Anytime Recruitment Limited

Anytime Care 2020

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

Overall summary

This inspection took place on 16 December 2014 and was announced. We informed the provider two days in advance of our visit that we would be inspecting. This was to ensure there was somebody at the location to facilitate our inspection. At our last inspection of this service in October 2013 we found that they had met all the regulations we checked at that time.

The service is a domiciliary care service that provides support with personal care to people living in their own homes. At the time of our inspection the service was providing care to six adults.

There was not a registered manager in post on the day of our inspection. The last registered manager for the service notified the Care Quality Commission (CQC) they left in November 2014. The current manager was in the process of applying for registration as the manager for the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Systems were in place to help ensure people were safe. Staff had undertaken training about safeguarding adults and had a good understanding of their responsibilities

Summary of findings

with regard to this. Risk assessments were in place which provided information about how to support people in a safe manner. Staff understood their responsibilities under the Mental Capacity Act 2005. We found there were enough staff working to support people in a safe way in line with their assessed level of need. The service had effective arrangements for the management of medicines to protect people against the risks associated with medicines

Staff received regular training and were knowledgeable about their roles and responsibilities. They had the skills, knowledge and experience required to support people with their care and support needs.

Staff knew the people they were supporting and provided a personalised service. Care plans were in place detailing how people wished to be supported and people and their relatives were involved in making decisions about their care.

The manager was open and supportive. Staff and relatives felt able to speak with the manager and provided feedback on the service. The manager undertook spot checks to review the quality of the service provided.

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?

Good

The service was safe. All the relatives told us they felt the service was safe. Staff had a good understanding of their responsibilities with regard to safeguarding adults. Systems were in place to protect people from financial abuse.

Risk assessments were in place to help ensure people were supported in a safe manner.

There were enough staff to meet people's assessed needs in a safe manner. The service had effective arrangements for the management of medicines to protect people against the risks associated with medicines.

Is the service effective?

Good

The service was effective. Staff had received the appropriate training and support to carry out their roles.

The manager and staff had an understanding of the Mental Capacity Act 2005 and how the act should be applied to people living in their home which included applying to the Court of Protection if people lacked capacity.

People were supported to eat or drink enough to maintain their health.

Is the service caring?

Good

The service was caring. Relatives of the people that used the service told us that staff treated them with dignity and respect.

People and their relatives were involved in making decisions about their care and the support they received.

Is the service responsive?

Good

The service was responsive. People's needs were assessed and care was planned in line with the needs of individuals. People were involved in planning their own care.

People's needs were subject to review and the service was able to respond to people's changing needs.

Relatives said that the service responded to any concerns or complaints.

Is the service well-led?

Good

The service was well-led. The service did not have a registered manager, however, the current manager was in the process of applying to register. Relatives and staff found the manager to be open and supportive.

Quality assurance and monitoring systems were in place to help provide a good level quality of care and support. These systems included seeking the views of people that used 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 inspection took place on 16 December 2014 and was announced. The inspection was carried out by one inspector. On the day of the inspection we spoke with the manager, business development manager, care co-ordinator and one care worker. After the inspection we spoke with three relatives of the people that used the service and two care workers. We were unable to speak to people using the service because of they were unable to communicate with us verbally. We looked at six care files, daily records of care provided, staff duty rosters, five staff recruitment files including supervision and training records, a range of audits, complaints folder, minutes for various meetings, safeguarding folder, and policies and procedures for the service.

Before our inspection, we reviewed the information we held about the service. This included the last inspection report for October 2013 where we had found the service to be meeting the regulations. Before the inspection the provider completed 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 spoke to the local contracts and commissioning team that commissioned the service on behalf of the people using the service.

Good

Is the service safe?

Our findings

All the relatives of people told us they felt the service was safe. A relative said, “There has been no incidents. I feel the service is quite safe.”

Safeguarding adults was a mandatory component of induction training. Staff received on-going training of abuse awareness and how to recognise poor practice. The agency’s safeguarding adults policies and procedures provided guidance to staff on how to recognise and report abuse. Staff showed an awareness of safeguarding matters including recognising types of abuse and what actions to take. They understood the agency’s safeguarding adults policy and other policies for safeguarding people. These included the whistleblowing policy. The manager told us there had not been any allegations of abuse since our previous inspection.

Detailed risk assessments had been completed for people when they started using the service. These included risks in the environment, moving and handling, and medicines assessments. Staff told us risk assessments were reviewed every six months; if people’s needs changed they would be reassessed more frequently to reflect any changes. For example, people had a new risk assessment after each time they were discharged from hospital.

There were sufficient numbers of staff available to keep people safe. Staffing levels were determined by the number of people using the service and their needs. Staffing levels could be adjusted according to the needs of people using the service and we saw that the number of staff supporting a person could be increased if required.

The care co-ordinator told us the service had one missed appointment in the last 28 days. If staff were unable to attend an appointment they informed the office in advance and cover was arranged so that people received the support they required. One relative told us, “The office will give good notice of any changes.”

Checks had been appropriately carried out prior to applicants being offered a job. Application forms and health questionnaires had been completed. The checks included criminal record checks, references and proof of identity. Staff confirmed the employment checks had been carried out before they started working with people. One care worker told us, “They had to do checks before I started. I had to wait two months.”

The provider supported people to receive their medicines safely. People were encouraged to take their own medicines where possible. Relatives told us they were happy with the assistance people received with their medicines. People gave written consent to accept support with taking medicines. Signed consent forms were available in their files. The service had a medicines policy. It covered guidance on administration, safe disposal and storage of medicines. All staff had medicines administration as part of their induction training.

The service had a business continuity plan and this included how people’s care would be prioritised in the event of an emergency, for example, during travel disruption or severe weather conditions. This was so people’s safety could be considered in the event of such an emergency and to prioritise visits for the most vulnerable people, such as those with complex needs living on their own.

Good

Is the service effective?

Our findings

All the relatives we spoke with felt their relatives' needs were being met by staff who knew what they were doing. One relative said, "At the moment I am happy because I have the right carers [for my relative]." Another relative told us, "The staff are very friendly and helpful."

Staff were matched to the people they supported according to the needs of the person ensuring communication needs and any cultural or religious needs were met. For example, people who were unable to speak English received support from staff that were able to speak and understand the person's language. During the initial assessment the staff member found out about people's interests and hobbies so that care workers that shared similar interests were allocated when possible. One relative said, "We asked for someone who spoke the same language as my [relative]." The same person told us, "The carer can discuss things back home, read the newspaper and ask about her life." Another relative said, "The carer speaks the same language as my [relative]."

Staff told us they had received induction training and worked alongside experienced staff so they could get to know the care and support each individual required before providing care and support on their own. New staff received five day classroom based induction training when they started work. This included topics on safeguarding adults, dementia, manual handling, health and safety, first aid, infection control, food hygiene, medication administration and record keeping. Care workers told us that they had regular one to one supervisions which was confirmed by records we looked at. We viewed the training matrix which showed us that staff had received mandatory training. It also highlighted when staff were due to undertake annual refresher training sessions. One care worker told us, "I feel I get enough training." Another care worker said, "The training is helpful. I have had training on how to use the hoist."

The service had policies on the Mental Capacity Act (MCA). The manager and staff had an understanding of the Mental Capacity Act 2005 and how the act should be applied to people living in their home which included applying to the Court of Protection if people lacked capacity. The service did not have any applications under the Court of Protection.

People were supported at mealtimes to access food and drink of their choice. Much of the food preparation at mealtimes had been completed by family members and staff were required to reheat and ensure meals were accessible to people who used the service. Staff had received training in food hygiene practices. One relative told us, "Food preparation was discussed originally when doing the care plan. The carer has to warm the food and will give a choice of a drink."

We were told by relatives that most of people's health care appointments and health care needs were co-ordinated by themselves. However, staff were available to support people to access healthcare appointments, if needed, and liaised with health and social care professionals involved in their care if their health or support needs changed.

People's care records included the contact details of their GP so staff could contact them if they had concerns about a person's health. Where staff had more immediate concerns about a person's health that they called for an ambulance to support the person and support their healthcare needs. One care worker told us, "I would tell the family if the person was unwell and I would also call the office." Another care worker said, "I would speak to the relative so a doctor can be called."

Good

Is the service caring?

Our findings

All the relatives we spoke with said they were happy with the care being provided to their relatives. A relative told us, "I find them [care workers] very caring."

Care workers told us they enjoyed working with the people they provided care to. They said that they shadowed care workers to help build a relationship with people who used the service and to get to know them better. One care worker told us, "I talk to the person. I get to know them better. They love that one to one conversation."

We asked relatives if care workers were punctual and spent the allocated time with their relatives. One relative said, "The carers are now very punctual. The office will always call if the carer is running late." All the relatives we spoke with confirmed that care workers stayed for the allocated time.

Relatives of the people that used the service told us that staff treated their relatives with dignity and respect. One relative said, "The carer communicates to my relative. They read the newspaper and ask about her life." Staff demonstrated good understanding of the importance of respecting and promoting people's privacy and respect. They gave examples such as covering people when providing personal care, and closing the curtains to ensure people's privacy.

Care records identified people's needs and we saw people and/or their representatives had been involved in the care plan. This ensured that wishes about their care and support were known and recorded. Relatives told us that they were involved in making decisions about their relatives' care. One relative said, "I was involved with the care plan. I had a meeting with [care co-ordinator] and my [relative]." The same relative said, "We talked about my [relative] needs and what she eats." Another relative told us, "The care co-ordinator visited and met with my [relative] and myself. They asked what time for the carers to come, if they wanted the carer to cook and explained what they would do."

People's cultural and religious needs were respected when planning and delivering care. For example, where possible, staff respected people's wishes when asked to remove their shoes before entering their house, which was a practiced custom in their culture.

Good

Is the service responsive?

Our findings

Staff were knowledgeable about the people they supported. They were aware of people's preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. One relative told us, "We are very happy with the care package. My [relative] is a lot more lively and fresh. You can see she is happy and well presented." We spoke to the local commissioning team who had placements in the service. They told us, "I can say with confidence that we have had absolutely no problems with them and they have been very responsive in all arrears of communication."

Care plans were personalised and focussed on what people liked staff to do so that their needs and preferences were met. Records showed people and relatives were asked about their life history and preferences. For example, we saw in one care plan that the family requested a care worker from the same gender, which had been dealt with and provided by the agency.

Staff understood the principles of personalised care and said they planned and delivered care in such a way as to ensure the person's wishes and preferences were central to every decision. One care worker told us, "I will ask what the person wants to wear by asking what colours she likes."

People were encouraged to maintain their independence and undertake their own personal care. Where appropriate staff prompted people to undertake certain tasks rather than doing them for them. One care worker told us, "I talk to the person so they don't feel nervous. Sometimes she will brush her hair by herself."

Relatives of the people that used the service said that they were asked whether their support met their relative's needs and whether any changes were required. One relative told us, "We were contacted two weeks after the care package started to see if everything was ok." Another relative told us, "I have the office phone number to call if any changes need to be done to the care plan." One relative told us a meeting had been arranged to discuss concerns about their relative's care package. We saw minutes of this meeting. The relative told us, "I spoke to the manager and we had a big meeting. Things have improved since the meeting."

The provider had a system in place to log and respond to complaints. There was a complaints procedure in place. This included timescales for responding to complaints and details of who people could escalate their complaint to, if they were not satisfied with the response from the service. People were given a copy of the complaints procedure included in the service users guide. One relative told us, "We were given a phone number if we wanted to make a complaint." We noted that there had been two complaints since our last inspection. The complaints had been investigated and resolved to ensure people received the care they expected. This showed that complaints were effectively managed.

Good

Is the service well-led?

Our findings

Staff said that the manager was open and supportive. A staff member told us, "We work together. He is supportive and if I am not sure about something he will help me." A care worker said, "The manager is good. I talked to him about a problem with a care package and he helped solve it." Another care worker told us, "The manager is fine and everyone is brilliant in the office. I feel supported. If I don't understand anything I will speak to the manager."

The manager told us that staff meetings were held weekly, which was confirmed by minutes we looked at. Topics included policies and procedures, communication with people using the services, professionalism and training. One staff member told us, "We discuss how we can improve and help service users." The same staff member said, "I think it is good because you can say if you have a problem."

The manager and the service monitored the quality of the service by regularly speaking with people to ensure they were happy with the service they received. The service undertook unannounced spot checks to review the quality of the service provided. This included arriving, at times when the staff were there, to observe the standard of care provided and obtain feedback from the person using the service. The spot checks also included checking if the care worker was wearing protective clothing while providing care, meeting nutritional needs of people and reviewing the care records kept at the person's home to ensure they were appropriately completed. We saw records of the spot checks.

The service also did regular telephone monitoring and we saw records to confirm this. Recorded comments from people included, "The [care co-ordinator] visits often to see if I'm happy with the service" and "care workers ask my mum how to help her. She feels her decisions are taken into account."

The manager carried out checks of various records including people's care files were up to date and correct. For example, we saw one person had not had telephone monitoring and we saw this was actioned. The manager also regularly carried out an audit of staff files to make sure staff members' supervision, appraisals, recruitment procedure and training was up to date. The manager told us there had been no accident and incidents since our last inspection.

There was no registered manager in post. The last registered manager for the service left in November 2014. The current manager was in the process of applying for registration as the manager for the service. The manager told us he had 11 years' experience in the care industry.