

Annix Care Limited

Annix Care

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

About the service

Annix Care is a domiciliary care service providing personal care to older people, people with dementia, people with a physical disability, sensory impairment or younger adults. At the time of the inspection the service was providing personal care to 14 people.

People's experience of using this service and what we found

The provider had safeguarding systems and processes to help keep people safe. Staff knew about the risks to people and followed the assessments to ensure they met people's needs. People felt safe and were supported by staff who knew how to protect them from avoidable harm.

Staff had been recruited appropriately and had received relevant training, so they were able to support people with their individual care and support needs.

People were supported to access healthcare professionals when their needs changed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way and in their best interests: the policies and systems in the service supported this practice. People's individual communication needs were considered to support them to be involved in their care.

Systems and processes in place promoted a positive culture in the service. The management and care team ensured they supported people in a person-centred way to reflect people's equality and diverse needs.

The quality of care provided was continually assessed, reviewed and improved. People using the service, relatives and staff were given the opportunity to provide feedback. Audits took place to ensure the quality of the service was maintained. The service worked well with health and other professionals to ensure people's needs were met.

Staff told us the service was a good place to work as they were supported and encouraged to raise any concerns as people's needs changed. People told us the culture of the service was to listen and respond to them.

Relatives told us they were involved in managing people's care and support needs and suggestions they made regarding their family member's preferences were acted on. Concerns were responded to in a timely way and information about the support people wanted to receive at the end of their life was recorded.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This is the first rating of this service since. The service was registered with us on 25 February 2021.

Why we inspected

This was a planned inspection as the service had not previously received a rating.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Annix Care

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by 1 inspector, and 1 Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care service. It provides personal care to people living in their own houses and flats.

Registered manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 14 November 2023 and ended on 23 November 2023. We visited the location's office on 14 November 2023.

What we did before inspection

We reviewed information we had received about the service since their registration. We sought feedback from the local authority and professionals who work with the service. We used the information the provider

sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with 3 people and 11 relatives of people who used the service about their experience of the care provided. We spoke with 6 members of staff including the registered manager, deputy manager and 4 support workers.

We reviewed a range of records. This included 5 people's care records. We looked at 2 staff files in relation to recruitment. We also looked at a variety of records relating to the management and quality assurance of the service, including policies, procedures, safeguarding, accident and incident records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Risk to people had been appropriately managed. There were robust risk assessments in place to guide staff on how they should support people safely. These included risks associated with the environment.
- Risk management plans contained information to keep people safe. For example, people who were high risk of falls had risk assessments with detailed instructions for staff to follow to keep those people safe.
- Staff were aware of any health conditions that might impact on people's safety and knew what action to take to mitigate the risk.

Systems and processes to safeguard people from the risk of abuse.

- People were protected from potential abuse by staff who had regular safeguarding training and knew about the different types of abuse. One staff member told us, "There are many different types of abuse that can happen in a care setting such as physical, verbal, emotional and financial."
- People told us they felt safe and comfortable with staff members. One person told us, "I feel very safe with the carers, they know how to support me, and they always arrive on time."
- Staff knew how to recognise potential abuse and protect people from it. Staff described the actions they would take where people were at risk of harm. One staff member told us, "If I saw any type of abuse, I would intervene to ensure the person was safe and report what had happened to our manager." Another staff member told us, "If I was unhappy with how a safeguarding issue had been dealt with, I would contact CQC, the police and local authority."

Staffing and recruitment

- People told us there were enough staff to care for them at the times agreed. One person told us how much they valued seeing regular staff and said, "There are enough staff to support me." Another person told us, "They [staff] arrive on time and I rarely have a missed call. They will call to let me know if they are running late."
- Recruitment checks were completed to make sure staff were safe to work with people. This included obtaining references from previous employers, and background checks with the Disclosure Barring Service (DBS). Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The registered manager told us the funding hours provided for each person and records confirmed these staffing levels were provided.

Using medicines safely

- People received their medicines on time and in a safe way. Staff completed medication administration records (MARS) to show what medicines they had administered.
- Staff had received medicines training and checks of their competency to administer medicines safely had been completed.
- Regular checks on medicines took place to ensure these had been given as prescribed.

Preventing and controlling infection

- Staff received training in infection control and were able to tell us the correct and safe use of equipment. Staff told us personal protective equipment (PPE) was available and we saw staff had access to a good supply of PPE.
- People we spoke with told us staff always wore PPE.
- The provider's infection prevention and control policy was up to date. The provider had plans in place to make sure infection outbreaks could be effectively prevented or managed.

Learning lessons when things go wrong

- Accident and incident records were completed and monitored by the registered manager to reduce the likelihood of reoccurrence. Any actions or trends were discussed and shared with staff through staff communications and staff meetings.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs had been assessed prior to starting with the service in line with legislation and guidance. The assessments identified people's needs in relation to issues such as personal care, eating and drinking, mobility, skincare, and communication. This information had been used to develop a care plan to support staff to understand how to meet the person's needs. One relative told us, "We were seen by the manager to discuss the care plan before staff started and talk through [name of person's] needs. Any changes, I can contact the manager and it will be updated."
- Other health and social care professionals were consulted as part of the assessment process. This helped to ensure people's needs would be fully met.
- People's protected characteristics, as identified in the Equality Act 2010, were considered as part of their assessments. This included needs in relation to gender, age, culture, religion, ethnicity and disability.

Staff support, training, skills and experience

- People told us staff knew what they were doing and were well trained. One person told us, "The staff know what they are doing, they appear well trained." One relative told us, "On the whole I have no worries about the care there, the staff are well trained."
- New staff were required to successfully complete a period of induction. During this period senior staff assessed their skills and knowledge to make sure they were competent to work alone with people. A staff member told us, "The training is good, we cover different subjects, and you shadow a more experienced staff member until you are confident on your own."
- Staff had supervision meetings with senior staff to support them in their role and to identify any further training or learning they might need.
- The provider and registered manager were in regular contact with staff, providing support and advice when this was needed.

Supporting people to eat and drink enough to maintain a balanced diet

- People's care records contained up to date nutrition information for staff to follow.
- People with modified diets had assessments to specify the type of diet they should consume.
- Staff we spoke with knew people's food likes and dislikes and were aware of specific dietary needs and any risks associated with eating and drinking.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People had access to other healthcare services. Care records showed involvement from a range of health

care professionals including GP, dentist, mental health services and opticians.

- Staff knew people's needs well and ensured that any changes in a person's condition were noted and discussed with the management team or their relative where appropriate.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff had received training in the MCA and had some basic knowledge of the Act. People were asked for their consent before they received any care and treatment. For example, before assisting people with personal care. Staff involved people in decisions about their care and acted in accordance with their wishes.
- Care records contained information in relation to people's capacity.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect: and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People provided positive feedback regarding the care provided by the service. One person told us, "They [staff members] are caring, they always have a chat with me, they never just rush through tasks." A relative told us, "[Name of person] receives the care from one carer who they very much like, they arrive on time and often stays longer and goes out of their way to help [name of person], no missed or late calls."
- Staff spoke with kindness and compassion about the people they supported and told us they enjoyed their jobs. One member of staff told us, "I love my job, I love supporting the people here and enjoy going on my calls." One relative told us, "Very kind and caring staff, always treat them with dignity and respect, a positive outcome has been changing to this company."
- Staff had received training in equality and diversity.

Supporting people to express their views and be involved in making decisions about their care

- Care plans had been developed with the support of people and their families. Meetings about people's care were held where people and their family were involved in making decisions.
- People stated they had been informed of any operational changes and asked for their views.

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with dignity and respect. One relative told us, "All the staff are friendly, we know all of them, some have been coming for a long time so become part of our lives."
- Staff maintained people's independence wherever possible. Support plans promoted privacy, dignity and independence. One relative told us, "The carer is very kind and caring, friendly and easy going, we have no worries and feel very satisfied with her care."
- Staff told us they enjoyed working with the people they supported and understood their care and support needs. A staff member told us, "You get to know people really well. We know what they need and how the support should be delivered".

Is the service responsive?

Our findings

Responsive- this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were supported by staff who knew and understood their needs. People told us they had built good relationships with staff and staff were aware of their likes and dislikes.
- Staff respected people's individuality and diversity and were aware of people's personal preferences.
- People's care plans were reviewed regularly to ensure they remained up to date and appropriate to the individual. Changes to the care plans were communicated to staff. One relative told us, "[Name of person] has an up-to-date care plan that can be adjusted to their needs which is a positive aspect of their care."
- Staff gave us examples showing how they had contributed to people's risk care planning For example, where people required additional care because their mobility needs changed.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider was aware of the AIS standards and people's specific communication needs were detailed in their care records.
- Staff were able to explain how they communicated effectively with people.
- Information was available in different formats such as easy read.

Improving care quality in response to complaints or concerns

- People told us they were happy with all aspects of the service. They told us they would be confident speaking with the management team if there was something, they were not happy about. However, they had not needed to do this. One relative told us, "I have never needed to complain, I would contact the manager and they would action any concerns."
- The provider had policies in place to respond to concerns or complaints.
- Compliments were used to identify what worked well.

End of life care

- No one was receiving end of life care when we inspected. The provider had policies and procedures in place to support this need if it was required.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirement

- The management team and provider were clear about their roles and were committed to providing a high quality service for people.
- Audit systems were in place to monitor the standard of support people received.
- The systems in place ensured the management team and provider had oversight of the quality and safety of the service.
- Staff told us they felt well-supported by the registered manager and the provider. Staff told us they were clear about their responsibilities and also received positive feedback when things went well.
- The provider had a clear vision for the development of their service.
- In accordance with their legal responsibilities, the provider had informed us about significant events which occurred at the service within required timescales.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The management team and staff demonstrated a commitment to people and they displayed strong person-centred values. One relative told us, "Praise goes a long way these days. The agency supported us when we really needed them, I thank the manager for that, it comes over as more of a family agency which we appreciate. We owe a lot to them, I only need to text, and I receive a positive reply."
- Staff knew people and their needs well and they told us they felt supported in their role. Staff could tell us about the improvements people had made since receiving support from the service and they were looking to explore with people how they could support them to enhance their lives further.
- Staff meetings were held and detailed records of the meetings were available.
- One relative told us, "The manager is wonderful, spot on with care of [name of person], offers the level of care we expect."
- The provider told us they only took on care packages if they could meet people's needs and provide them with good quality care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives had been given opportunity to feedback on the quality of the service via surveys. We reviewed the most recent responses and found they were mostly positive.

- Relatives felt able to speak with staff and management of the service when needed and felt their feedback would be listened to.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood the duty of candour and was open and honest about where the service needed to improve.
- There was a strong emphasis during the inspection on communicating and sharing information in an open and transparent way.
- The registered manager monitored the culture of the service and staff team by various means including providing direct care at times and working alongside staff, unannounced spot checks and formal meetings.

Continuous learning and improving care

- Audits and monitoring systems had been used effectively to drive improvements.
- The management team told us they accessed support from a range of external health care professionals to support people with their needs and records demonstrated this.
- The registered manager encouraged and supported staff to develop their skills and knowledge to support their progression.

Working in partnership with others;

- Staff worked in partnership with health and social care professionals to ensure people had the care and support they needed to maintain their health and wellbeing.