

Anthony James Care Limited

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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?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Anthony James Care Limited is registered as a domiciliary care agency which provides personal care to people in their own homes. At the time of our inspection four people used the service, all received personal care.

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

People told us staff were exceptionally compassionate and kind.

People told us the service went above and beyond to ensure their needs and wishes were met. One person described the service as 'the best care provider they have ever had'.

People told us there were enough staff with the right expertise to meet their needs.

People told us staff knew them exceptionally well.

People told us staff were never late and never missed a care call. Staff often stayed longer than their agreed time.

People were involved in all aspects of their care and felt in control of their lives. Where appropriate, relatives and representatives were involved in decision making.

People were respected for who they were and were always treated with dignity and respect.

People were safe and protected from abuse and avoidable harm.

Risks to people had been identified and assessed and staff knew how to mitigate risks to people.

Staff had been provided with specialised training to support a person's specific medication needs.

Staff followed good infection control practices.

Staff received a thorough induction and had access to the training and guidance they needed to complete their role well.

People's nutritional needs were assessed, and staff encouraged people to maintain a balanced diet.

Staff made referrals to healthcare professionals where necessary in a timely way.

People experienced positive outcomes regarding their health and well-being.

People received personalised care which promoted their individual needs and preferences.

People's communication needs were recorded in their care plans and staff interacted with people in their preferred way.

People and relatives knew how to raise concerns and were confident action would be taken in a timely way.

People and relatives consistently told us the service is exceptionally well led and the registered manager went above and beyond to ensure people received high quality, compassionate care.

Relatives told us they were always kept up to date with important information relating to their family member and could contact the registered manager at any time.

The registered manager understood their regulatory responsibilities and their requirement to provide us (CQC) with notifications about important events and incidents that occurred whilst the service was delivering care.

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

Rating at last inspection

The last rating for this service was good (published 23 July 2016)

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Anthony James Care Limited on our website at www.cqc.org.uk.

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?

Outstanding ☆

The service was exceptionally 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.

Anthony James Care Limited

Detailed findings

Background to this inspection

The 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 one adult social care inspector.

Service and service type

Anthony James Care Limited is a domiciliary care agency. It provides personal care to people living in their own homes. The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

We gave the service 36 hours' notice of the inspection. This was because we needed to be sure that the registered manager would be in the office to support the inspection. Inspection activity started on 19 June 2019 and ended on 21 June 2019. We visited the office location on 20 June 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service such as Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. 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

During the inspection we spoke with two people who used the service and two relatives about their experience of the care provided. We spoke with two members of staff and the provider who was also the registered manager. We also spoke to one healthcare professional.

We reviewed a range of records and included two people's care records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us people were safe. Comments included, "[Person] is safe in their care" and "I am completely safe in their hands."
- Staff received safeguarding training and understood their responsibilities to keep people safe. One staff member told us, "It means ensuring whoever I am with is safe from harm and are looked after to the best of my ability."
- Staff told us they felt able to raise concerns and had confidence the registered manager would investigate these thoroughly.
- The registered manager understood their regulatory responsibilities and told us any safeguarding concerns would be referred to the local authority and CQC as required. There had been no safeguarding concerns since our last inspection.

Assessing risk, safety monitoring and management

- Risks to people's health and well-being had been identified, assessed and monitored to ensure people received safe care and treatment.
- Staff understood the risks involved with people's care. One staff member told us, "We take [person's] temperature first thing in the morning so we have a baseline. If we think something isn't quite right, we then take their temperature again and we will also notice things like dark coloured urine or a stronger odour."
- Some people receiving care from the service could become anxious due to the nature of their complex needs. Records showed staff had identified and understood these needs and action was taken to reduce the likelihood of anxiety where necessary. For example, assistive technology was used for one person who felt anxious when unknown people came to their door. A video recording device was placed within their door bell which alerted a family member or the registered manager when someone would knock at the person's door outside of their support hours. This meant they could reassure the person over the telephone and intervene when required.

Staffing and recruitment

- The recruitment process prevented unsuitable staff from working with vulnerable adults. Records showed staff were unable to start working at the service until the provider had received all required pre-employment checks which included an enhanced Disclosure and Barring Service [DBS] check and satisfactory references. A relative told us, "The registered manager knows how to choose staff with the right qualities."
- People told us staff were specifically employed to meet their individual needs. One person told us, "They seem to be more selective about who they take on. They get the right people to match you." The registered manager told us, "I don't hire a member of staff who I wouldn't have look after my mum."

- People and relatives told us there were enough staff and care calls were never missed. One person told us, "They are always on time. I am never left wondering where they are."
- The registered manager was available 24 hours a day to support the people and staff where necessary.

Using medicines safely

- At the time of our inspection the service did not support anyone to take their medication orally. However, one person received medication through a percutaneous endoscopic gastrostomy (PEG). This is where a tube is passed into a patient's stomach through the abdominal wall.
- All staff had received specialist training by a healthcare professional to administer this medication safely.

Preventing and controlling infection

- Staff had received infection control training and told us about the importance of good infection control practices. One staff member said, "It is so important to wear gloves to prevent transfer of germs between us and the people we look after."
- Staff had access to enough personal protective equipment to prevent the spread of infection.

Learning lessons when things go wrong

- Accidents and incidents were recorded and monitored on an electronic monitoring system.
- At the time of our visit there had been no accidents or incidents since our last inspection. The registered manager provided assurance that a thorough investigation would take place to avoid reoccurrence should this happen in the future.

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.

At the last inspection this key question was rated as good. At this inspection this key question remained rated as 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 were assessed before they received support from the service. This included information about people's physical, mental and social needs. This meant staff could be sure they could meet people's varying needs.
- Assessments and support plans were reviewed regularly and amended to reflect changes in people's needs. For example, one person's care plan had been updated to reflect specialist advice from a dietician.

Staff support: induction, training, skills and experience

- People received effective care from competent, knowledgeable and skilled staff who had the relevant training to meet their needs.
- Staff received a full induction when they started to work at the service which focussed on working alongside the registered manager to learn people's individual routines.
- The provider's induction for staff new to care included the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of staff in health and social care. This showed the provider was acting in accordance with nationally recognised guidance for effective induction procedures to ensure people received good care.
- Staff told us they had regular opportunities to discuss their development. One staff member told us, "We have a yearly appraisal to discuss performance. We are all encouraged to speak our minds."

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

- Where necessary, people's nutritional needs had been assessed and guidance was provided in care plans about how to encourage people to maintain a healthy diet whilst minimising risk.
- One person told us they had been through periods of not eating and how the support provided by the service has had a positive impact on their health. They said, "With [staff member's] encouragement I definitely eat better than I ever have."

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

- Staff worked alongside GP's and other healthcare professionals to meet people's needs and respond to any changes in their needs. Staff made referrals to healthcare professionals if they felt someone required specialist input.
- One healthcare professional told us, "I have witnessed myself the promptness in them seeking medical advice. There is never issues with any nursing needs."

- The service sought advice when reviewing people's mobility equipment. They worked alongside occupational therapists and followed recognised best practice guidance to ensure people were assisted to mobilise safely and remain as independent as possible. A referral had been made for a person to have a specific wheelchair to meet their individual requirements.

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

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.

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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of 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.

- Records demonstrated people gave consent to the way in which their care was being delivered.
- Where people were thought to lack capacity to make certain decisions, capacity assessments were in place, but lacked detail. We discussed this with the registered manager who told us this was an area they wanted to improve and were in the process of sourcing some additional training to ensure they were up to date with the latest changes in legislation.
- At the time of our visit one person was being deprived of their liberty and an application had been made to the court of protection to ensure this was being done lawfully.
- Staff worked within the principles of the MCA and told us, "It's enabling people to have a choice."

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.

At the last inspection this key question was rated as good. At this inspection this key question has improved to outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- People told us staff were highly motivated and offered care that was exceptionally compassionate and kind. One person told us, "They really care about me. It is like having a family carer, it really is." This person went on to say, "They really are the best care provider I have ever had. They are very attentive and give attention to detail." Another person said, "You couldn't find more caring people to look after you."
- Relatives also gave extremely positive feedback about the care their loved one received. One relative told us, "I cannot fault the way they treat [person]. They only get better and I do not think I could get any better care for them. In fact, I know I couldn't."
- Relatives told us the reliability of the service and the outstanding standard of care provided had made a difference to their lives. One relative said told us, "I am never worried about [person]. I can sleep at night knowing [person] is in the safest hands."
- The care provided to people often exceeded expectations. For example, the registered manager supported one person, to visit a family member's grave. This was in the registered manager's own time. They took their gardening tools and supported the person to tidy the area around the grave. We discussed this with the family members relative who told us, "They are absolutely amazing and give more than just care. It is supporting her spirituality. They even attended [person's] birthday party in their own time."
- With their permission, staff visited people outside of their care hours. One staff member baked cakes and would deliver these to people when they were passing. One person told us, "They pop in and see me. It is more than an agency. They are my friends."
- The registered manager told us about one person who had a memory impairment and could become frightened. The staff had supported this person to make memory boards to aid the person's memory in times of distress. It included a reassuring message which read, 'Everything is fine but if you are worried ring Anthony's along with their phone number.'
- During our office visit we witnessed this happen. The person told us about the positive impact this had on their emotional well-being and stated, "It really reassures me. I would be lost without them."
- Equality and diversity was celebrated. Records demonstrated people were treated equally and their values were respected whether this be matters of religion, culture, ethnic origin or sexuality.
- A healthcare professional told us, "I couldn't ask for anything more than the way they care for [person]. I go at all times of day and the service [person] gets is outstanding."

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

- Staff were exceptional at helping people express their views. For example, it was important to one person to be able to deliver a speech at their daughter's wedding, but they were unable to do this without support

from staff. The registered manager and staff spent three months supporting this person to write a speech which was read out on the day of the wedding. The relative told us, "It meant the absolute world to me. It was his words, about how he felt. How will I ever repay them for that."

- People were involved in all aspects of their care and felt in control of their lives. Where appropriate, relatives and representatives were involved in decision making. One person said, "I was involved, and they deliver my care how I want."

Respecting and promoting people's privacy, dignity and independence

- People were respected for who they were and were treated with dignity and respect at all times. One person told us, "They all respect my privacy. They will laugh with you when you are being washed. It is very intimate, but you don't realise." A relative agreed and said, "I can see how much pride they take in how they care for [person]. They respect [person] for who they are."

- Staff spoke with genuine affection about people and their relatives. One staff member told us, "We treat people like they are our family. We [staff] all have the same values."

- Staff encouraged people to maintain their independence. For example, one person was supported to purchase a long-handled shower sponge to enable them to continue with this part of their shower routine.

- One person had extremely complex health needs and required regular input from other healthcare professions due to the nature of their condition. One healthcare professional told us, "I think their [staff] care and support are keeping [person] in their own home which is absolutely outstanding."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained 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 received personalised care which promoted their individual needs and preferences. The views of people, their relatives and other health and social care professionals had been considered when plans for people's care had been put in place and reviewed.
- The service offered a minimum of two hourly care calls to ensure they delivered a service that met people's needs for company and conversation, not just their physical needs.
- People and relatives told us the service was flexible and responsive to their needs. Comments included, "This service is far more person centred and focussed on me and my needs" and "They know [person] so well. It is all focussed on what [person] wants and needs."
- A person told us, "They [staff] know what is normal for me. If I look a bit off, they pick up on those little signs that bigger agencies just don't do."
- Care plans focussed on people's whole life and gave staff information they needed about people's backgrounds, interests and hobbies, as well as any clinical needs.
- Staff were carefully matched to people's needs and preferences and this helped to promote positive relationships between them. One relative told us, "If they don't get on with [person], they won't employ them as it is all about the person and the sort of characters they need."
- People and relatives told us staff knew them well. One relative told, "[Registered Manager] has been looking after [person] for nearly 20 years. What they don't know about [person] isn't worth knowing."

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 carer's.

- People's communication needs were recorded in their care plans and staff interacted with people in their preferred way. At the time of our visit, people using the service did not require information to be presented with any adaptations, but the registered manager assured us people's care would always be explained in a form the person could understand.

Improving care quality in response to complaints or concerns

- A system was in place to promote, manage and respond to complaints. In the twelve months prior to our visit there had been no complaints or concerns raised with the service.
- People and relatives knew how to raise concerns and were confident action would be taken in a timely way. One person told us, "I have no complaints at all. I know how to complain, but I haven't even been close

to needing to here."

End of life care and support

- At the time of our inspection, nobody was receiving end of life care. However, the registered manager explained if this was required the service would liaise with other healthcare professionals to ensure people received the right care and support.
- After life wishes had been considered and one person had a DNAR (Do Not Attempt Resuscitate) in place. However, further consideration was required to ensure people's end of life wishes were recorded.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained rated as good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care. However, the provider was working towards an outstanding rating.

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

- People and relatives consistently told us the service was exceptionally well led and had people's best interests at the heart of the service. Comments included, "The manager is absolutely amazing. I can't recommend them enough" and "I couldn't say a bad word. I can't thank him enough. I am so grateful."
- Due to one person's health condition they were unable to recall the manager's name however when asked about them they said, "I can't remember the managers name but what I do know is his name gives me a nice feeling."
- The registered manager explained their primary aim was to 'put care, back into health and social care.' They went on to explain the service was originally set up to enable a person they supported to continue living in their own home. Following changes in the regulations and funding related to health and social care, they recognised the need to register with the Care Quality Commission. They needed to register in order to employ care staff to help care for the person. The registered manager said, "I promised the person we would always care for them and that is what we are doing."
- The registered manager explained they were not proactively looking to grow the service. They had completed assessments for other people, but their quality criteria for a minimum of two-hour long calls was more difficult for people in receipt of public funds.
- Staff told us they were proud and motivated by the registered manager. One staff member said, "[Registered manager] tells us what he expects which is to do the job the best we can. He will intervene if needed as he is very hands on and that motivates us." The registered manager explained, "I do not class myself as a manager. I am one of the team."
- The registered manager understood their responsibilities in relation to duty of candour. They explained they would be open, honest and accept responsibility when things went wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager understood their regulatory responsibilities and their requirement to provide us (CQC) with notifications about important events and incidents that occurred whilst the service was delivering care. The rating of the last inspection was clearly displayed on the website and in the office.
- An external quality compliance system was used to assess the quality of the service and produced records and guidance to ensure the service was working in line with the regulations.
- The registered manager told us they regularly checked staff were provided high quality care, but this

wasn't always recorded. The registered manager provided assurance this would be now be recorded.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service involved people, relatives and professionals in a meaningful way.
- Feedback was welcomed and surveys were sent to people, relatives and staff to continuously improve the service. Records showed an exceptional level of satisfaction in the quality of service delivery. Comments included, 'Thank you so much for all the work that you have done over the years. You have made [person's] life so much better' and '[registered manager] and the team go the extra mile to assist in every way they can'.
- The service worked in partnership with other agencies to ensure people's individual needs were continually reviewed and met.
- The registered manager told us about the complexities of a person's medical condition meant they had frequent hospital admissions which had a negative impact on their health. The staff team recognised this and worked tirelessly with other healthcare professionals to arrange an 'IV (Intravenous) at Home Team' involved with this person's care. This has now reduced hospital admissions for this person which has had a positive impact on their health. One health professional told us, "The team avoid hospital admissions in a number of ways. They run a tight ship to keep him there [at home]."