

Annie's Healthcare Services C.I.C.

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Inspection report

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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 30 April 2018 and was announced. At the last inspection on 28 July 2016, the service was rated as good overall with requires improvement under Well led. We found the registered manager did not always notify the CQC of safeguarding alerts, which they were legally obliged to inform us about. This action has been completed.

Following the last inspection in July 2016, we asked the provider to complete an action plan to show what they would do and by when to improve the well led domain to at least good. We did receive a comprehensive action plan within the time allocated to them. We asked the provider to take action to make improvements in sending us notifications, which they were legally obliged to do. This action had been completed and the provider now met legal requirements.

Annie's Healthcare Community Interest Company provides support, including personal care, to people in their own homes. At the time of the inspection there were 16 people receiving care and support from the service.

There was a registered manager in place at the time of our inspection. 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.

Staff were aware of their responsibilities to ensure that people were protected from the risk or potential risk of harm. There were policies and procedures in place for staff to follow. Potential risks to people's health and welfare were assessed and there was guidance on how to manage these risks and keep people safe.

There were enough staff to meet the needs of the people. Before newly recruited staff started employment, the provider undertook all necessary employment checks. Staff had received training to meet the needs of the people.

There were systems in place to manage people's medicines so that they received them when they needed.

The management team and staff understood their responsibility to comply with the requirements of the Mental Capacity Act 2005 (MCA). They were aware of how to support people who could not make decisions for themselves when required.

People were supported to eat and drink sufficient amounts to meet their needs. Records showed people had regular access to health and social care professionals. People received care and support in a compassionate way from a staff team that knew them well and were familiar with their needs. Each person had a care plan outlining how they needed support and how they liked to be helped.

The provider had a complaints procedure which people could access and were made aware of. The registered manager ensured that any issues raised were resolved to the satisfaction of the person. People who used the service, their representatives and staff were asked for their views and they were acted on.

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 remains good.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service was well led. The registered manager was aware of their responsibilities to inform Care Quality Commission (CQC) of notifiable events without delay.

The management team was approachable and worked with the staff to ensure people were supported appropriately.

There were effective systems in place to seek people's views and opinions about the running of the service.

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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.

This announced inspection took place on 30 April 2018 and was conducted by one inspector. The registered manager was given 48 hours' notice because we needed to be sure that members of the management team were available to assist us with the inspection.

Before the inspection, we checked the information that we held about the service. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us by law. We also looked at the information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we spoke with the registered manager and the office manager who managed the service in the absence of the registered manager. We looked at three care plans, three staff recruitment files, staff training records, staff rotas, staff supervision and a range of records about people's care and how the service was managed.

After the inspection we spoke on the telephone with one relative, two people who used the service and two members of staff to gain their views about the service.

Is the service safe?

Our findings

People told us that they felt safe using the service. One person said, "Yes I feel safe when the carers are around." Relatives did not have any concerns about the staff and felt the service was safe. Staff were trained in safeguarding adults and had good understanding of their responsibilities to report concerns under the safeguarding policy and procedures.

The service had a process in place to manage risk to people. Individual's records contained risk assessments, including instructions to staff on action to reduce risks to people using the service and themselves. For example, one person had a risk assessment due to difficulty with mobilising. Risk assessments were reviewed when people's needs changed. This meant that people were protected against risk of harm. Records of accidents and incidents were kept. They regularly analysed and action taken to reduce the likelihood of incidents/accidents reoccurring.

People told us there were enough staff to look after them. They confirmed they had the same group of care staff providing care, and this helped with consistency. One person said, "I have [staff] for quite a while now and they know me well."

We looked at staff files and saw relevant checks had been completed before staff started to work at the service. Staff had completed an application form to show their employment history and had attended an interview. Staff files also contained proof of their identity, references, health questionnaires and a Disclosure and Barring Service (DBS) check. DBS helps employers make safer recruitment decisions and prevent unsuitable staff from working with people.

People told us that if they needed assistance to take their medicine that care staff helped them. One person said, "They [staff] make sure I take my tablets." There were appropriate arrangements in place in relation to the recording and management of medicines.

Staff were provided with personal protective equipment such as gloves and aprons. This helped to prevent any spread of bacteria or viruses. Staff had received training in infection control and were aware of their responsibilities in this area.

Is the service effective?

Our findings

People told us that they were happy with the way the staff supported them with their needs and felt they knew what they were doing. One person said, "The carers are very good." A relative commented, "They [staff] do a good job."

Before a person started to use the service, an initial assessment was carried out. We found the assessment process was comprehensive and done in a holistic way.

There was system in place to ensure people were supported by staff who had the knowledge and skills necessary to carry out their roles and responsibilities. The provider had a training programme in place for all staff and they had received training in a number of key areas relevant to their roles. Staff told us the training was good and helped them to care for the people who used the service and meet their needs. One member of staff said, "The training courses are very informative."

New staff received an induction when they started working at the service. This included training and 'shadowing' a more experienced member of staff. Staff who were new to the caring profession were working on the nationally recognised Care Certificate and this was also used for existing staff to update or refresh their knowledge in certain areas.

The provider had systems in place to ensure all staff received the support they needed. Staff had regular one to one meetings where they had an opportunity to discuss any issues or problems they might have and any training requirements. They also had an annual appraisal and this helped the provider to monitor that staff had the competencies and skills to do their work.

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. Staff had received training in this area and explained how they sought people's consent before care and support was delivered. One person told us, "The carers always ask before they do anything."

Some people required support with their meal preparation and staff assisted them accordingly. People told us they were happy with how staff prepared their meals. Staff knew what each person's dietary needs were, for example what people liked to eat. Where people was assessed as being at risk of poor nutrition staff recorded what the person was eating on a daily basis.

The management worked closely with health and social care professionals to monitor the health of people. Staff monitored people's health and welfare and made referrals to health care professionals where appropriate. This meant that people received appropriate access to health professionals to maintain their health and well-being.

Is the service caring?

Our findings

People told us they were satisfied with the care and support provided by staff who worked for the service. They felt the staff were kind and caring. One person said, "The carers are good to me and they treat me well."

We saw people could express their views and were involved in making decisions about their care needs.

Relatives told us they felt informed about their family member's care and they were contacted by the management team if there was anything that they needed to know. One relative said, "The manager keeps in regular contact with me and they always let me what is going on."

People told us their privacy and dignity was always maintained. For example, they told us staff ensured they closed the door when they provided personal care. People's individual diverse and cultural needs were considered and staff had received training in this area.

People were also encouraged to keep their independence as much as possible. One person said, "The carers encourage me to do what I can and help me with other things."

Staff also encouraged people to make choices and decisions about how they wanted to spend their day, the meals they liked to eat and what they liked to wear.

Staff were aware of people's preferences and routines so they could support people in their daily lives. For example, they were aware of people's likes and dislikes and what they liked to eat or drink. People told us that staff listened and communicated well with them.

Is the service responsive?

Our findings

People and their relatives were satisfied with the service. One person told us, "The staff are very good and caring." Another person said, "They [staff] are friendly, helpful and kind."

People received personalised care that was responsive to their needs. We looked at care plans and found them to be centred on the person as an individual. They contained information on how each person must be supported as well as including people's preferences. This helped to ensure staff had knowledge of how to provide personalised care and support to people who used the service. We saw care plans were reviewed and updated when people's needs changed.

Staff told us the care plans provided them with enough information to enable them to meet people's needs. We saw staff had completed a record detailing the care they had provided at each visit and any changes in the person's condition and highlighted any concerns or issues.

People's social and emotional needs were taken into account. This was because people were asked about social activities and hobbies they enjoyed. People were supported to pursue their interests and maintain links with the community. This helped to avoid social isolation.

People and relatives could raise any concern and felt confident these would be addressed promptly. One person said, "I will speak to [office manager] if I am not happy about something." Informal concerns raised by people were addressed on a day to day basis. The provider took account of complaints and comments to improve the service. We saw that the service had a complaints policy in place and had received some compliments from people, relatives and other professionals.

Is the service well-led?

Our findings

At our last inspection in July 2016, we found the registered manager did not always submit statutory notifications to the Care Quality Commission. During this inspection, we found the registered manager had taken steps to ensure they notified us about certain events, so that we could see what actions they had taken or if we needed to follow up on any information they had sent us. The registered manager was aware of their responsibilities to inform us of any notifiable events.

Since our last inspection in July 2016, the management team had been sending us notifications on a regular basis. This helped us to monitor the service closely and to identify if we needed to take any action, such as bringing forward an inspection or contacting the local authorities or commissioning teams to see what actions they were taking against the service.

People, their relatives and staff told us the management team was approachable and they were happy with the way the service was managed. The management team had a hands on approach to delivering the service which enabled them to build up positive relationships with the staff, people using the service and/or their relatives.

Staff felt supported by the management team. One member of staff said, "The manager is very good and very supportive." People also mentioned that they were able to contact the office staff if they had anything to bring to their attention knowing it would be dealt with.

Staff knew what was expected of them and who they were accountable to. They attended regular team meetings to keep themselves up to date with any changes happening at the service.

There were regular audits carried out to make sure people were receiving care and support to expected standards. These included areas such as daily records, medicines charts and training records.

The provider continually sought feedback from people, relatives, staff and other professionals. This was gained by satisfaction surveys. Comments received from the recent completed satisfaction surveys were positive about the service.