

Annie's Healthcare Services C.I.C.

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Annie's Healthcare Services C.I.C. is a domiciliary care agency and is based in the London Borough of Redbridge. The service provides personal care to people in their own homes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of the inspection there were 12 people using the service.

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

People commented the service was safe and they or their relatives did not have any concerns. There were systems to protect people from abuse and avoidable harm. Risks associated with people's care were identified, and there was guidance for staff about how to keep people safe. There were enough staff to make sure people had the care and support they needed. The provider had a thorough recruitment and selection process for new staff. Systems were in place to make sure people received their medicine safely.

People's needs were assessed before they started to use the service. Staff had completed a structured induction and there was a varied training programme available that helped them meet the needs of the people they supported. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. The registered manager worked with health care professionals to ensure people's needs were met.

People received personalised care and support that met their individual needs and took full account of their background history and personal circumstances. Staff respected people's choices and ensured their privacy and dignity was maintained. People and or their relatives were involved in decisions about the support they received, and their independence was respected and promoted. The provider had a complaints policy which included who to contact to raise a complaint and how it would be dealt with.

The registered manager operated an open and inclusive culture. People, their relatives, staff and other professionals were encouraged to help improve the service provided to people. The provider had systems to monitor and improve quality of the service provided. The registered manager had good links with a number of health and social care professionals, and this helped to ensure people's needs were fully met.

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 on 7 June 2018).

Why we inspected

This was a planned inspection based on when the service registered with us.

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Annie's Healthcare Services C.I.C.

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 1 inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

Notice of inspection

We gave the service 24 hours notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be around to support the inspection.

What we did before the inspection

We reviewed the information we already held about the service. This included their registration report and

notifications. 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. We looked at notifications we had received from the service. A notification is information about important events, which the provider is required to tell us about by law. We used all of this information to plan our inspection.

During the inspection

We spoke with the registered manager. We reviewed a range of records. This included 3 people's care records, 3 staff recruitment files, training records, risk assessments and staff rotas. We also looked at audits and a variety of records relating to the management of the service, including policies and procedures.

Following the inspection, we spoke with 1 person and 2 relatives by telephone to obtain their views of the service. We also contacted 5 members of staff by telephone, to ask them questions about their roles and to confirm information we had received about them during our inspection.

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 the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse because the provider had taken steps to identify the possibility of abuse and prevent abuse from happening.
- People told us they felt safe when staff visited them. A person said, "Definitely, I do feel safe with the carers[staff]." A relative told us, "My [family member] is very safe with the carers, they would tell me if there were anything."
- Staff had received safeguarding training. They knew what actions they would take if they had any concerns and had good knowledge of safeguarding. They were able to give us examples of the types of abuse. A member of staff told us, "I will report any abuse to the manager."
- The registered manager was aware of their responsibilities on how to protect people from abuse. They had reported safeguarding concerns to the local authority and these were investigated.
- The provider had a whistleblowing policy which guided staff on how they could raise concerns about any unsafe practice. Staff were aware on how to escalate any concerns that they might have to external agencies. A member of staff said, "I can report to social services or CQC if I have any concerns."

Assessing risk, safety monitoring and management

- Potential risks about people's safety within their home were assessed to ensure they were supported to remain as safe as possible.
- People had risk assessments which explained possible risks and the actions staff needed to take to reduce them. Each person had a risk assessment based on their individual needs.
- Risk assessments gave guidance to staff on how best to support people in different situations, for example, how to transfer people safely. This helped to ensure care and support was delivered in a safe way.
- The provider also had an environmental risk assessment which identified potential risks and how to minimise them in and around people's homes.
- Staff knew about people's health needs and ensured they were safe when carrying out any task.

Staffing and recruitment

- There were enough staff working for the service to meet their needs.
- The provider had a system for staff to log in and out when they visited people. This helped to ensure people received their visits on time. A person told us, "I have regular carers and have not had any missed visits." A relative said, "We have the same carers, they are very good and very helpful." We did not receive any concerns about late or missed calls when we spoke with people and their relatives.
- The registered manager informed us they continually recruited staff to cover for sickness and holidays and to provide care and support to new care packages where required. The registered manager and

administrator also covered calls as and when required.

- Some of the staff had worked at the service for a long time. This helped to ensure people received consistent care from staff who knew them well.
- The provider had effective recruitment procedures to make safe recruitment decisions when employing new staff. We saw evidence of identity checks, references being taken and checks had been carried out with the Disclosure and Barring Service (DBS) for each staff member. The DBS helps employers to ensure people were not exposed to staff who had been barred from working with people in need of support.
- The provider also carried out checks to ensure staff could work lawfully in the country. All this helped to ensure people were not exposed to staff who were not suitable to work with them.

Using medicines safely

- Medicines were managed in a safe way. The service had appropriate arrangements in relation to management of medicines.
- Where people needed assistance to take their medicine, there was guidance in place on how staff must support them.
- People and their relatives told us staff administered their medicines as prescribed and when they needed them. A person said, "The staff give me my tablets when I need to have them."
- The registered manager checked the medicines administration records regularly to ensure people had received their medicines as prescribed.
- Staff had received training in the administration of medicines. The registered manager regularly assessed staff competencies in this area.

Learning lessons when things go wrong

- The provider had a system in place to record and monitor accidents and incidents.
- There were processes to learn lessons following incidents or accidents to improve quality of care to people. This helped to ensure that people remained as safe as possible and where necessary, measures were put in place to avoid any repeat events.
- There was an on-call system in place so there was always a member of the management team available. Procedures were in place for staff to follow in an emergency.

Preventing and controlling infection

- The provider had policies and procedures regarding the prevention and control of infection. Staff were aware of their responsibilities regarding infection control and prevention.
- Staff had received training in infection control and they were provided with suitable personal protective equipment (PPE) such as aprons, gloves, face masks and hand sanitisers. A relative told us, "The carers always wear gloves when they visit."

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 has remained the same. 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 started to use the service. This was done with the involvement of the person and their relatives and covered areas such as people's care needs, wishes, and past histories as well as their religious and cultural needs.
- A relative told us, "I was involved in the assessment and my [family member] was also involved."
- People received care from staff who understood their health conditions or preferences in how care and support were delivered to people.
- The service ensured people were matched with staff who not only aware of the person's care needs but also understood their lifestyle, background and culture needs.

Staff support: induction, training, skills and experience

- People were supported by staff who had received appropriate and relevant training..
- Staff had received training in a number of areas such as food hygiene, mental capacity act, moving and handling and safeguarding. A member of staff told us, "We do a lot of training." There was a system in place to monitor which training staff had attended and when they were due for refresher training.
- People and their relatives were happy with the way staff provided care and support. When new staff started working for the service, they received an induction programme which included shadowing more experienced staff and getting to know people who use the service.
- Staff had appropriate support which helped to ensure people received effective care. Staff had regular one to one meetings with their line managers. We noted during those meetings, a number of areas were discussed such as their training needs and people's care needs.
- Staff who had worked for the service for more than 12 months, they received an annual appraisal to check staff's competencies and the skills to do their work.

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

- People were assisted to have enough to eat and drink where this was part of their care needs.
- Staff knew what people's dietary needs were. They were also aware what people's likes and dislikes regarding food and drink. A member of staff told us, "[Person] likes toast and a cup of tea for breakfast."
- We noted a person who was being fed previously by a tube to their stomach, was now able to eat small amounts of soft food by mouth with the encouragement of staff.

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. 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.

- The registered manager and staff understood the importance of people having the right to make their own decisions.
- Staff received training on the MCA and if there were concerns about people's capacity, they would refer it to the appropriate professional for an assessment.
- People were able to make day to day decisions about their lives such as how they were supported or how they want to spend their time.
- Staff ensured they sought the permission of the person before providing any care and support to them.

Supporting people to live healthier lives, access healthcare services and support

- The registered manager worked well with other health and social care professionals to ensure the needs of people using the service were fully met.
- The staff monitored people's health care needs and inform the registered manager of any changes.
- The registered manager made referrals to the appropriate health care professionals when needed. For example, we noted a person had difficulties with their mobility, the registered manager sought advice from a professional to visit to advise them accordingly on how to support this person. The person now walked with the support of staff, whilst they were previously not able to do so.

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 remained the same. 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; equality and diversity

- People told us that staff were kind and treated them well. A person said, "The carers are very caring." A relative told us, "The staff are marvellous."
- Staff ensured people had equal opportunities, regardless of their abilities, their background or their lifestyle. They ensured people's beliefs and cultural needs were met. The provider was committed to challenging any form of discrimination they encountered.
- People received care and support in accordance with their preferences, interests and diverse needs.

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

- Where people were able to, they were involved in their care planning and making decisions about their care in a way that suited their needs. Care plans contained information relevant to the person and were individualised to reflect people's needs.
- Staff had developed a positive caring relationship with people who used the service. They had good knowledge of people's individual needs and how they liked to be supported. This helped to ensure the needs of people were met in a consistent way.
- Relatives told us they were kept informed about any changes in their family member's health and or well-being.

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain as much independence as possible and make choices such as what they wanted to wear, eat, drink and how people wanted to spend their day. A member of staff told us, "I encourage [person] to do things they can, such as to wash their face as they able to do so."
- People's right to confidentiality was protected. The provider had policies and procedures informing staff of the importance of confidentiality and to whom they could share confidential information with.
- Staff ensured their privacy and dignity was maintained at all times. They explained how they maintained people's privacy, such as closing the doors and curtains when providing people with personal care and also ensured people were covered when receiving personal care.
- Records were kept in lockable cabinets when not in use.

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 the same. 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; End of life care and support

- People received care and support that was personalised and responsive to their individual needs and took full account of their background history and personal circumstances.
- Care records had information about people's preferences for their support and contained guidance for staff on how to support people safely. This helped to ensure staff had the information they needed to meet people's needs. A relative told us, "The carers know how to look after my [family member]. I don't know what I would have done without them."
- Care plans were regularly reviewed to identify if the care and support being delivered continued to meet people's needs. Any changes in people's needs were recorded and staff were informed of them. This helped to ensure people who used the service received the care and support they needed.
- Staff completed a daily record and this contained details about the care and support that they had provided to people. This information was accessible to all staff as well as to relatives of people who used the service so they could see the care and support their family members had received.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed during the initial assessment, and this was included in their care plans.
- Some staff were able to speak other languages apart from English. This helped staff to speak with people who did not speak English, thus ensuring people's needs were met.
- Information was made available in accessible format as needed.

Improving care quality in response to complaints or concerns

- The provider had a system to record any complaints or concerns received. This included the details of the concern, actions taken and the outcome.
- People and their representatives commented positively about the service and did not raise any concerns with us. For example, a relative told us, "I am very happy with my carers." Another relative said, "The carers are very good."
- The registered manager encouraged people and their relatives to discuss concerns they might have. This was a way for them to learn lessons and to improve the quality of people's experience. A relative told us, "I

talk to the manager on a regular basis."

- We noted the service had received a number of compliments from relatives. A relative wrote an email to the management team, thanking them and the staff for their support in enabling their family member to attend a family wedding.

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

- People and their relatives told us the service was good and they were complimentary about the management team as well as staff. A person told us, "I am very happy with the agency and the carers." A relative said, "It is a very good agency, and the management team is very helpful."
- The registered manager knew what their roles and responsibilities were. They kept us up to date with any changes regarding the service. When we had requested information from them, they provided us with them promptly.
- Staff were clear about their roles and responsibilities and said they felt valued by the management team.
- Staff knew who they were accountable to and understood their roles and responsibilities in ensuring people's needs were met. They had access to a range of policies and procedures to guide them in their roles and ensured people were cared for safely.
- Staff told us they liked working for the service. They told us the management team were always very helpful and they felt supported, and valued by them.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People were respected and treated equally regardless of their abilities, lifestyle and beliefs.
- Staff ensured people had equal opportunities, respected their values and protected them from discrimination.
- Staff had received training in this area and had a good understanding of equality and diversity. People were called by their preferred name which was recorded in their care plans. There were regular meetings held for staff.
- The registered manager sought the views of people using the service and their relatives through different ways, which included completing satisfaction surveys, regular phone calls and home visits.
- Information received was analysed by the registered manager and use to improve the quality of the service provided.
- The management team also carried out regular unannounced checks on staff to ensure people were being cared for and supported in a safe way.

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 knew they had to be open and transparent with the people using their services, whether or not something had gone wrong.
- The provider was aware of when the CQC should be informed of events and incidents that happen within the service and the responsibilities of being a registered provider.

Working in partnership with others

- The registered manager had good links with a number of health and social care professionals and worked closely with them. This helped to ensure people's needs and support were met.
- If people required it, the registered manager sought healthcare advice and support for them from external professionals such as occupational therapist, physiotherapist or dietician.
- Records showed people had been referred to different health care professional as and when required.
- The management team kept themselves up to date with best practice as far as health and social care was concerned.