

Annie's Healthcare Services C.I.C.

Annie's Healthcare Services C.I.C.

Inspection report

245A Beehive Lane
Ilford
Essex
IG4 5ED

Tel: 02085514242

Date of inspection visit:
28 July 2016

Date of publication:
26 August 2016

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?	Requires Improvement ●

Summary of findings

Overall summary

This was an announced inspection carried out on 28 July 2016. The registered manager was given 48 hours' notice of the inspection so they would be available at the office to facilitate our inspection. The service had previously been inspected in February 2014 and was found to be compliant with the Health and Social Care Act 2008 Regulations at that time.

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.

Annie's Healthcare Community Interest Company provides support, including personal care, to people in their own homes. At the time of the inspection there were 16 people receiving care and support from the service.

People and their relatives told us they were happy with the service and staff working there. They felt the service was managed well. However, we found the registered manager did not submit statutory notifications to the Care Quality Commission, as required by law.

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. Incidents and accidents were documented.

There was a recruitment system in place that helped the provider make safer recruitment decisions when employing new staff. People were safe as staffing levels were sufficient to meet their needs.

People's needs had been assessed before they started using the service. Care plans reflected people's needs and preferences, as well as any risks associated with their care and the environment they lived in. These were reviewed regularly to ensure staff continued to meet people's changing needs.

Staff had a good knowledge of people they supported and respected their privacy and dignity. They promoted people's independence and supported them to eat and drink sufficient amounts to meet their needs.

Where people needed assistance taking their medicines this was administered safely by staff who had been trained to do so.

Staff felt supported and received regular supervision and an annual appraisal. They received a structured induction and training to meet the needs of people they supported.

Staff demonstrated a good understanding of the requirements of the Mental Capacity Act (2005) and knew what they should do should a person lack the capacity to make decision.

People had regular access to health and social care professionals and staff supported them to attend their appointments when requested.

The service had a complaints policy which was included in the information pack provided to people at the start of their care package. People were aware who they would contact if they were not happy about the service they received.

There were regular quality assurance checks and audits undertaken by the office staff. Where improvements were needed the registered manager had put action plans in place to address these.

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. The service had clear policies in place to protect people from abuse. Staff understood signs of potential abuse and could explain what action they would take if they had any concerns.

Risk assessments had been completed to ensure people were safe within their home and when they received care and support.

Staff had been recruited safely and there were enough staff to meet the needs of the people who used the service.

There were systems in place to ensure people received their medicines as prescribed.

Is the service effective?

Good ●

The service was effective. People received care from staff that were skilled and trained to deliver care. Staff received an induction when they started working for the service. They also received regular supervision and yearly appraisals.

We saw people's capacity to make decisions had been considered and staff acted in their best interest and they were trained in the Mental Capacity Act.

If people required assistance preparing food staff assisted with this in an appropriate way.

People's changing needs were monitored to make sure their health needs were responded to promptly.

Is the service caring?

Good ●

The service was caring. Staff demonstrated a good awareness of how they should respect people's choices and delivered care and support accordingly.

People and their representatives told us staff were caring and they had their privacy and dignity respected.

Staff had a good understanding of people's care and support

needs.

Is the service responsive?

Good ●

The service was responsive. Care plans were very detailed and reflected each person's needs and they were regularly reviewed. People received the support they needed.

Complaints and concerns were taken seriously and used as an opportunity to improve the service. Compliments were also welcomed.

Is the service well-led?

Requires Improvement ●

The service was not always well led. The registered manager did not always submit statutory notifications to the Care Quality Commission.

People, their relatives as well as the staff felt the service was well run and spoke highly of the management team.

Staff had access to policies and procedures to inform and guide them in their roles.

Systems were in place to monitor the quality of the service in order to continually improve it. This included satisfaction surveys and regular audits.

Annie's Healthcare Services C.I.C.

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.

Before the inspection, we reviewed the information we heard about the service. We looked at the information we had received from the service including statutory notifications. A notification is information about important events which the registered provider is required to send to us by law.

During the inspection, we reviewed the records of the service. These included staff training records, policies and procedures, four people's care plans and risk assessments, four staff recruitment files and staff supervision records.

We also looked at quality assurance records and satisfaction surveys. We spoke with the registered manager and the office manager who managed the service in the absence of the registered manager.

After the inspection we spoke with three people using the service, four relatives and three members of staff to obtain their views of the service.

Is the service safe?

Our findings

People told us they felt safe using the service. One person said, "I am happy with the girls and I do feel safe when they are around." People and their relatives felt staff supported them in a safe way and they did not have any concerns.

The service had relevant policies and procedures in place on how to keep people safe from abuse and reporting any incidents. We noted staff had received training in safeguarding and they demonstrated a good understanding of different types of abuse. They were aware of signs that may indicate someone living in their own home, or in the community, may be at risk. For example, if a person became withdrawn and was normally very chatty or if they observed any unexplained bruising on a person. They were aware of the safeguarding procedures and were able to clearly describe to us how they had reported concerns to the local safeguarding team.

A staff member told us, "If I am concerned about the safety of a service user I will speak with the manager and I know she will take it seriously and will look into it". This showed the registered manager took safeguarding incidents seriously and ensured they were fully acted on to keep people safe.

The service had a whistleblowing policy which staff were made aware of. Staff told us they knew about whistleblowing and would not hesitate to report any concerns they had. The registered manager encouraged staff to raise concerns about people's care or any unsafe practice they encountered.

We saw care and support was planned and delivered in a way that ensured people's safety and welfare. We found the registered manager had completed risk assessments regarding the care and support people received. An environmental safety risk assessment was also in place.

The risk assessments were comprehensive and reflected people's needs and covered areas such as falls, moving and handling, medicines management, skin and pressure care. Where risks were identified, there was guidance for staff to follow to minimise the risks. For example, one person was unable to bear their own weight and at risk of falls. Information on which aids to use when assisting them with transferring was recorded in their risk assessments. This helped to ensure the person was as safe as possible when being transferred. Risk assessments were reviewed and updated to reflect any changes in people's needs. Staff had a good knowledge of people's needs and how to keep them safe.

The service kept a record of any accidents and incidents. The registered manager reviewed them to see if there were any patterns and took actions to minimise the risk of recurrence. This helped to ensure people were kept safe and any risks were identified and actions taken as necessary.

We looked at staff recruitment files and found appropriate checks were carried out before they started to work for the service. These included written references, identification check and a satisfactory Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and reduces the risk of unsuitable people working with people who need support. Other checks included obtaining proof

of their home address and their right to work in the United Kingdom.

There were sufficient numbers of staff to meet the people's needs. People and their representatives told us they had the same group of staff providing them with care and support and they knew who was going to visit them. One person said, "I like to have the same staff, but I know sometimes they are not well or on holidays and other staff will come to see me." A relative said, "My mother has the same carer and she knows her well." A staff member told us, "There are always enough staff around."

Records showed people had consistent care from regular staff. People told us staff visited them at the agreed time, however, there were times when they were a little late and this was due to traffic or bus strike. People did not raise any concerns about any missed visits. One person told us, "The office staff or the girl will contact me if they are running late." The registered manager or the office manager was on call to offer help which meant staff could request assistance if required.

The registered manager told us there were enough staff employed to meet the needs of people, however they were actively recruiting more staff. They regularly held interviews at the local job centre and had recently recruited a new staff member who we met during our inspection.

The service had a medicines policy which outlined the safe handling of medicines. People told us they felt staff administered their medicines correctly and in a timely manner. One person told us, "The girls normally remind me to take my tablets." A relative said, "The girls ensure Mum had taken her medicines." If people needed assistance to take their medicines as part of their care package, the office staff carried out an assessment on the level of assistance needed. For example, if staff needed to prompt people or just reminded them to take their medicines.

We looked at the medicines administration records (MARs) and found they were signed by staff to indicate people had their medicines at the required time. This demonstrated people were assisted with taking their medicines as prescribed by their GP. The office manager regularly audited the medicines administration records (MAR). This was to ensure records were completed accurately and people had received their medicines at the prescribed time. Staff had received training in the administration of medicines. They were clear about their role and what they were able to do or not to do with regards to the administering medicines to people.

Is the service effective?

Our findings

People felt staff were well trained and had the skills and experience to provide the care and support they wanted. One person told us, "The girls are very good, they know what they are doing, I am happy with the way they look after me and do not have any concerns." A relative commented, "I am so grateful to have the help from the girls, my father is so much better. They look after him very well and I can't fault them."

Records showed staff had received training to meet the needs of the people they supported. This included moving and handling, safeguarding, food hygiene, health and safety, fire safety, first aid, and the role of a care worker. A staff told us, "I've done a lot of training and this has helped me to get better at what I do." The service had a rolling programme of training in place and staff attended regular refresher training. The registered manager and the office manager were both qualified to provide staff with training in some areas. Staff felt the training they received was good and this helped them to meet the needs of the people they supported.

Staff were also supported by the service to complete a nationally recognised qualification in care, the Care Certificate. The Care Certificate is a set of standards that staff must follow to ensure they provide appropriate care and support to people. It applies to social care and health workers.

Staff undertook a structured induction when they started working for the service. New staff also shadowed an experienced staff member until they were confident and competent in their role. This helped to ensure new staff were appropriately trained prior to commencing work independently.

Staff received supervision every three months and yearly appraisals. We saw that a number of areas were discussed during staff supervision, such as people's needs, any training requirement, workloads and any concerns that the member of staff might have. Staff were also able to meet the registered manager on an informal basis if they had anything they wanted to discuss before their planned supervision date.

Before people received any care or support staff asked them for their consent and they acted in accordance with their wishes. Care records demonstrated that people's capacity to make decisions had been considered and recorded within the assessment and care planning process. We saw people had signed their care plans to indicate they were involved in the process and were happy with the contents. Staff informed the office staff if they had any concerns about someone's capacity to make decisions.

Staff had received training in the Mental Capacity Act 2005 and the registered manager knew of the process to follow when a person did not have capacity to make certain decisions. 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 make 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. The application needs to be made to the Court of Protection for people

living in their own home. At the time of our visit none of the people who used the service were subject to a court order.

People told us they were supported to have enough to eat and drink and at the times they wanted it. When people required support with food preparation we found staff had received training in the safe handling of food. Care plans clearly indicated where people needed support with food and drink, and how this support was to be carried out. Staff encouraged and supported people to maintain a balanced diet. Where there were concerns about how much people were eating and drinking, there were food and fluid charts in place to monitor this. We saw one person required a soft diet and there were guidelines in place for staff to follow.

People told us staff always ensured there was a drink and something for them to eat before they left. This helped to ensure people had access to hydration and nutrition when they were on their own. Staff were involved with food preparation for people and also helped them with their food shopping. For example, we saw the registered manager buying food on line for one person from a shopping list, which they had prepared with the assistance of the staff looking after them. This meant they chose what they liked to eat and this was respected.

People were supported with their health needs. The office staff worked closely with other professionals to ensure people's health needs were met. When people had not been well, staff took appropriate actions to seek help and advice from other healthcare professionals. Staff reported concerns about people's health to the office staff and if it was an emergency, they called the emergency services for assistance.

Is the service caring?

Our findings

People and their relatives felt the staff were caring. A person told us, "The staff are marvellous." Another person said, "I am very happy with the girls, they are very good." People felt listened to and told us staff never rushed them when carrying out a task. They mentioned the quality of care provided was good, and staff were friendly and helpful.

People were able to express their views and were involved in making decisions about their care. We saw they had been involved in developing their care plans and agreed on the time staff were to visit them. Staff were knowledgeable about people's needs and preferences and respected their wishes. For example, one staff member told us, "[Person] does not like crowded areas." There was clear guidance for staff to follow to ensure people received care and support as they wished and wanted.

People told us the staff had a caring attitude towards them and treated with kindness. One person told us, "The girls are very kind and very friendly." Another person said, "I can't ask for more, they [staff] are very good to me."

Staff respected people's privacy and dignity. They always supported people in a way which protected their dignity. For example, when providing personal care staff covered people with a towel and ensured the door was closed and the curtains drawn. Staff always knocked on people's doors before going in.

People were offered choices with regards to their care. For example, staff asked people if they wanted to have a shower or a bath or if they wanted to go out or stay in. One person said, "They [staff] always give me a choice". This meant people's individual preferences were respected.

Staff encouraged people to be as independent as possible, whilst providing care and support. A person said, "I do a lot of things for myself, I just want the girls to help me with washing." One staff member told us, "If the service user is able and willing, I will ask them to wash their face and I will do the rest." What a person could do for themselves was recorded in their care plans. For example, "[Person] is independent in carrying out her daily lifestyle, but needs assistance to access the communal area and come back to the flat in the evening."

The registered manager ensured people's confidential records were stored securely within the main office. We saw records were kept in locked metal cabinets and only relevant staff were able to have access to the records. People did not raise any concerns with us about the way the service handled their information and felt their confidentiality was respected.

People's diversity, values and human rights were respected. For example, people's spiritual choices and preferences were recorded in their care plans and taken into account when staff provided them with care and support. We saw in one person's record that they would inform the office staff if they wanted to go to their place of worship and staff would assist them accordingly.

Is the service responsive?

Our findings

People were happy with the way staff supported them. They said staff were aware of their individual needs and help them accordingly. A relative told us, "The staff are very good and they looked after my father very well." One person said, "The girls are nice, they help me with my cooking and washing and when I get up in the morning."

Before people received care and support from the service, the registered manager carried out a full assessment to ensure they were able to meet their needs. This was done with the involvement of the person and their relatives, if they were involved in the person's care. One relative told us they were involved in the assessment process and they found this very useful.

Following the assessment the registered manager or the office manager would develop a care plan that covered the people's care and support needs. Again, people or their representatives were fully involved in the care planning process and deciding what care and support they needed. Each person had a folder in their home, which contained their care plans.

We found care plans contained detailed information about the person and the support they required. For example, one care plan stated, "[Person] will need to be transferred to her electric wheelchair, ensure the correct size pressure cushion is on the wheelchair before transfers take place." Care plans included people's histories, what they liked and disliked and how they liked to be supported on a daily basis. This helped to ensure staff were aware of how to provide individual care in accordance with people's choices and preferences.

We saw people's care plans were reviewed monthly, and as required when the needs of the person changed. For example, we noted the staffing level had been increased following a review of one person's care needs. People and their relatives told us they were involved in their reviews.

People were encouraged to carry on doing activities they like in order to prevent them from the possibility of becoming isolated. Staff were aware of what activities people liked and helped them to choose how they spent their time. For example, one person enjoyed listening to classical music and another playing dominoes and so staff made sure this happened when they visited these people. Some people needed very minimal help with personal care and staff spent much of their time socialising with them. Staff also encouraged people to engage in activities in the community, such as going to the local pub for lunch or going shopping. This meant people were supported and given opportunities to be involved in activities of their choice.

The service had a complaints procedure which was included in the information pack available in each person's home. People and their relatives felt comfortable to raise concerns with the registered manager or the office staff. One person told us, "I am pleased with the girls and don't have any complaints." Another person said, "The staff are very good and I have no reason to complain." A relative said, "The girls are marvellous, I will speak to the manager if I am not happy about something, it is a good agency."

We found the complaints procedure was clear and included information about how complaints would be dealt with and the timescale for a response. It also included details of other bodies which people could approach if they were not satisfied with the outcome.

The registered manager recorded details of each complaint and what action they took and the outcome. We saw the registered manager had dealt with all the concerns appropriately. Where possible these had been resolved to people's satisfaction and the complainant had been kept fully informed throughout the process. For example, the registered manager allocated another staff member to care for one person as they were not happy with the previous member of staff. This meant people could be assured their complaints would be dealt to their satisfaction. People were encouraged to contact the registered manager to discuss any complaints or concerns they had.

We saw the service had received a number of compliments from people or their relatives and other professionals. One professional wrote, "Many thanks again to you and the carers for the support you are providing to this family." A relative sent an email to the registered manager saying, "The staff are efficient at carrying out daily routine tasks and have developed a good relationship with my father. Care has been consistently provided at a level required for his condition."

Is the service well-led?

Our findings

The service had a registered manager in post, who was registered with the Care Quality Commission. They managed the service with the help of an office manager and one administrator.

People and staff told us they felt the service was run well and were very complimentary about the registered manager and office staff. One person told us, "The girls are very good and the office staff are very helpful too." Another person said, "I'm very happy with this company and don't have any concerns." A relative said, "The agency is very good and I am very happy with them."

People and their relatives described the registered manager and office staff as very approachable and had an open door policy where they discussed any issues they might have. The registered manager encouraged people, relatives and staff to be involved in the day to day running of the service as much as possible.

The registered manager understood what their roles and responsibilities were. However, during our visit we noted that they had not reported a recent safeguarding incident to the Care Quality Commission (CQC). They told us they had not been very well recently and this was the reason for not informing us.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager informed us they were training the office manager to learn the roles and responsibilities of a registered manager and they would then apply to be registered manager. The office manager had been managing the service during the absence of the registered manager.

The registered manager had a quality assurance system in place to monitor the quality of the service people received. People were encouraged to give feedback about the care and support they received through satisfaction surveys which were sent to them every three months. We looked at some of the surveys that had been completed recently and found people were happy with the service they received. The office manager analysed the results and where necessary, this resulted in action. For example, people commented about staff not wearing their identification badges and staff were reminded of the importance of doing so. This demonstrated the views of people who used the service were sought and acted upon.

The office manager told us they also visited people nearly every two weeks to check if they were happy with the staff and the service they received. People confirmed they had regular visits from the management team. One person told us, "[Office manager] always comes to see me regularly to see how things are and if I am okay."

The management team also carried out regular spot checks on staff. During these visits, they provided feedback to staff about their practice and how they could develop and made improvement if necessary. This showed there was a system in place to monitor and improve the quality of service provided by staff.

The registered manager or the office manager carried out regular audits to ensure the service was operating to their expected standards. They regularly reviewed care plans, medicines charts, food and fluids charts and daily records completed by staff each time they visited people in their homes. If they identified any areas for improvement, they put an action in place to address these.

Staff told us the service was a very good place to work. They were kept informed about any changes that happened within the service such as any new training that was happening. They told us their views were listened to and they were encouraged to discuss anything on their mind, even any personal matters, and we saw evidence of this.

Staff felt the management genuinely care for them as well as for people who used the service. A member of staff told us, "This is the best agency that I have worked for." Another staff member said, "It is a good agency to work for, the office staff and manager are very supportive and always helpful."

The service had policies and procedures that covered a wide range of topics including health and safety, medicines management, safeguarding and whistleblowing. We noted all the policies and procedures had recently been reviewed and updated by an outside company and they were very comprehensive. They were cross referenced with our regulations and latest national guidelines. This helped to ensure staff had access to up to date information and procedures when caring and supporting people who used the service.

The registered manager was a member of the UK Home Care Association. This is a professional association of home care providers which helps organisations that provide social care to promote high standards of care. They also maintained good links with the local community. This helped to ensure people received good quality care and support.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 18 Registration Regulations 2009 Notifications of other incidents</p> <p>The registered person had not notified the Care Quality Commission (CQC) of incidents which had occurred within the service as required by the CQC (Registration) Regulations 2009. Regulation 18 (2) (e).18</p>