

Andersen Care Limited

Andersen Care Agency

Inspection report

837 High Road
London
N17 8EY

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31 October 2017

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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

This inspection took place on 31 October 2017. We gave the provider two days' notice that we would be visiting their head office.

At our last inspection in May 2016 the service was rated 'Good'. We did, however, have concerns about how risks were being managed at the service. We identified a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the service was now meeting the regulation and it remained rated as 'Good'.

Andersen Care Agency provides support and personal care to people living in their own homes. There were approximately 40 people using the service at the time of our inspection.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People told us they were well treated by the staff, felt safe with them and trusted them.

Staff knew how to recognise and report abuse and they understood their responsibilities in keeping people safe. Staff understood that people were at risk of discrimination and knew that people must be treated with respect. Staff understood that there were laws to protect people from discrimination.

Where any risks to people's safety had been identified ways to mitigate these risks had been discussed with the person and recorded so staff knew how to support the person safely.

The provider followed appropriate recruitment procedures to make sure that only suitable staff were employed.

There were systems in place to ensure people were supported with their medicines safely and appropriately.

People who used the service and their relatives were positive about the staff and told us they had confidence in their abilities. Staff were provided with the training they required in order to support people effectively.

Staff offered choices to people as they were supporting them and people told us they felt involved in making decisions about their care.

People confirmed that they were involved as much as they wanted to be in the planning of their care and

support. Care plans included the views of people using the service and their relatives. Relatives told us they were kept up to date about any changes by the management of the service.

The management and staff were quick to respond to any changes in people's needs and care plans reflected people's current needs and preferences.

People told us they had no complaints about the service but said they felt able to raise any concerns without worry.

The provider had a number of quality monitoring systems including regular surveys for people using the service and their relatives. People we spoke with confirmed that they were asked about the quality of the service and had made comments about this.

Staff were positive about the management and told us they appreciated the clear guidance and support they received.

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 safe. People told us they felt safe and trusted the staff who supported them.

Where any risks to people's safety had been identified, ways to mitigate these risks had been put in place and were known to staff.

There were systems in place to ensure people were supported with their medicines safely and appropriately.

Good ●

Is the service effective?

The service remains Good.

Good ●

Is the service caring?

The service remains Good.

Good ●

Is the service responsive?

The service remains Good.

Good ●

Is the service well-led?

The service remains Good.

Good ●

Andersen Care Agency

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 checked 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.

Andersen Care Agency provides support and personal care to people living in their own homes. There were approximately 40 people using the service at the time of our inspection.

This inspection was undertaken on 31 October 2017 by one inspector. We gave the provider two days' notice that we would be visiting their head office as we wanted to make sure they were available on the day of our inspection.

At our last inspection in May 2016 the service was rated 'Good'. At this inspection we found the service remained 'Good'.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the completed PIR and previous inspection reports before the inspection. We reviewed other information we had about the provider, including notifications of any safeguarding or other incidents affecting the safety and well-being of people using the service.

We spoke with seven staff including the registered manager. After the inspection we spoke with three people who use the service and 13 relatives.

We looked at seven people's care plans and other documents relating to their care including risk assessments and healthcare documents. We looked at other records held by the service including health and safety documents, six staff files, quality audits and surveys.

Is the service safe?

Our findings

People told us they liked the staff and felt they received safe care. One person told us, "I feel very safe. It's the way they are careful in moving me around." A relative said, "He likes them to come. He feels very safe. He trusts them." Another relative told us, "I do think he is in safe hands. My [relative] is a difficult man due to his condition but the carers are extremely patient with him. Carers are a saint when compared with how people with the same condition were treated in the hospital."

At our last inspection of this service in May 2016 we had concerns about how risks were being managed at the service. We identified a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. After the inspection the registered manager wrote to us describing the actions they would take in order to become compliant with this standard. At this inspection we found the service was now meeting the regulation.

Before people were offered a service, a pre-assessment was undertaken by the nurse assessor. Part of this assessment involved looking at any risks faced by the person or by the staff supporting them. We saw that risk assessments had been undertaken in relation to mobility, nutrition and pressure care. Where risks had been identified, the nurse assessor had discussed with the person or their representative ways to mitigate these risks. Staff understood the risks that people they supported faced and described the risks to us and the ways they mitigated these risks.

People confirmed that staff had talked with them about the risks they faced in connection with their care. One relative said, "The care workers talked to me about risks in the home when we first started, and as things go along they warn me of new risks." Another relative commented, "Management go through safety issues at the six monthly care reviews."

The nurse assessor had also carried out risk assessments for staff in connection with their duties and a lone worker policy was available which gave staff information about keeping safe.

Staff knew how to recognise and report potential abuse. Staff had received training in safeguarding adults and understood the types of abuse people could face and potential signs to look out for that may indicate people were being harmed. Staff were confident that the registered manager would take action if they had any concerns. Staff knew they could also report safeguarding concerns to outside organisations such as the police and the local authority.

We asked people who they would contact if they did not feel safe with staff or were worried about how they were being treated. A relative told us, "Definitely speak to you guys [CQC], Haringey Council or the Police."

Part of the assessment carried out by the nurse assessor included making sure that there were enough staff to meet people's individual needs. Staff did not raise any concerns with us about staffing levels and told us that they had enough time to carry out the tasks required and that they would inform the registered manager if they felt they needed more time.

People told us that staff arrived on time or would phone them if they were running late. One person told us, "They are always punctual. A relative commented, "The carer is on time 99.9 percent of the time."

Staff had completed training in the management of medicines and understood what they should and should not do when supporting people or prompting people with their medicines. People told us they were happy with the way that staff helped them manage their medicines. One person told us, "I do it myself. They remind me." Another person commented, "They help me with my tablets. I have blister packs. Yes, just morning and evening." A relative said, "I have seen the care worker administer the medicines. It works well. They always make sure she has taken her pills."

The provider had robust staff recruitment procedures in place. Records confirmed that checks were carried out on prospective staff before they commenced working at the service. Staff files contained appropriate recruitment documentation including references, criminal record checks and information about the experience and skills of the individual.

Is the service effective?

Our findings

People who used the service and their relatives told us that they had confidence in the staff who supported them and that staff were effective. A relative said, "They are definitely well trained." Another relative commented, "They absolutely understand her needs."

People and their relatives were particularly positive regarding the continuity of care provided by staff. One relative said "He has seen the same carers for four years so they really understand his needs very well." Another relative commented, "They know my Dad well now. They have been with him for a long time. I think they are well trained."

Staff told us that they were provided with the training they needed in order to support people effectively. This included health and safety, medicine management, food hygiene and moving and handling. The nurse assessor was also the in house trainer and staff were positive about them. One staff member told us, "[The in house trainer] is very thorough and any questions you have you can ask."

We saw relevant training certificates in staff files and the registered manager had developed a training matrix which showed most staff were up to date with their refresher training.

Staff confirmed they received regular supervision and we saw records of staff supervision in their files. Supervision included spot checks on staff, by the field supervisors in people's homes. Staff told us they discussed their training needs and any changes in the care needs of the people they supported. One staff member told us, "I have [supervision] every three months. It helps me improve in what I'm doing."

Staff told us about the induction process which they found useful, and involved looking at policies and procedures, undertaking essential training and shadowing more experienced staff until they were confident to work on their own. One staff member said, "I had to do all the training."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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.

All staff had received training in understanding the MCA (2005) and understood what this meant for people who lacked capacity to make decisions. People told us that staff always asked for their permission before carrying out any required tasks for them and did not do anything they did not want them to do. Care plans reminded staff that they must always seek the person's consent before providing any care and support. One relative told us, "Yes, they always discuss what they are going to do with [my relative] first." Another relative commented, "My mum can't speak. They will tell her what they are going to do."

Where appropriate and when this was part of a person's care package, details of people's dietary needs and

eating and drinking requirements were recorded in their care plan and indicated food likes and dislikes and what support they needed.

People told us they were happy with how the staff supported them with eating and drinking. A relative told us, "They give her breakfast and lunch. Yes, I'm happy with it."

Care plans showed the registered manager had obtained the necessary detail about people's healthcare needs and had provided specific guidance to staff about how to support people to manage these conditions. Staff we spoke with had a good understanding about the current medical and health conditions of the people they supported. They knew who to contact if they had concerns about a person's health including emergency contacts.

Is the service caring?

Our findings

People told us staff treated them with respect and kindness. Comments from people were positive about the caring attitude of the staff. One person told us, "All of them are very, very kind." Another person commented, "Yes, they treat me special."

From talking with both staff and the people they supported, we could see that professional, caring relationships had formed. A relative commented, "The management and staff are very good. They treat my mother as family. Come Christmas, they bring balloons and cakes! I am very pleased with her care."

People confirmed that they were involved as much as they wanted to be in the planning of their care and support. People told us that staff listened to them and respected their choices and decisions. One relative told us, "I am very involved in meetings." Another relative said, "I have a lot of conversations with the Care Co-ordinator. She was very sympathetic."

Staff were aware of equality and diversity issues and understood that racism, ageism and homophobia were forms of abuse. They gave us examples of how they valued and supported people's differences. They told us that it was important to respect people's culture and customs when visiting and gave us examples in relation to religious observance. One staff member told us, "We have to respect people's culture, it's their house." A relative told us, "Staff are very responsive. They are very understanding about cultural issues." Another relative said, "They are brilliant. The agency provided a carer who understood my mother's cultural background and even spoke my mother's native language. The carers understand my mother's culture so well that they treat her as an 'elder' just as she would be treated in her country of birth."

Staff told us they enjoyed supporting people and demonstrated a good understanding of people's likes and dislikes. This matched the information we saw in people's care plans. A relative told us, "Very much so, they find him television programmes and books that he likes. They know what interests him." Another relative commented, "If the carer is unsure about my mother's wishes, they will always consult me."

People confirmed that they were treated with respect and their privacy was maintained. Staff gave us examples of how they maintained people's dignity and privacy not just in relation to personal care but also in relation to sharing personal information. Staff understood that personal information about people should not be shared with others and that maintaining people's privacy when giving personal care was vital in protecting people's dignity.

Is the service responsive?

Our findings

People using this service and their relatives told us that the registered manager and staff responded to any changes in their needs. We asked people if the service was responsive if their needs changed. One person commented, "Yes, if there is any change, they are normally quite co-operative." A relative told us, "Yes, they are. [My relative] has been deteriorating and they are able to accommodate the change in their condition."

We saw from people's care records and by talking with staff that any changes to people's health conditions were noted by staff and reported to the management. We saw letters from the nurse assessor to the commissioning team which detailed the changes in people's needs and evidence of these changes. These letters were sent to the local placing authority so people's needs could be reassessed and additional time agreed to provide support to meet people's changing needs.

Each person had a care plan that was designed to meet their identified needs. Care plans reflected how people were supported to receive care in accordance with their needs and preferences.

Care records reviewed reflected that people had been involved in their care planning and each person or their representative had signed the plan to confirm they agreed with the support they were being given.

People's needs were being regularly reviewed by the provider, the person receiving the service, their relatives and the placing authority if applicable. Relatives told us the service was flexible. One relative said, "If they want to designate a new carer, they always ensure that the previous carer is on hand to introduce the newcomer." Another relative said, "They know my mother well and always take time to tell me if she is down or in good spirits."

People told us they had no complaints about the service but said they felt able to raise any concerns without worry. One person told us, "I've never made a complaint. If I do, I write, yes of course." One relative said, "Yes, they would listen. They are good." Another relative commented, "Head office make a call once a month to ensure everything is okay."

There had been one complaint made in the last year. The registered manager had dealt with this complaint swiftly and he had maintained accurate records of the complaint investigation.

Is the service well-led?

Our findings

People using the service, their relatives and staff were very positive about the way the service was run. Comments from relatives included, "The service they give is very good," "Oh yes, very well run. I am always asked for feedback" and "In terms of what they do, I think that they are well organised."

Staff were positive about the registered manager and the way he ran the service. One staff member told us, "He knows what he's doing. He keeps his word. If he says he will do something he will." Another staff member commented, "He listens to you."

Systems were in place to monitor the safety and quality of the service provided. These included regular quality surveys, spot checks on staff and regular reviews of service provision.

People confirmed they had been asked for their views about the service and that they could contact the registered manager to discuss any issues and they were listened to. We saw completed surveys that indicated people were satisfied with the service. Comments recorded from the most recent survey were positive and included, "Staff are outstanding and go the extra mile" and "[Staff name] is an absolute genuine caring person. If only we had more carers like this in the world it would be a better place." The registered manager told us that they would contact the respondent if there were any issues that needed addressing straight away.

Staff confirmed they attended team meetings with the registered manager and that they could bring up subjects of concern or make suggestions for improvements. One staff member said, "It's a very friendly atmosphere. We all look after each other." Another staff member told us, "I speak up."

The registered manager kept an on-going record of all incidents, complaints, survey responses and issues discussed at team meetings in order to look for trends in service provision. He used this information to identify potential problems or to look at ways to develop the service in the future.