Anamar-Care Ltd

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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

This announced inspection took place on 8 and 17 November 2017. This service is a domiciliary care agency. It provides support with personal care to people living in their own houses and flats in the community. It provides a service to older adults. At the time of our inspection the service was providing support to five people.

The service had a registered manager. 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.

Staff were aware of their responsibilities to raise any concerns either within the service or to external bodies if appropriate. The service had policies and procedures in place to deal with safeguarding concerns.

The service had worked to minimise risks to people receiving care and support. Care plans provided guidance for staff on the care and support to be provided and how identified risks were addressed. Risk assessments were regularly reviewed and updated to ensure they remained up to date with people's changing needs.

Before employing staff the service carried out appropriate checks to ensure that new staff were suitable to work in the care industry. Staff received the appropriate training to ensure they provided safe and effective care and support. The service ensured that this training was regularly updated. Staff received regular monitoring and support from the service to ensure they provided a good quality of care. There were sufficient staff to provide the care and support people required.

Where the service supported people with their medicines this was carried out safely. Staff were trained in the administration of medicines and the service had an appropriate policy in place.

Care plans were regularly reviewed with the full involvement of people and their relatives to ensure they remained current and that the service was meeting their changing needs. 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.

People received support from a regular team of care staff who they had developed good relationships with. People told us that staff treated them with respect supporting their dignity and independence. Care staff supported people to be as independent as they were able.

The service encouraged people to provide feedback about the quality of the service they received. The registered manager knew all of the people the service supported. People told us that they would have no hesitation in contacting the service if they had any concerns. There was a formal complaints procedure

which people were aware of.

There were quality assurance processes in place including audits and satisfaction surveys. The registered manager responded promptly to any concerns. Staff were involved in the development and direction of the service.

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.

Staff were trained in safeguarding procedures and knew how to identify signs of abuse and the procedure for reporting their concerns.

Risks to people were assessed and plans were in place to mitigate any identified risks.

People were supported by staff that had been recruited and appropriate checks were carried out to ensure they were suitable to work in the care industry.

Staff were trained in medicines administration and supported people to receive their medicines safely.

Is the service effective?

Good

The service was effective.

Staff received the training and support they required to meet people's needs effectively.

Staff and the registered manager understood their roles and responsibilities under the Mental Capacity Act (MCA) 2005.

Staff made timely referrals to healthcare professionals.

Is the service caring?

Good

The service was caring.

People told us that staff were caring and kind towards them.

Staff knew people and understood their needs. They had developed positive relationships with people.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed and their care was planned and delivered to meet their individual needs and requirements.

Regular reviews of care and support ensured it remained person-centred and relevant to the needs of the person.

People knew how to make a complaint. No complaints had been received in the past 12 months.

Is the service well-led?

Good

The service was well-led.

The service demonstrated an open and empowering culture.

There were systems and processes in place to ensure the quality of the service.

The service complied with legal requirements regarding notifications.

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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.

This inspection took place on 8 and 17 November 2017 and was announced. We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be available to speak with us.

Inspection site visit activity started on 8 November and ended on 17 November 2017. It included phone calls to people using the service, and visits to people in their own home accompanied by the registered manager. We visited the office location on 8 November 2017 to see the manager and to review care records and policies and procedures.

The inspection was carried out by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held about the service. This included correspondence we had received and notifications submitted by the service. A notification must be sent to the Care Quality Commission every time a significant incident has taken place, for example where a person who uses the service experiences a serious injury.

During the inspection we spoke on the telephone with one person being supported by the service and visited two people in their own home. During the home visits we also spoke with two relatives. We looked at records in relation to four people's care. We spoke with three members of care staff and the registered manager who is also director of the provider company. We looked at records relating to the management of the service and systems for monitoring the quality of the service.

Good

Is the service safe?

Our findings

People told us they felt safe when receiving support from the service. One person said, "I feel absolutely safe. There is nothing [carer] cannot do."

People told us that they would have no hesitation in raising safeguarding concerns with the service. One person said, "If I have a problem [registered manager] is the first person I would phone." Staff had received training in safeguarding people from abuse. The staff we spoke with were able to describe what constituted abuse and tell us how they would report it. The registered manager showed us the systems and process they had in place to manage any safeguarding concerns they may receive.

Care plans contained information on the risks to people associated with receiving care and support and how these risks were managed. For example one care plan identified that a person was at risk of their skin breaking down and developing a pressure ulcer. It contained information on the measures put in place to manage the risk, such as the application of topical cream. It also contained information on when the risk may increase further and any additional action which should be taken. Risk assessments were reviewed and updated every three months or sooner if a person's condition changed. For example, where the physiotherapist had introduced a new piece of equipment to support a person with their mobility, the risk assessment had been updated. This ensured they remained relevant. In addition to the formal review of risk assessments staff highlighted in the daily record any areas of concern which the next member of care staff providing support may need to be aware of.

The registered manager told us that they only agreed to support people if they had enough staff to cover the care required. In the case of unexpected staff absence the registered manager was able to provide care and support. Care staff were recruited safely with appropriate checks carried out before employment commenced to ensure they were suitable to work in the care industry. These included checking employment history and a disclosure and barring service check. Before providing care and support to people the service ensured that care staff had the appropriate training to support people safely. This included moving and handling and safeguarding training.

The service had a medicines policy which clearly set out how the service supported people with their medicines. Staff we spoke with were aware of the policy. People received varying levels of support from care staff when taking their medicines. For example, from prompting through to administration. Staff had received medicine training and regular competency assessments to ensure they were competent to carry out this task. Staff confirmed they were confident supporting people with their medicines. The medicines administration records were audited by the registered manager to check that staff were administering medicines correctly. We checked medicine records in the homes of people we visited and found them to be completed appropriately by staff.

The service had an infection control policy. Care staff we spoke with were aware of the policy and their role in the prevention of infection. They told us that personal protective equipment was available for them to use. We saw, in people's homes we visited, that gloves and aprons were available for staff to use.

The registered manager explained to us the systems they had in place to review and investigate any safety incidents. However, to date there had not been any incidents. Care staff we spoke with were aware of their responsibilities to raise concerns, and report any concerns either within the service or to external bodies such as the local authority. One member of care staff we spoke with said, "I can call the manager at any time. I can talk openly."

Good

Is the service effective?

Our findings

People told us that the care and support received from the service supported them to maintain a good quality of life. One relative told us, "[Carer] has made such a [positive] difference to our life."

Before a person began receiving care and support from Anamar Care the registered manager carried out a comprehensive assessment of the person's needs. This included their physical needs and their wishes with regard to religious, cultural and end of life care. This information was used to develop a care plan which effectively addressed these needs and wishes. The registered manager had processes in place to ensure that the support delivered was in line with current best practice. They were a health care assessor for other organisations which they told us supported them to stay up to date with changes in best practice.

People told us that staff had the skills required to deliver their care and support needs. One person said, "[Carer] is very competent." Part of the services' initial assessment process was a compatibility assessment which looked at the person's preferences around care and support staff, for example if they preferred a male or female and also if staff had the skills required to meet that person's needs. Staff received an induction into the service when they first started providing care and support to people. This included relevant training which included moving and handling and safeguarding. New staff also undertook the Care Certificate or other relevant qualification. The Care Certificate is the competencies that should be covered as part of induction training for new care workers. The registered manager ensured that staff received regular update training to ensure their knowledge and practise was up to date. A member of staff told us, "The training is very good. It is paced to how I learn."

All the staff we spoke with confirmed they were supported in their roles. One staff member said, "[Registered manager] is very good and patient. We always maintain close contact." Another staff member told us, "The manager is very good, keeps us up to date with the bigger picture." Records also confirmed what staff had told us. The registered manager ensured staff received
regular spot checks, observations, one-to-one feedback and updates and performance reviews.

The staff team worked together to provide effective support to people. All of the staff we spoke with praised the communication within the service. This included updates on the care and support for people using the service and feedback on their own performance. We also saw that where Anamar Care was not the only provider giving care and support to a person, they liaised with the other provider to ensure a consistency of service.

Care staff monitored people's health on an on-going basis. One member of staff told us that as they provided regular support to the same people they were able to see any changes in their wellbeing. One member of care staff gave us an example of when they noticed that a person who did not usually have a problem with using the toilet had become incontinent. They went on to tell us the actions they had taken to address the issue, which included contacting the person's GP. People's care plans were regularly reviewed with the involvement of the person or their relative. This supported the regular monitoring of people's health because they reviewed the care and support a person required. Records demonstrated that the service

made prompt referrals to other healthcare professionals when required. For example to the person's GP or to the district nurse.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

Staff had received training in the MCA and were able to competently describe its requirements and how they put it into practise. A person told us, "[Carer] always explains what she is doing. Explains what she is doing as she goes along." The person went on to tell us how the carer gave them choices as they provided their personal care. A relative said, "They [staff] always ask even if it is something that has been done a dozen times before." A member of care staff said, "I always offer choice, it is part of our job. I always get consent to what I am doing, verbal or body language." The service care planning process explored people's perception of the service to be provided and obtained their consent to this. This was reviewed three monthly along with the care plan.

Good

Is the service caring?

Our findings

People and their relatives told us that they were treated with kindness and compassion. One person said, "The whole family like [carer]. I feel I can trust them." Another person said, "I have good relationships with carers. They are all different but I have got to know them all." A relative gave us an example of the caring attitude of staff. They told us that part of what the member of care staff did was to take their relative out into the community. They told us that when they were out the member of staff always ensured that the person was sitting comfortably and discreetly reminded them about going to the toilet.

Before providing care and support to a person care staff were introduced to people and shadowed a member of staff who was already providing support. One member of care staff told us, "I shadowed for three shifts and met the person. I saw how my colleague worked." This supported the new member of staff to get to know the person and their preferences.

Care plans contained information on people's backgrounds and personal history. Staff told us that this helped with getting to know the person as an individual. One member of care staff said, "Care plans contain a biography which helps with things to talk about. Who they are, what they like."

People and their relatives told us that they were fully involved in their care planning. One person said, "In the first instance we sat and talked it out. Now, if anything needs changing I can suggest it and it will be done. We are included in all that." We observed during one of our home visits that a person wanted support with some financial issues. They spoke to the registered manager about this and they told the person about a local source of advice.

Staff told us that they had the time to support people as they wished. A member of staff said, "I do not just go in, provide the care and leave. I have time to sit and chat." People also told us that they liked being supported by a small number of care staff that they had got to know. A relative said, "We have a group of staff we have got to know. Not endless different people coming into our home.

People and their relatives told us that staff treated them and their home with respect. One person told us that their door was left unlocked when care staff were coming but that staff always knocked before entering. Another person told us, "They are good at making relationships, not patronising. They treat you as an individual, no love or darling."

Staff supported people to maintain their independence. A relative told us that care staff supported their relative to be as independent as possible. They described how care staff encouraged independence in their relative. They said, "You have to be firm with [relative] but [carer] does it in a nice way." Another person said, "They [carer] help me to do as much as I can."

Good

Is the service responsive?

Our findings

In their PIR the provider told us that they used 'holistic assessments and care planning.' Care plans we looked at demonstrated this holistic approach. They contained comprehensive information about the person's health and the support they required. They also explored the person's understanding of the care to be provided and how this would be provided taking into account the person's preferences. For example, the time the care and support would be provided and the gender of the member of staff. They also explored people's religious and cultural wishes along with any advance wishes.

People we spoke with told us that they received care and support from a regular team of care staff. They told us that this provided them with the opportunity to get to know the staff supporting them. Conversations we observed between people and the registered manager demonstrated that people knew the care staff that provided their care and support well and valued the care and support they provided. The registered manager told us that they provided the names of staff that would be providing care and support to people a month in advance. People told us that they found it reassuring knowing who would be providing their care and support.

People told us that the service encouraged them to provide feedback about their care and support. One relative said, "I feedback on the care plan regularly. I can always talk about any issues." They went on to give us an example of working with the service to improve the care their relative received. They concluded the example by saying, "We had a discussion and sorted it out." Regular reviews of people's care plans ensured that care plans continued to reflect people's changing needs.

Care staff we spoke with told us that the care plans provided them with the information they needed to provide care and support which responded to people's needs. They told us that they had time to read care plans and associated handover notes. This meant that they were aware of any change in the person's care or health needs.

The service was working with one relative who had produced an 'app' to be installed on a smart phone for the person and their relatives to communicate. This 'app' was interactive and supported relatives and the service with planning care with the involvement of the person's wider family support network. The 'app' was secure and access was by invitation. The person and their family had invited the service to join the 'app'. The registered manager showed us how using this 'app' had facilitated communication with the person and their family giving an example around planning hospital visits.

The service had a complaints procedure and a copy was available in the folder in each person's home. People we spoke with told us they knew how to make a formal complaint but had not had the need to do so. One person said, "If I had a problem [registered manager] is the first one I'd phone." The service had not had any formal complaints in the past 12 months.

Good

Is the service well-led?

Our findings

Everybody we spoke with during this inspection people, relatives and care staff consistently praised the management of the service. One person using the service said, "They are faultless." A relative described the service they received as absolutely excellent and a member of care staff said, "I am proud to be part of it [Anamar Care]."

We visited people in their homes with the registered manager. It was clear from the interactions we observed that the people knew them well and felt comfortable to approach them to discuss their care and support needs. During one visit, a person asked the registered manager about changing the time of their visit due to a hospital appointment. This was readily accommodated with the registered manager telling the person not to be concerned, if their regular carer could not change the time they would carry out the care themselves. The person told us how pleased they were with this outcome to their concern

Staff we spoke with told us that the service had an open and empowering culture which was understood by care staff and demonstrated by the registered manager. A member of care staff said, "My manager is very good. She will hear me out. Always maintains close contact, nothing is brushed aside. It is wonderful."

The registered manager regularly provided care and support to people as well as covering care visits in times of unforeseen absence. They told us that this enabled them to maintain face to face contact with the people receiving care and provided a good opportunity to monitor the quality of service and receive feedback in an informal setting.

The register manager had systems in place to monitor the quality of service people received. This included regular audits of records such as MAR charts and care staff daily notes. Systems were in place to manage risk to the service. For example systems were in place to ensure that staff were appropriately trained and their training was up to date. Staff we spoke with told us that feedback they received from the registered manager was constructive and supportive. They also told us that they felt fully involved in how the service was run. One member of staff said, "It's such a small provider everybody is well informed, we are aware of the bigger picture."

We discussed the legal requirements they needed to meet as the registered manager. This included the submission of notifications of specific incidents to the CQC. The registered manager was aware of the requirements around these notifications. Being a small service the number of notifications received was low, but the registered manager's knowledge of when notifications should be submitted reassured us that requirements were being met. All staff had a job description, which set out their role in providing care and support. This meant that staff were aware of their responsibilities. The registered manager also had a clear vision for future development of the service.

We asked the registered manager how the service worked to improve the quality of the service provided. They showed us a survey that they has carried out to check the quality. This had been analysed and scored. It had provided positive feedback and reflected a high level of satisfaction. The registered manager also

demonstrated with an example how they acted promptly to address any concerns raised. As this was a small service they were able to respond personally and provide prompt, individual advice and support on any concerns raised.

The service worked in partnership with other agencies. One person being supported also received support from another service. Anamar Care had been in contact with this service to share information and risk assessments. This demonstrated the service worked with other agencies to provide a continuity of care.