

Anna Home Care Ltd

# Anna Home Care

## Inspection report

86  
Oakdale Road  
Poole  
BH15 3LQ

Tel: 01202986082

Date of inspection visit:  
05 March 2020  
06 March 2020

Date of publication:  
18 March 2020

## 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

Anna Home Care is a domiciliary care service providing personal to 16 people at the time of the inspection.

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 were supported by staff who had a good understanding of the signs and symptoms that could indicate a person was experiencing harm or abuse. People told us they felt safe and relatives felt their family members were well looked after. People had personalised risk assessments with clear control measures to help them minimise the risks in their lives. The service had a robust recruitment and selection process that helped reduce the risk of unsuitable staff supporting people.

People received their medicines on time and as prescribed by staff that had received the appropriate training and ongoing competency checks. Staff understood the importance of infection prevention and control and had a good supply of personal protective equipment.

Prior to receiving a service, people's needs were thoroughly assessed with their involvement and, where appropriate, those important to them. People were consulted with and involved in changes to their care plans during regular reviews. Staff had an induction, shadowing and ongoing training. Staff spoke highly of the training they received. People and relatives were complimentary about the skills and knowledge of staff. Staff received regular supervision and spot checks. People were encouraged and supported to eat and drink sufficiently with their likes, dislikes and food intolerances known and met.

The service understood the importance of keeping people healthy by timely contact with health and social care professionals. Where people's health needs changed staff encouraged and supported people to contact health professionals such as GPs, dentists and district nurses. Health professionals felt people received a good service with one professional commenting, "They are thinking about their clients 100% of the time. If I needed care myself I would use them."

Staff supported people in line with the principles of the Mental Capacity Act 2005 (MCA). When complex decisions were required mental capacity assessments took place. Where people lacked capacity to make certain decisions, best interest meetings were held with involvement from relevant people including representatives with the appropriate legal authority. 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.

People and their relatives told us staff were kind, caring and attentive. One person said, "They are all very

friendly, accommodating. Nothing is too much trouble." People's privacy and dignity was supported at all times. People had regular care staff which meant they were supported by staff who knew them well. People were encouraged to make decisions and express their views about the care and support they received.

People were supported in line with their assessed needs, abilities and preferences. People were supported to maintain contact with family, friends and links with the community including attending faith-based services and day centres. Although the service had not received any complaints, people and relatives were confident if they had a complaint they would be listened to and action taken to resolve the issue.

People's communication needs were known, met and, when required, shared for example when people were admitted to hospital. Staff had received training in end of life care and had received positive feedback about their sensitivity. People were given an opportunity to create advance care plans if they wished.

There was an open, friendly and supportive culture at the service. Staff told us they enjoyed their jobs and worked well as a team. Staff told us they felt supported and listened to by the registered manager, director and care coordinator. People, relatives, staff and health professionals expressed confidence in the registered manager and director. A staff member said, "[Name of director and the registered manager] are the best managers I've ever had. They are there for you."

There was a good rapport and communication between care staff and office staff. Staff were praised, rewarded and supported to develop professionally. Quality assurance systems helped maintain service quality and identify areas for improvement. This included reviews, audits and spot checks. Regular team meetings gave staff an opportunity to discuss concerns, share practice ideas and discuss care industry developments.

The service had developed and maintained good working partnerships with others to provide good care, treatment and advice to people. This included GP surgeries, hospital discharge teams and social workers. A health professional told us, "I have confidence in the service."

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 20/03/2019 and this is the first inspection.

#### Why we inspected

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

#### 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?

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 ●

# Anna Home Care

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### 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 48 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 5 March 2020 and ended on 6 March 2020. We visited the office location on both dates.

#### What we did before the inspection

The provider was not asked to complete 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. We contacted commissioners and a local authority safeguarding team for feedback. We used all of this information to plan our inspection.

#### During the inspection

We spoke with two people who used the service and six relatives about their experience of the care provided. We spoke with six members of staff including the registered manager, care coordinator, director, care supervisors and a care assistant.

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

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with two professionals who regularly liaise with the service.

# 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.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Staff had a good understanding of the signs and symptoms that could indicate they were experiencing abuse or harm. Staff knew how to raise concerns internally and to external agencies such as the local authority, CQC and police.
- Staff said they would feel comfortable to whistle blow should they witness poor or abusive practice. One staff member said, "100%. I'm here to make sure people are treated properly."
- People said staff helped them feel safe. One person told us, "I'm safe when I'm with them." Relatives confirmed this with them telling us, "They reassure us and make us feel so much better", "They definitely keep [family member] safe" and, "I absolutely feel [family member] is safe."
- People had risk assessments which included control measures required to help them minimise the risks in their lives without being restrictive. People's risks included: nutrition and hydration, use of bedrails, mobility, urine infections and vulnerable skin.
- The service had a lone working policy. This helped ensure staff were safe when travelling alone and working on dark winter mornings and evenings.
- General environmental risks in people's homes were assessed such as home security, electrical safety and trip hazards. The service told us, with consent, they would start referring people to the local fire service if they identified fire risks in people's homes.

### Staffing and recruitment

- There were enough staff to support the number of people they visited. The care coordinator used care planning software which identified staff availability to undertake visits, people in hospital and 'traffic light' coding to flag people with priority needs such as time specific medicines, day centres or health appointments. This also helped at times of adverse weather.
- People told us they typically had the same carers. The system the service used noted how many times carers had visited people so, wherever possible, people could be matched with carers who knew them well.
- People and their relatives spoke almost entirely positively about the carers' timekeeping. They told us, "Carers are always on time", "Carers turn up on time" and, "They arrive on time but this can sometimes be affected by the traffic or weather."
- The service had robust recruitment and selection procedures. Checks had been done to reduce the risk that staff were unsuitable to support vulnerable people.

### Using medicines safely

- Medicines were managed safely by staff who had received the necessary training and competency

assessments.

- People received their medicines on time and as prescribed.
- People's medicines administration records were complete and legible. These were audited by the management.
- Where people were prescribed medicines they only needed to take occasionally, guidance was in place for staff to follow to ensure those medicines were administered in a consistent way.

Preventing and controlling infection

- Staff understood their responsibilities with regards to infection prevention and control and told us they have a good supply of personal protective equipment.
- Staff had received training in food hygiene.

# 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 had an initial assessment prior to them receiving a service. This captured their needs, abilities and their preferences. A mental capacity assessment was also undertaken to determine a person's ability to consent to care and support. One relative told us, "I was really impressed with the questions the registered manager asked as the conversation covered [family member's] memories and hobbies. The registered manager talked to [family member] as a person." A person said, "I'm very pleased with what they do. They do their job well."
- People received care and support which was planned and delivered in line with current legislation and good practice guidance for example with regards support with medicines, moving and assistance and oral hygiene. A relative said, "I was a carer for 10 years. I would recommend them and would have them looking after me!"

Staff support: induction, training, skills and experience

- New staff had an induction which included shadow shifts with more experienced staff and practical competency checks in line with the Care Certificate. The Care Certificate is a national induction for people working in health and social care who have not already had relevant training.
- Staff received supervision, appraisals and ongoing competency checks. Spot checks covered areas including: timekeeping, wearing of identification, infection control, respect and dignity and record keeping. Supervision included two-way discussion on agreed objectives and targets to be achieved by the next session. Records demonstrated staff were given praise and constructive feedback on their performance.
- Staff received training to help them meet people's needs competently. This included: end of life care, medicines, pressure care and safeguarding. A staff member said, "The training is second to none."
- People and relatives told us they had confidence in the staff skills and knowledge. Their comments included: "I'm confident in the skills they have", "They are all clued up", "The carers are absolutely brilliant. I absolutely feel the staff have the skills", "They do their job well" and, "They are pretty well trained." A health professional mirrored this view when stating, "The staff are very competent."

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

- People were encouraged to eat and drink sufficiently to maintain their well-being and support was given where this was required. Records and people confirmed this.
- People's dietary needs were known and met. This included their likes, dislikes and any known food intolerances.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- The service understood the importance and benefits to people of timely referral to health and social care professionals such as occupational therapists, GPs, social workers and district nurses. Where people required specialist equipment the service had supported people and their relatives to get this supplied.
- Professionals spoke positively about the service. A health care professional told us, "They are very good at getting back to us and keep us updated. They are thinking about their clients 100% of the time. If I needed care myself I would use them." Two relatives commented, "Carers are attentive to any health changes" and "I was thrilled when they supported us in a difficult situation with [family member] recently."
- The service and its staff recognised the importance of prompting and supporting people to maintain their oral health and the implications for people if this was neglected. Care plans identified people's needs in this area.

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.

- Staff understood the key principles of the MCA and how this informed the way they supported people.
- People's care plans noted if they had a representative with the legal authority to make decisions on their behalf should they lack capacity.
- Staff and management understood the scope of the legal authority representatives held for example health and welfare and/or property and finance.

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

- People and their relatives told us carers were kind and caring. Their comments included: "I get on well with the carers – we have a joke", "They are all very friendly, accommodating. Nothing is too much trouble", "They are patient, speak in low tones and are very gentle with [family member]", "They [staff] chat to [family member]. They put mine and my family's mind at rest" and, "They are a super lot and so polite. Two health professionals said, "The staff are very friendly and very punctual" and "Staff have a good rapport with a person I support."
- Staff knew how to provide people with emotional support and reassurance when required. One person's plan noted, 'When moving clear reassurance needs to be given with carers to say, "We will be careful" and "We will be gentle" – [Name's] key word is gentle.'
- Staff told us they had enough time on visits to get to know people well. Staff had a regular run of visits which meant people were supported by staff who were familiar to them. A relative said, "We have two regular carers so [family member] knows who is coming." A staff member told us, I have a regular run – I see the same people. I know my clients very well."
- The service kept a record of compliments from people and relatives which were shared with staff. Comments included: 'A belated thank you for those lovely flowers you gave me when I came out of hospital. It was a pleasant surprise', 'Thank you for all the care you are giving [family member] you have been brilliant and we really appreciate it' and, 'You offer such a great service to those who have become frail in their later life and such care should not go unnoticed.'
- People and, where appropriate, their relatives told us they felt involved in decisions about the care and support they received. A person told us, "I can tell them how I want things and they listen to me." Relatives commented, "I feel very much involved and listened to" and "They listen to me. I feel completely involved."

Respecting and promoting people's privacy, dignity and independence

- Staff understood the importance of helping to maintain people's privacy and dignity. They gave examples of how they would do this, for example, when covering people with towels during personal care and pulling curtains and blinds so people were not overlooked.
- People were encouraged and supported to remain as independent as possible and live the lives they want to live. This was emphasised in people's care plans. Relatives commented, "They [staff] encourage [family member] to do things." and "They are very respectful and allow [family member] to do as much as [family member's] able to do." A staff member said, "We encourage people to be independent as they will feel better about themselves."
- The service understood the importance of maintaining the security of people's personal information.

Records were held securely at the office and confidentiality had been discussed at team meetings.

# 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

- Care plans were detailed, person-centred and respectfully worded. They included people's background, needs, preferences, abilities, desired outcomes and what was important to them. One person's plan advised, 'I like to have my [relative] close by.'
- People's care plans were regularly reviewed with their, and where appropriate, their relative's involvement.
- People were supported to make decisions by staff who understand the importance of choice in all aspects of the care and support they offered including helping them maintain their appearance, sense of self-worth and having a preferred gender of carer.
- People were encouraged and, where required, supported to maintain contact with family, friends, pets and links with the community. For example, when people had events to attend, such as local day centres or faith-based services, people and records confirmed staff supported them to be ready in time.
- People were supported by staff where they were at increased risk of social isolation. This had included staff cooking or supplying Christmas meals for people who were unable to prepare a meal independently or did not have family.

### 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 detailed in their care plans. This included the person's preferred method of communication, any impairments that could affect their communication, and guided staff on the best ways to communicate with them. One person's plan advised, 'I need slow, clear instructions.' Another person's plan noted, 'Ensure my glasses are given to me after personal care.'
- People's preferred methods of communication were shared with health and social care professionals when required, for example when people required admission to hospital. These are often called care passports.

### Improving care quality in response to complaints or concerns

- The service had a complaints policy which was included as part of people's welcome pack which was held in their homes. A relative said, "The guide pack tells us everything we and carers need to know. I have no complaints."

- The service had not received any formal complaints since it first registered with us in March 2019.
- People and relatives told us they knew who to complain to should they need to. They felt confident they would be listened to and timely action taken if they raised a concern.

#### End of life care and support

- Although the service was not supporting any people with end of life care needs at the time of the inspection, they had done this previously and had received positive feedback on the skills and sensitivity of staff.
- People were offered the opportunity to create advance care plans. These included choice of burial or cremation and the funeral service. This meant a person's final wishes could be followed. Where people did not wish to explore this topic, staff respected this.

# 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.

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

- The service had an open, friendly and supportive culture. The service understood the connection between happy and engaged staff and the provision of good quality care.
- Care staff and office staff communicated well and respected each other's roles. A relative said, "The office staff are helpful." A staff member told us, "The office listen if I raise a concern or issue."
- Staff told us they got on well with colleagues and were happy in their jobs. Staff comments included: "I am very happy in my job. We're a close team" and "I love my job, I wouldn't change it for the world and my colleagues are brilliant!"

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 registered manager and staff had a good understanding of their roles and responsibilities. The registered manager said, "My role is to ensure safe care and all our customers' needs are met."
- People, relatives, staff and health professionals had confidence in the registered manager and director. Their comments included: "The registered manager is lovely", "The registered manager gets things done", "[Name of director and the registered manager] are the best managers I've ever had. They are there for you", "[Name of director and the registered manager] are very friendly and professional" and, "The management are very approachable. I have confidence in the service."
- Staff were recognised and rewarded. Files detailed praise for staff and the service had an employee of the month award. A staff member who had recently won this told us, "We get a card, chocolates and a certificate. I was overwhelmed." The registered manager said, "I'm proud of how the staff work, how they pull together as a team." The director told us, "I'm so proud of the staff. I'm very proud of [name of registered manager]. We couldn't dream of having a better registered manager."
- The registered manager felt supported by the director who was based at the office. The registered manager expressed, "[Name of director] is amazing. I've never had a boss like [name of director]. Not one day will pass without [name of director] thanking me for what I've done. [Name of director] believed in me."
- The registered manager had ensured all required notifications had been sent to external agencies such as the CQC and the local authority safeguarding team. This is a legal requirement.
- The registered manager understood the requirements of Duty of Candour. They told us it was their, "Duty to be transparent if we make a mistake, own up to it first and foremost and apologise."

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

- People's and their relative's views on the service were captured during regular reviews which commence within one month of a package of care starting. Feedback was used to help improve the quality of the service.
- Rotas considered staff caring responsibilities, health conditions, right to sufficient breaks and travel time between visits. A staff member said, "They are very supportive. They supported me to reduce my hours when I was poorly." Another staff member said, "I was struggling to do my job as one of my family was [ill]. They re-did my hours to suit me and totally supported my family." The director told us, "We're flexible and support staff family life. Then they're happy and productive at work."
- Regular staff meetings were held. A staff member said, "We have staff meetings every month. It's good to get us all together. You can bring anything up. I had a client who was reluctant to accept personal care. My colleagues shared some practice ideas with me at one of the meetings and it helped."
- Staff were encouraged and supported to increase their knowledge and skills including taking on new roles and undertaking national qualifications in health and social care. One staff member said, "The service felt I had the skills and experience to be trained up as a supervisor. That made me feel very proud."
- Various audits and spot checks were undertaken which helped ensure service quality was maintained and improved. These included: completion of medicines administration records, dignity, moving and assisting, daily records and body mapping.
- The service worked in partnership with others to provide good care, treatment and advice to people. This included developing and maintaining good working relationships with community nurses, GPs, social workers and occupational therapists.
- The service engaged in and supported national awareness days with charity fundraising events held to help increase understanding of conditions such as dementia, cancer and mental health.