "Go beyond the bounds of duty for my wife and curl her hair with the tongs making her feel good." On visiting the office, one staff member shared, "I took a bunch of daffodils in to cheer […] up today." They explained, "We often do extra things for people. I'm trying to find a lap tray for someone at the moment, as it would help them out." Another staff member explained, "I always think how I would feel in their position. I might be the only person they see all day and it can't be right if I don't take the time to have a chat" and "I don't like to rush in and out, there's usually plenty of time to chat." One person had moved back home from a care home and the registered manager and staff all understood how important it was to the person to remain in their own home with their wife. A healthcare professional confirmed staff often took extra time in order to ensure people felt cared for; particularly when people had no family close by.

People were treated equally and fairly and their diverse needs were met. For example, one person did not speak English as their first language. They were living with dementia and their understanding of English fluctuated. One staff member told us staff had learned key words in the person's first language so they could still understand the person and be understood. The person also liked their care provided in a way that respected their religion. Their care plan gave clear guidance for staff to follow to help ensure the person could follow their preferred religious practices.

Care plans detailed how staff could help people maintain their independence, identifying what a person could do for themselves and what they needed support with. Staff confirmed people were encouraged to be as independent as possible. Comments included, "I want to help them keep independent" and "We encourage people to do things so you don't take skills away but help out where necessary."

People told us staff listened to them and took appropriate action to respect their wishes. People were

involved in planning and making decisions about their treatment and support.

Staff understood how to protect people's confidentiality. Following a recent concern raised about the service, staff had been reminded about the importance of confidentiality.

People told us their privacy and dignity was respected. Comments included, "They [staff] are very aware of my privacy and dignity" and "I had sore skin and the carer sorted it nicely and privately." Staff informed us of various ways people were supported to have the privacy they needed. For example, one staff member commented how they would cover people up as much as possible when providing personal care to help maintain their dignity.

Good

Is the service responsive?

Our findings

People told us the service was responsive to their needs. One person commented, "They're very attentive to what I need."

People had their needs assessed before they began to use the service. This helped ensure the agency could meet their needs. A staff member explained, "The managers visit first and report to us what the person's needs are. We read the care plan and have a verbal handover. Any changes are then reported and updated in the care plan."

Care plans were in the process of being updated and contained detail about how people would like to receive their care and support. They also included information about people's preferred routines, likes, dislikes and what tasks they required staff to complete for them at each visit. Further information was included about people's personal history which helped staff get to know people as individuals. One staff member confirmed, "We talk about their past and the things they used to do."

Staff told us care plans were kept up to date and contained all the information they needed to provide the right care and support for people. One staff member explained, "They definitely have enough information and tell us what people want from us as carers. For example, one person likes routine and is very meticulous. I found that very useful to know." Another staff member confirmed, "Changes are reported to the management and they update the care plan straight away." They added, "Clients always come first but I always take time to read the updates."

Staff told us people were being involved more in developing their care plans to help ensure their views and preferences were known and recorded. People's relatives confirmed they felt involved in these reviews. Comments included, "Mum's care plan was reviewed last week" and "The manager comes regularly and reviews my husband's plan."

When people were cared for at the end of their life, staff were supported by external professionals and any wishes or preferences at this time were respected. However, people had not all been asked in advance about these preferences so they could be documented as part of their care plan. This meant if someone's health deteriorated and they were unable to communicate their wishes, these may not be met by staff.

We recommend that the provider seeks advice and guidance from a reputable source, about supporting people to discuss wishes and preferences for the end of their life.

People were empowered to make choices and have control over their day to day lives. One staff member explained, "When I support someone to decide what clothes to wear, I offer two options at a time so it's not too overwhelming; or when I'm changing someone's bed, I ask what sort of bedding they would like putting on."

Most people's calls did not include planned time for staff to support them with following interests or

attending social engagements. However, a healthcare professional told us they were aware staff had done this for people when they knew they would benefit.

The registered manager was not aware of the accessible information standard. (The Accessible Information Standard is a framework put in place making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.) However, staff explained that they showed one person pictures in order to communicate more effectively with them. They reported that at this time, other people did not have any particular communication needs.

Where available, staff used technology to aid people's daily living and independence. One person had a disability which made it difficult for them to use a phone. Their care plan detailed that staff were to help them use the voice activation on their phone so they could still use it to communicate with others.

Complaints and concerns were taken seriously and used as an opportunity to improve the service. People told us any concerns they had raised had been sorted out quickly. Comments included, "No complaints. A first class service" and "The office is very responsive."

Requires Improvement

Is the service well-led?

Our findings

A registered manager had overall responsibility for the service. They were supported by a deputy manager and a staff member in the office who both had designated management responsibilities.

The registered manager spent the majority of their time providing care to people, working alongside staff. This meant they knew people and staff well. They had delegated most other responsibilities to the staff member in the office, for example, training, staff supervisions, updating care plans, monitoring records and updating policies and procedures.

The registered manager had not taken action to monitor the service to help ensure it continued to improve and provide quality support to people. They had not completed any audits on any aspect of the service which meant they had not identified the concerns we identified during the inspection; such as records of people's mental capacity assessments and end of life wishes, not being in place. They had not ensured they remained up to date with current legislation and best practice. This meant they were not aware for example, of the requirement for staff to provide a full career history or the new Accessible Information Standard.

The staff member based in the office carried out monitoring of records completed by staff. This helped ensure call times and the number of staff attending was monitored; and improvements were made where necessary. They also checked any concerns had been acted upon and that care provided matched what was in the care plan. They ensured feedback was provided to staff where necessary and that care plans were updated with any themes arising from the records. A member of care staff told us, "Records are usually completed well and if they're not, we get pulled up about it." At the time of the inspection, the registered manager was not monitoring these checks or other work that had been delegated to staff members. This meant they did not did not have an overall view of the quality of the service.
A healthcare professional told us that following incidents or concerns raised, the registered manager took action to improve the service. However, they added that the service was not always proactive in identifying problems, or potential problems, in a timely way and taking action before they became a concern. For example, prior to concerns being raised about medicines management and manual handling, the majority of staff did not have up to date training in these areas. Identification of these gaps may have improved staff practice. Training was now in the process of being updated.

The registered manager completed spot checks on staff members during calls to people however, where these checks showed people were not meeting the standard required, there was no information to show whether there was a reason for this or whether action had been taken. This meant it was difficult to identify whether action had been taken to improve the service when incorrect practice had been identified.

The provider had also not taken time to identify any emerging themes or trends from concerns or gaps in practice, which would enable them to improve the overall quality of the service in the future. Staff members told us they were confident reporting any concerns they had to the management team, whether it was about people or staff. However, a staff member had been dismissed recently due to concerns about their working practice. Staff agreed with the concerns raised but had not raised them with the management team

themselves. This meant the concerns had not been dealt with as soon as they could have been. The management team told us they had spoken to staff about the importance of raising any concerns they had about other staff and would also reiterate it at a forthcoming staff meeting.

The provider had not ensured systems and processes were in place to monitor the quality of the service and identify concerns promptly. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection the registered manager told us, "We always monitor our service, as a hands on manager who work along staff and provide care to our clients , I am always approachable to my staff and the clients I care for and if they ever have any issues this is always dealt with an efficient, timely manner."

The service had not always notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations.
The provider had failed to notify us of all significant events in line with their legal obligations. This is a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

People and those important to them had opportunities to feedback their views of the service and quality of the service they received. The registered manager saw people regularly and sent questionnaires to people using the service to identify whether people were happy with the service provided. The responses showed that the majority of people were happy with the service they received. A staff member added, "Quite a few clients have said we're doing a good job." However, the service had failed to identify that people wanted to be informed in advance which staff would be attending each call, even though one person told us, "I keep asking about the rota."

People knew the managers and reported there was good communication with the registered manager and the office. Comments included, "The office is easy to get hold of", "There is good communication" and "The owner is very hands on."

When things had gone wrong, the registered manager was honest about them. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

The provider's statement of purpose stated that each client had a right to be safe, feel loved and always know that 'someone cares'. Staff had clearly adopted this ethos in the way they cared for people. People confirmed, "I wouldn't hesitate to recommend Annette's Care", "I just can't find any faults" and "Couldn't wish for anything better." A compliment received by the service stated, "Thank you for the wonderful care you provided."

Staff told us they were happy in their work and felt supported in their roles. Comments included, "This is a lovely company. It's getting better all the time", "I travel over an hour to get to work. I could get a job closer to home, but that's how much I love it!" and "I feel one hundred per cent 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	Regulation 18 Registration Regulations 2009 Notifications of other incidents The provider had failed to notify us of all significant events in line with their legal obligations.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had not acted to keep people safe. People's medicines were not always managed safely.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not ensured systems and processes were in place to monitor the quality of the service.