

Ann Mason Care Limited

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Inspection report

Unit 1 Holton Park
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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

Ann Mason Care provides personal care to adults with a range of support needs who are living in their own homes. There are three types of service on offer; Homecare, Respite and Reablement and Live in Care. There were 33 people using the service. 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.

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

People, relatives and staff were all positive about their experiences with this care service. People told us that they had reliable support that was centred on them and gave them a better quality of life.

People said that they had a small group of staff that knew them, their situation and their support networks well. People felt safe and trusted the staff that supported them, because staff were well trained and respectful. Risks were appropriately assessed, which then led to assessments being put into place to guide staff on how to keep people safe.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

No one had any complaints or concerns, but if they did they were confident that the registered manager would listen and resolve matters. People knew of the registered manager and spoke highly of their dedication and visibility. There were systems in place to protect people from harm. Staff were trained in how to recognise and respond to abuse and understood their responsibility to report any concerns to the registered manager.

Care records were on a new electronic system that had many functions and could also lead to better management oversight and monitoring of service delivery. The registered manager was committed to providing high quality care and the service worked well in partnership with others to ensure the best outcomes for people.

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

Rating at last inspection

This service was registered with us on 21 May 2020 and this is the first inspection. Rating inherited from previous inspection 19 May 2018 was good.

Why we inspected

This was a planned inspection.

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.

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.

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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

One inspector completed this inspection.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. 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 20 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 in the office to support the inspection.

Inspection activity started on 10 May 2022 and ended on 17 May 2022. We visited the office location on 10 May 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider completed a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection-

We spoke with five people/relatives who used the service about their experience of the care provided. We

spoke with 11 members of staff including the registered manager.

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

After the inspection

We continued to seek clarification from the provider and spoke to staff to validate evidence found. We looked at training data and quality assurance 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

- Risks to people's safety and welfare were assessed. One relative said, "The manager visited to go through all of the assessment. It was thorough and clear"
- People using the service were involved in the care planning and risk assessment process, so they could decide what level of support they wanted from the service. One relative said, "They met with my relative and talked them through needs and wants of their care."
- Employed registered physiotherapists completed falls risk assessments and facilitated rehabilitation classes to prevent frailty or rehabilitation from a fall. Therefore, risks of falls were better prevented and managed.

Using medicines safely

- Medicines were safely managed. The service provided varying levels of support with medicines. Where they took responsibility, people were complimentary about the safe management. One person said, "They manage my medicines and I have complete faith in them as they know what they are doing."
- People had individual medication administration records to ensure they received their medication as prescribed. These were regularly audited.
- People's medication and the support they needed to take their medicines was recorded in people's care plans. The technology used meant if medicines were changed this could be quickly updated.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- People told us they felt safe. Comments included, "I trust them and feel safe because they never panic." A relative said, "My relative always feels safe. They feel safe in the hoist because the staff are well trained."
- Staff had received safeguarding training and knew how to recognise and report any concerns about people's safety and welfare. One staff member said, "Yes I feel people are safe and I know whom to report any concerns to." Managers understood their safeguarding responsibilities.

Staffing and recruitment

- Robust recruitment procedures were followed to ensure the right people were employed to work in the service. This included disclosure and barring service checks (DBS), references and employment history. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people. The registered manager was aware of the need to assess staff health before employment and ensuring staff had the right to work in this country.
- There were appropriate numbers of staff employed to meet people's needs and provide a flexible service.
- Comments from people and relatives about staffing included, "There is no worry about staff because we have the same staff on rotation, and they are more or less on time." Another person said, "Covid was a bit of

a hiccup, but I've never been let down."

Learning lessons when things go wrong

- Accidents and incidents were managed appropriately. Managers were keen to understand how incidents occurred and what could have prevented them. Investigations, as appropriate, were made and lessons noted and shared.
- Staff knew when to report any accidents or incidents so action could be taken to address any concerns and learn lessons.

Preventing and controlling infection

- People supported were protected from the risk of cross infection.
- Staff completed training in respect of infection prevention and control, and they had access to adequate supplies of personal protective equipment (PPE).
- People told us staff always wore PPE appropriately.

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 were assessed before the service started, to check whether they could meet the persons needs safely and effectively.
- A care plan was created following the assessment process, so staff knew what care people needed and when.
- People's care plans considered people's diverse needs. For example, around people's heritage, beliefs, cultural requirements and lifestyle choices.
- A recent development that the service offers is the services of a registered physiotherapist. Their skills are updated in line with current guidance.

Staff support: induction, training, skills and experience

- People were supported by staff who had the skills to meet their needs.
- New staff received induction training which included a personal introduction to the people they were recruited to support. The registered manager worked alongside them to teach best practice and ensure that the new staff member followed the individual care plan.
- Staff had supervision and appraisal meetings. This gave them the opportunity to talk about their work and reflect on their practice. Staff were encouraged to do additional training and/or gain qualifications to help them with their career progression.
- Staff told us they received effective support from the registered manager. All staff told us they felt very well supported in their roles. One staff member told us, "I have City and Guilds Level 2 Diploma in Health and Social Care, organised through Ann Mason Care. Since then I have completed Skills Network Courses in End of Life Care, Dementia Care and Care of the Elderly".

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Where it was part of the agreed package of care people were supported to eat and drink.
- People's care plans contained information about the support they needed in this area, so staff knew what support to offer people and if people had any dietary preferences.
- One relative said, "The staff fill in the App on their phone and I can see what my relative has eaten and drunk that day. It's reassuring."
- The service worked well with other local agencies to ensure people were able to access healthcare services. The health and wellbeing of people was monitored and support to refer to a suitable health professional was actioned by the registered manager. A relative said, "They do step in and call the GP if needed."

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.

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

- The registered manager had a good understanding of the MCA and staff received training to support their practice in this area.
- There were systems in place to ensure people consented to their care, if they had capacity to do so, and to ensure the principles of the MCA were followed when people lacked capacity to make decisions about their care.
- People told us staff gave choices to them and respected decisions and requests, which helped to ensure people consented to care delivery on an ongoing basis.

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 were treated with compassion, kindness, dignity and respect. One person said, "They are so sensitive and understand my situation."
- Feedback from people and relatives described staff as kind and caring. Comments included, "My relative loves them and calls them angels. They speak with such dignity and respect." A relative said, "They are all lovely. I get the comfort and trust and therefore I do not worry."
- We were satisfied care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected. Protected characteristics are a set of nine characteristics protected by law to prevent discrimination. For example, discrimination based on age, disability, race, religion or belief and sexuality.

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

- People and relatives confirmed they were involved in decisions around their care and support. One person told us, "Initially when the service first started in 2021 my needs were well-assessed and I am happy with the care plan. This is reviewed from time to time as needed."

Respecting and promoting people's privacy, dignity and independence

- Promoting people's privacy, dignity and independence were core values of the service.
- Staff were passionate about treating people in a person-centred, dignified way and they spoke respectfully of the people they supported to remain independent. One person told us, "I don't worry. They sort things out so I can stay in my own home." A relative said, "They are so personable and have a good relationship with my relative. They support my relative with their anxiety and forgetfulness to live independently at home."
- People's confidential information was managed safely. The provider had systems in place to make sure they complied with the General Data Protection Regulations (GDPR). Staff received training about protecting people's confidential information and understood their responsibilities.

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; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were involved in planning their care and support.
- Each person had a care plan which recorded the outcomes they wanted to achieve and contained information about how they wanted to be supported.
- People told us the care and support they received met their needs. Comments included, "They talk to my relative on his terms. They are respectful and caring – they are genuine when they greet and say goodbye." Another person said, "I can ring up and ask for an early call if I have an appointment to get to."

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.

- People's communication needs were assessed and met.
- Where people needed support with communication, this was recorded in their care plan so staff knew how to communicate effectively with them.
- Information about the service was available in different formats if requested. Lip readers, sign language and interpreters would be sourced if needed.
- The online training for staff can be altered into a person's first language to aid understanding and background filters and colour altered to support staff with dyslexia.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place.
- People told us they knew how to make a complaint however most people said they had never had any reason to complain. Comments included, "I'm confident if I rang the office to complain they would be impartial and look into it for me."

End of life care and support

- The service did provide end of life for those who needed it.
- When people needed end of life care, staff worked closely with other health professionals to provide the best care for people in a compassionate way to ensure people had a dignified death of their choosing.
- Staff were trained and compassionate. One person spoke of the kindness and sensitivity shown to them in their grief.

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 requirements; 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 management team were engaging, transparent and clearly passionate about wanting to provide a high-quality service to the people they supported.
- The registered manager had action plans in place linked to audits completed. The monitoring and driving improvements were part of the culture within Ann Mason Care.
- The registered manager understood the types of incidents that need to be reported to CQC and had notified us of relevant events.
- The provider was open and transparent when dealing with any issues or concerns. They understood their responsibility to apologise and give people an explanation if things went wrong.

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

- The service had an open culture and staff were confident any concerns or issues they raised would be dealt with appropriately by the registered manager. Staff morale was positive, and staff told us they enjoyed their jobs. One staff member said, "I am well supported in my role, having direct access to the office via the WhatsApp link or phone, and with email for longer or not such time critical questions/reports. I have always felt that I was valued and regular supervisions give a chance to feedback concerns though I wouldn't hesitate to make contact if I felt it necessary."

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

- The management team made themselves easily accessible to people using the service, their relatives and staff. This gave them the opportunity to share any concerns or feedback about the service. Surveys were regularly sent to people to seek formal feedback to drive improvements within the service. Comments were positive about the service and included, "I get a first class service and I cannot fault it."
- Staff were able to feedback through their supervisions and team meetings that were regular and ongoing.
- The service worked closely with other health and social care professionals to ensure people received consistent and timely care. Records noted the involvement of family members, social workers, GPs and district nurses.
- The registered manager and staff understood the importance and benefits of working alongside other professionals.

