

Annies Homecare Services Ltd

# Annies Homecare Services Ltd

## 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 12 June 2018 and was announced giving 48 hours' notice to ensure the registered manager was available.

At the last inspection on 16 November 2017, we found that the provider was in breach of Regulation 9 (Person centred care), Regulation 10 (Dignity and respect), Regulation 11 (Consent), Regulation 12 (Safe care and treatment), Regulation 17 (Good governance), Regulation 18 (staffing) and Regulation 19 (Fit and proper persons). We rated the service as 'Requires improvement' in safe, effective, caring, responsive and 'Inadequate' in well led with an overall rating of 'Requires improvement'.

Following the last inspection, we met with the provider on 15 December 2017 to discuss our findings and asked them to complete an action plan to show what they would do and by when to improve all the key questions to at least 'Good'.

We found significant improvements had been made to the service when we returned on 12 June 2018 and the service was no longer in breach of the Regulations. We have judged their rating to be 'Good'.

Annies Homecare Services is a domiciliary care service and is registered to provide personal care to people in their own homes. At the time of the inspection, there were 43 people using the service and 21 care staff supporting them.

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 2008 and associated Regulations about how the service is run.

Systems to protect and keep people safe had been improved through the review and implementation of risk assessments, medicine administration and quality assurance processes. Staff knew how to protect people from the risk of harm.

The service had improved the way in which they recruited staff and they had sufficient staff to meet people's needs. People received their medicines safely as prescribed and the records had been improved to make the management and administration more effective. Staff had an understanding of how to minimise the risk of infection, they had been trained, and had access to personal protective equipment such as gloves and aprons.

People's care needs had been assessed and their care plans reviewed as their needs changed. Staff had received all necessary training and supervision and they knew how to support people effectively. People were supported with a healthy diet and sufficient fluids. Staff ensured people's healthcare needs were met. The service worked well in partnership with other professionals to ensure that people received the health

care support they needed.

The service worked in line with other legislation such as the Mental Capacity Act 2005 (MCA) to ensure that people had as much choice and control over their lives as possible. The service had carried out appropriate assessments in line with legislation.

People were supported by kind and caring staff. Their independence was encouraged as much as possible while minimising any risks to help keep them safe. People felt staff gave them the time they needed and respected their dignity and privacy.

People and their relatives were very complimentary about the service. They told us they were kept involved in decision-making and had good contact with the management through visits and calls.

People received care that was responsive to their needs. Care plans had been improved as they were now written in a personalised, detailed and respectful way. There was a good complaints procedure and people had confidence that any complaints would be dealt with quickly.

Action had been taken to manage the oversight of the service and the improvements made meant it was well led and managed. People knew who the registered manager was, and had confidence in them. Staff told us that improvements had been made as a result of the inspection and they were more involved, respected and rewarded.

The quality assurance systems were working more effectively and the registered manager learnt from audits and investigations and made the necessary improvements. Confidential information was stored safely in line with data protection requirements.

Further information is in the detailed findings below.

## 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.

Risks to people's health and wellbeing were assessed and recorded.

Staff were recruited safely and there were sufficient staff employed to meet people's needs.

People received their medicines and records were checked to ensure these were administered as prescribed.

The service had effective infection control measures in place and staff had access to protective clothing.

### Is the service effective?

Good 

The service was effective.

People were fully involved in the assessment process and consented to their care.

Staff had received training, support and supervision to make them effective in their role.

Where people were supported to eat and drink, they had sufficient to meet their needs.

The service worked well with other professionals and provided people with effective healthcare support.

Mental Capacity Act 2005 assessments had been carried out where required.

### Is the service caring?

Good 

The service was caring.

People were treated with kindness and compassion. Their privacy, dignity and independence was respected and promoted.

People and their families were fully involved in making decisions about their care arrangements.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People received personalised care that reflected their changing needs. Staff were flexible and responsive.

Care plans contained relevant information about people's requirements and circumstances.

There was an effective complaints system in place and people were confident their concerns were dealt with swiftly.

### **Is the service well-led?**

**Good** ●

The service was well led.

The provider had learnt from feedback and taken action to make improvements.

The leadership and management was effective with greater clarity of management roles and responsibilities.

Staff were supported and involved in the development of the service.

There was an effective quality assurance system in place and people's personal information was protected.

# Annies Homecare Services Ltd

## **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.

The inspection took place on 12 June 2018. It was announced at short notice with 48 hours notice given to ensure the registered manager was available. The inspection team consisted of one inspector.

Before the inspection, we reviewed the action plan, information that we hold about the service such as safeguarding information and notifications. Notifications are the events happening in the service that the provider is required to tell us about. We also received feedback from the local authority. We used this information to plan what areas we were going to focus on during our inspection.

We spoke with three people and one relative, four staff, the registered manager, the manager and deputy manager. We reviewed five people's care files and four staff recruitment and support records. We also looked at a sample of the service's quality assurance, training records, the medicine administration system and complaints records.

# Is the service safe?

## Our findings

Safe was rated as 'Requires Improvement' at our last inspection in November 2017 and we found a breach of Regulation 12 (Safe Care and Treatment) and a breach of Regulation 19 (Fit and proper persons) of the Health and Social Care Act (Regulated Activities) Regulations 2014. This was due to concerns with managing risk and medicine management and the safe recruitment of staff. At this inspection, we found that improvements had been made and we have judged safe as 'Good'.

People told us that they felt very safe with the staff. One person said, "They come in and check I am okay, I love them coming." A family member told us, "I am assured that [relative] is well cared for and know that they will always turn up and they will not be on their own."

Risks to people's health and safety were managed to ensure they were safe. Improvements had been made to the assessment and recording of people's needs and the risks associated with supporting them. There were management plans in place for people's mobility, falls, skin care, malnutrition and allergies. For example, guidance for staff was given for one person who used different equipment depending on their ability each day to stand and weight bear. For another person who was at risk of malnutrition, staff were given guidance in ways to support that person to eat. A food intake chart had been introduced so that staff could monitor the amounts the person was eating and drinking.

Risks relating to the environment were completed so that people and staff lived and worked in a safe place.

The management and administration of medicines had also been improved. The medicines policy and procedure had been updated, staff had received a copy and training had been provided to all staff. If people needed assistance with their medicines, we saw that they had a profile in their care plan to show the medicines they took, how they liked to take them and other relevant information. Updated guidance to staff included a 'No touch' policy in relation to dispensing medicines and the requirement to wear gloves if there was a need to handle any medicines.

The medicine administration records (MAR) we saw were completed correctly with no missing signatures and were clear and legible. These were checked by the manager monthly when the MAR were returned to the office. Although it was noted separately in the files that checks had been made, the manager said they would consider signing off each MAR as checked to provide clearer auditing practices. One family member told us, "I get [relative's] tablets out and leave them for the staff to help [relative] with. If there are any issues, they will let me know. I trust them to do this and they fill out the forms they need to."

Spot checks on staff practice were in place and records showed staff administered medicines safely and used protective clothing such as gloves and aprons.

All staff had received a copy of the updated infection control policy and training had been provided to update staff knowledge. Staff told us that there was a supply of protective equipment available at the office whenever they needed it. People said staff took infection control seriously, as they always had clean

uniforms and protective gloves and aprons. One person said, "[Staff member] always washes their hands the first thing they do when they come in."

The recruitment process had been improved. Staff were now recruited more safely. We saw that Disclosure and Barring (DBS) checks, photograph, identification and references had been received and were recorded on staff files. Some application forms we saw did not have a full employment history and we discussed this with the management team. The registered manager provided us with information shortly after the inspection to confirm that they had checked all staff files and, where there were gaps in employment history, the staff member had confirmed the reasons for these gaps. They had also reviewed their application form to ensure this question was included and clear for applicants to complete. In reviewing this, they found that the equal opportunities statement was not up to date with current legislation and this was amended.

Staff knew how to protect people from the risks of abuse and harm. One staff member told us, "If I felt something was not right I would tell the manager straight away, you know your gut feelings." The manager raised safeguarding alerts quickly with the local authority and notified us of their concerns after putting in additional support and ongoing monitoring if needed.

There were sufficient staff with the right skills and experience to care and support people safely. People told us that staff were punctual and rarely late. The office would call if they were running late due to traffic or delayed at a previous call. We observed this in practice when the registered manager let someone know immediately that the staff member would be 10 minutes later than their usual time. Staff also said it was not often they ran late as they had a regular rota but that people were understanding if they were.

A process to record and learn from accidents and incidents had been put in place. The manager told us that staff let them know any issues or concerns and these were now recorded. We saw evidence which supported this. They also said they were more aware of learning from these incidents and how they could do things differently. The manager gave an example of how one person was found on the floor by their bed on two occasions. In discussion with the person, staff and health professionals they moved the bed against a wall and this had reduced the risk to their health and safety. Another example evidenced was where a staff member needed support to carry out their role. Rota arrangements had been changed so that they could work with other staff in order to care for people safely.



# Is the service effective?

## Our findings

Effective was rated as 'Requires Improvement' at our last inspection in November 2017 and we found a breach of Regulation 18 (Staffing) of the Health and Social Care Act (Regulated Activities) Regulations 2014. This was due to concerns with staff training and support. At this inspection, we found that improvements had been made and we have judged effective as 'Good'.

The registered manager had sought independent advice to ensure they were now working within current good practice and their policies and procedures had been updated.

The management team had updated their knowledge through the gathering of information, professional expertise and training materials. The deputy manager, who was also the trainer, was completing a certificated training course (Award in Education and Training Level 3) to enable them to train staff more effectively.

The system to ensure all staff were fully inducted, trained and supervised to undertake their role effectively had been improved. The induction process included training and shadowing experienced members of staff. All staff had completed training in subjects which the trainer told us were mandatory. These included safeguarding, infection control, medicine administration, moving and handling people, mental capacity, food hygiene and health and safety. Staff completed a question and answer test afterwards which ensured they had understood the information provided.

Spot checks on the competency of staff to undertake their roles was in place. This included observations of staff practice with supporting people with their medicines, assisting people to move, using equipment, and infection control practices. Also observed was their general appearance, clean uniform and appropriate wearing of jewellery.

The improved supervision process supported staff more effectively. It provided staff with an opportunity to discuss their work and performance and for managers to see them face to face. All staff had received supervision and we saw records which confirmed that 24 supervision sessions had been held between March and May 2018. These records had been signed by the staff member and the manager.

Staff told us they felt more supported since the last inspection. One staff member said, "There have been lots of changes for the better since CQC was in, especially about being paid to attend training which means I can afford to turn up now." Another said, "I am all up to date with my training it's been good, also staff meetings are better although we have not had many." A third staff member told us, "There is more support now and staff feel a bit happier in their jobs."

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. We checked whether the service was now working within the principles of the MCA.

Mental capacity assessments had now been carried out and recorded, where necessary, to ensure that decisions were made in people's best interests in line with legislation. People or their representatives had been fully involved in the reviews of their care since the last inspection and had given their consent and had signed their care plans to confirm this. One person said, "Yes, I do get asked what I want done first even though they have been coming a while. It's best to be clear so you stay in control." A family member told us, "As [relative] can't make decisions easily, we have an arrangement to ensure that all what the family and the staff do, is for the benefit of my [relative]."

Staff had all received training in the MCA and what this meant in practice. One staff member said, "I give people as much time as possible to tell me what they need doing as it can be hard for people, especially those who can't remember things. I think it's respectful to do that." Another said, "When we did the training, it reminded me about people's human rights."

People told us that the service met their needs. One person said, "The help I get means I can stay independent." A family member told us, "The support we get from Annie's means that [relative] can enjoy living in their own home."

People's needs had been assessed, by both the commissioning body and the service, before the service started. People and their relatives said they had been involved in the assessment process, and the records confirmed this. The assessment process included people's likes and dislikes and preferences. People told us, and the records confirmed, that their care plans and risk assessments were reviewed and updated to meet their changing needs.

Staff supported people with preparing, cooking and assisting them to eat their meals. Where people needed additional support, for example as they were at risk of malnutrition, processes were in place to monitor this. People said that staff helped them with meals where they could not do this for themselves. One family member said, "I plan ahead and have everything ready then the staff serve it to [relative], this means they have company whilst they are having their meal."

The management worked well in partnership with other organisations to ensure that they delivered effective care and support. They had got to know a range of health and social care professionals and we saw that good communication existed when liaising with GPs, district nurses, social workers and hospitals. People had agreed for the service to share information between services on people's behalf.

People's day to day health care needs were met and they received appropriate support to access health and social care services. Referrals for appointments and requesting equipment were made in a timely way and all correspondence recorded.

# Is the service caring?

## Our findings

Caring was rated as 'Requires Improvement' at our last inspection in November 2017 and we found a breach of Regulation 10 (Dignity and respect) of the Health and Social Care Act (Regulated Activities) Regulations 2014. This was due to information not being written about people in a person-centred way and people's privacy and dignity not being respected. At this inspection, we found that improvements had been made and we have judged caring as 'Good'.

We looked at a range of records including people's care plans, medicine records and daily notes. We saw an improvement in the way these were written and audited. The records showed a change in attitude and approach and were now written from the person's perspective. Management staff were completing assessments and reviews and recording their conversations and agreements with people in a clear and respectful way. Medicine records were completed correctly and were clearly documented showing care had been taken in their completion.

People and their relatives were involved and the care plans were about them, clear, simple and individual. Attention to detail about how people liked tasks completed and how they might be feeling were recorded, for example "Reassurance needed when [name of person] is in the sling, as they shake." On one review we saw, the registered manager had recorded, "Sometimes [name] can be low, this is because they worry that they will never walk again." Staff were aware of and recorded people's changing moods and feelings in a sensitive way. In one of the daily notes we saw, it was very clear the care taken over this person in relation to their physical and mental health. "[Person's name] was okay on arrival, they seemed a little worried but they couldn't put a finger on why," and, "[Person's name] chest is sounding rattily again and have informed the office." In one review, it had been recorded, "[Person's relatives] have been so supportive to them, they have been a blessing."

Management and staff talked about people in a respectful way and we gained an understanding of how they responded to people, how they attended to their needs and how they would ensure their privacy and dignity. People were encouraged and supported to maintain their independence.

Staff knew the people they supported and their history and trusting relationships had been built over time. People and their relatives told us that staff were, "kind, wonderful, brilliant and caring." One person said, "I have known them for years, lovely staff, always offering to do more." Another said, "How I love them coming to see me, they brighten up my day." One relative said, "They [staff] are very kindly, have lots of patience and are very attentive."

Although none of the people currently using the service required an advocate, there were advocacy services available should people need them. People told us their relatives were fully involved in their care and would advocate for them, if necessary. An advocate supports a person to have an independent voice and enables them to express their views when they are unable to do so for themselves. It also ensures their human rights are protected.

Rotas were arranged so that staff had time to listen to people. People and staff told us that they were not rushed and had the right amount of time they needed to meet people's needs. One person said, "They are very good, very efficient and always go that extra mile."

People's records were kept confidential and in a locked filing cabinet at the office and in their own home. The service was in the process of ensuring that all records met the requirements of the General Data Protection Regulations.

## Is the service responsive?

### Our findings

Responsive was rated as 'Requires Improvement' at our last inspection in November 2017 and we found a breach of Regulation 9 (Person centred care) of the Health and Social Care Act (Regulated Activities) Regulations 2014. This was due to people not being involved in their care arrangements, care plans not person centred and inconsistency in the recording of information. At this inspection, we found that improvements had been made and we have judged responsive as 'Good'.

Improvements had been made to the assessment, review and recording of information about people, their circumstances and needs. Following the last inspection, new care plan templates had been designed and implemented and had been completed by the registered manager and manager in an easy and clear style. This provided staff with the relevant and up to date information about the person, any risks to their health and the tasks to be undertaken for them. Information had been made clearer as to directions for using equipment and administering medicines and creams.

The care plans contained a short potted history of the person, their current situation and all relevant details relevant to their care. This gave staff a picture of the person before they carried out their care. People's preferred name, likes, dislikes and preferences were clearly indicated, for example, "[Name] prefers to stay upstairs," and, "Some days [name] won't be able to weight bear so may prefer to use the hoist."

People were fully involved in their care arrangements and told us they received good care and support. We saw from the records that everyone had had a review of their care and the registered manager had visited everyone at their home rather than just completing them on the telephone. All records had been updated and people's views had been recorded. For example, "I love to have a laugh with the staff, they are all happy and get my sense of humour," and, "I am very happy with the service."

Following our recommendation at the last inspection, people's sensory and communication needs had been identified, recorded, flagged, shared and met by the service as required by the Accessible Information Standard. Records showed if people used a hearing aid or wore glasses. One staff member said, "I ask my clients if they want their glasses cleaned as often they can't see through them."

People told us the managers dealt with their concerns or complaints seriously and acted upon them. We saw that there was a complaints process in place and the registered manager told us that this could be provided in large print if people needed it. One person told us, "I contacted the manager about my concerns regarding a staff member, they took what I said seriously and let me know what was happening. It all turned out okay for everyone." We saw that a complaint had been received about a late call in the bad weather. This had been responded to appropriately.

Compliments had been recorded and we saw two letters saying, "Thank you for coming out to us in such bad weather." Another compliment said, "Thanks for the kind, efficient and cheerful way it has been with you. I will be forever grateful for the care received."

Support had been provided to people at the end of their life. However, at the time of the inspection, no-one was receiving end of life care from the service. It was identified at the last inspection that training for the managers and staff was required in supporting people at their end of their life. The deputy manager told us they were in the process of finding appropriate training and were waiting for a provider of this to confirm the training details. This had been unexpectedly delayed by the provider of this training. Alternative training was now being sourced.

# Is the service well-led?

## Our findings

At our inspection in September 2016, well led was rated as 'Requires Improvement' as the service had not implemented improvements to audits, risk assessments and some training. At our inspection in November 2017, they were rated as 'Inadequate' as we found a continued breach of Regulation 17 (Good governance) of the Health and Social Care Act (Regulated Activities) Regulations 2014. This was because little evidence of the management and staff displaying their vision and values had been made, lack of caring and respect, no ongoing training and supervision of staff and minimal improvements to the monitoring of the quality of service.

Following the last inspection, we met with the provider on 15 December 2017 to discuss our findings and asked them to complete an action plan to show what they would do and by when to improve all the key questions to at least 'Good'. We found significant improvements had been made to the service when we returned on 12 June 2018 and the service was no longer in breach of the Regulations and we have judged well led as 'Good'.

Systems had been put in place to assess, monitor and improve the quality of the service for people who used it and the staff. There was a registered manager in place who was also the provider of the service. They had developed a business improvement plan in order to collate information, look at what required improvement and what resources were needed in order to improve it.

The management team had reviewed their management responsibilities so that it was clear who had a lead role and who was doing what task and when. They held regular weekly meetings which were recorded so they could monitor the action plan, how systems were working and the improvements being made. They willingly accepted and listened to advice and guidance offered to them from the Quality Improvement Team in the local authority, the Quality Compliance System they purchased which gave them regular updates on regulation and good practice and Skills for Care on support with training, knowledge and qualifications.

The management team had shown a real drive and enthusiasm in making the necessary improvements. They had demonstrated their commitment to taking the service into the future and had put the infrastructure in place to make it sustainable.

Audits and checks of all aspects of the service were undertaken, including medicines management, risk assessments, reviews of people's care, care plans and quality monitoring. Systems were working more effectively.

New care plan structures were put in place to make the assessment of people needs simple, straightforward and to record key important information about their care and how it was to be delivered. Everyone had received a review of their care and were fully involved in the process.

The company policy and procedures were reviewed and updated and provided to staff during training. Training for staff had been given an overhaul and a programme of refresher training put in place with the

deputy manager undertaking their own accredited 'train the trainer' course.

Improvements for staff were put in place. Staff were paid to attend training sessions. The inspection report was shared with and discussed with staff and they were involved in making suggestions about improvements. Staff surveys on their views of the service were undertaken and these were being collated and would be fed back at the next team meeting. New uniforms and ID badges were implemented with the staff having a vote over colour and design. One staff member told us, "The manager went through with us about the last report we got and that we all needed to work together. They are asking our views now and that didn't happen before."

Staff and management spoke about the service and each other in a more respectful way. Better communication now existed between management and staff as the management team held more structured supervision and meetings to involve them in the service. The manager told us that staff seemed happier in their work and the meetings were more positive. The staff were very positive about the changes being made by the management team. One staff member told us, "They [management] are certainly more open to listening to us and we appreciate being paid to attend the training now, that really has helped, like they value us." However, maintaining effective professional working relationships with staff was key to providing a good service to people and management were encouraged to ensure that this was an ongoing priority.

People and their relatives knew who the registered manager and managers were, had received visits and discussions about their care and said they were confident in the providers' ability to provide good quality care. People said, "The staff look smarter these days, with nice uniforms," and, "The staff are always friendly but seeing the manager come out to see me has been nice." They told us they felt the service was well led and would recommend it to others.