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Annix Care Ltd

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Annix Care is a domiciliary care agency that provides personal care and companionship to people living in their own homes. Some of these people were living with dementia and other physical disabilities. At the time of the inspection, 19 people received a service which included personal care from Annix 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 safely supported by sufficient numbers of staff who had been employed through the provider's safe recruitment processes. Staff received training on safeguarding and knew how to identify and report any concerns. Risks had been assessed and management plans put in place. Staff administered people's medicines as prescribed.

People's needs were assessed prior to their service starting. The registered manager assessed people's needs and there was a clear dedication to providing high-quality person-centred care to people, to enable people to remain living in their own homes. Staff worked with healthcare professionals to make sure health needs were supported. 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 relatives thought staff were kind and caring. People's privacy and dignity were promoted and maintained by staff who recognised the importance of treating people respectfully.

People were involved in their care and were encouraged to share their views and preferences. People had personalised care plans which were regularly reviewed by staff. People had the opportunity to record end of life wishes and the staff worked with professionals to provide appropriate end of life care.

People, relatives and staff all felt able to approach the registered manager and were positive about their leadership style. Quality monitoring was in place and feedback was sought and used to make improvements to the service. There was a complaints policy in place which people and relatives were aware of.

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

Rating at last inspection

The last rating for this service was Good (Published 15 May 2017)

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection 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.

Annix Care Ltd

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

This 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 07 November 2019 and ended on 18 November 2019. We visited the office location on 13 November 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We sought feedback from Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support

our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with two people and three relatives on the telephone to ask them about the care they received from the service. We spoke with four members of staff as well as the registered manager, and the administrative assistant.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. We reviewed a range of data and records. This included a variety of records relating to the management of the service such as quality assurance, training and recruitment.

Is the service safe?

Our findings

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

People and relatives told us Annix Care provided safe care and support. Comments included, "I always feel [my relative] is very safe with the carers." and "I feel safe and happy with all of my carers."

- Staff received safeguarding training and understood their responsibilities to keep people safe from avoidable harm. Staff told us they felt able to raise concerns and had confidence the registered manager would investigate these thoroughly. One staff member told us, "I know how to safeguard, and I would whistle blow if needed, but I know the manager would deal with it properly."
- Systems and processes were effective in managing and responding to safeguarding concerns. The registered manager understood their safeguarding responsibilities and had made referrals to the local authority and informed us, (CQC) where necessary.

Assessing risk, safety monitoring and management

- Risks to people's health and well-being had been identified, assessed and monitored to ensure people received safe care and treatment.
- Records included guidance on how to minimise risk's to people. For example, some people had restricted mobility and information was recorded about how to support them when moving around their home.
- Staff knew how to manage risks associated with people's care. Staff we spoke with said, "I have all the support and training I need to do my job safely."

Preventing and controlling infection

- Staff received infection control training and told us about the importance of following good infection control practices. A staff member told us, "We always have enough protective equipment like gloves."
- People confirmed staff followed good infection control practices such as washing their hands and preparing their food in a safe manner.

Staffing and recruitment

- Staff told us they were unable to start working at the service until the provider had received all required pre-employment checks which included an enhanced Disclosure and Barring Service (DBS is a national agency that keeps records of criminal convictions) and satisfactory references.
- People and relatives told us staff were always on time and care calls were never missed. One relative told us, "We usually have the same carers, they are wonderful. We have good continuity."
- The provider also offered a 24 hour on-call system for staff to seek emergency advice when necessary.

Using medicines safely

- Staff had been trained and knew how to support people with their medicines safely. This included competency checks to ensure they were administering medication in line with the providers expectations.
- Records showed people received their medications as prescribed. One relative told us, "[The staff] always give [my husband] his medicines on time, it's so important."
- The registered manager completed regular medicine audits to ensure any issues were identified and acted upon quickly.

Learning lessons when things go wrong

- Staff told us they knew how to report and record accidents and incidents and confirmed they could contact the office at any time for advice or support.
- Records showed what immediate action had been taken to manage the situation and any further actions required to prevent the risk of re-occurrence.
- The registered manager had an overview of the service and ensured procedures were put in place to reduce the likelihood of incidents recurring. For example, one person experienced a minor injury on a radiator during their personal care. The registered manager put measures in place to ensure the injury could not happen again.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported by a staff team who worked well with each other and other agencies to provide care and support. One staff member told us, "We are a good team, we all work together."
- Staff were aware of people's health problems and signs of change to look out for. Where needed, staff supported people to clean their teeth and mouth.
- Staff worked with healthcare professionals to make sure people had the care they needed, such as from district nurses.
- Records showed emergency healthcare had been obtained quickly when needed.

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

- People had their needs assessed by the registered manager prior to any service starting.
- The service used a range of assessment tools to make sure needs were assessed in line with national guidelines. For example, moving and handling and risk of falls.
- Assessments were reflective of the Equality Act 2010 as they considered people's protected characteristics. For example, one person required a specific community language and the registered manager had matched this person with an appropriate member of staff and had received positive feedback about the outcomes this had for the person.

Staff support: induction, training, skills and experience

- Staff received a comprehensive induction when they first started working at the service which was updated as needed. After the inspection visit the registered manager informed us that they would improve this process.
- Records demonstrated a good level of compliance with staff training. However, it wasn't always clear if this had been refreshed to ensure staff kept up to date with best practice guidelines. We discussed this with the registered manager who explained training is continually refreshed during team meetings, supervision and e learning. The registered manager confirmed they would ensure refresher training was completed and any updates were recorded. Staff told us, "We have good support and training."
- Staff had the opportunity to speak one to one with the registered manager about their personal development and training. A staff member said, "It's a very considerate company, very compassionate to us as staff."

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

- People were supported to eat and drink where this was identified in their care plans.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA and found they were.

- People and relatives confirmed staff gained people's consent before supporting them.
- Staff were able to describe how they sought consent and offered choices to people during their care.
- Staff had been trained in the MCA and applied the principles to their daily work.
- Where a person's capacity to make a specific decision was in doubt, mental capacity assessments were undertaken, and best interest meetings were held to ensure people had the right support to make decisions.
- The registered manager understood the importance of the MCA and had recently arranged refresher training in this area for the management team.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives told us they were happy with the service provided which met their needs.
- People told us staff treated them with respect and staff were caring. One person said, "I am very happy with them, I can't fault them."
- Care plans considered people's diverse needs and identified the support people may need with these. This included matching people with staff from a similar cultural background and gender where possible.
- Staff spoke passionately about their roles and told us they enjoyed their jobs. A staff member said, "It is like a family here, the staff care about the people, we do extra things for them if we can." One person told us, "The staff always do extra bits and pieces for you."

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

- People told us they were involved in their care. A person said, "I feel listened to, they always ask me what to do." Staff told us they worked in partnership with people and encouraged them to be involved in all aspects of their care.
- Care records demonstrated people were involved and consulted about how they wanted their care to be provided.

Respecting and promoting people's privacy, dignity and independence

- People and relatives always told us staff treated them with dignity and respect. One person told us, "They treat me well and I feel respected by them." A relative said, "They are very respectful to me, my [family member] and our home."
- Staff explained how they maintained a person's privacy while delivering personal care.
- Staff knew the importance of maintaining people's privacy and promoting their independence. A relative told us, "They try and encourage [my relative] to do things for herself, such as washing herself when she can."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were involved in developing their care and support plans. Their needs were identified including any needs on the grounds of protected equality characteristics and their choices and preferences.
- People were supported by a staff team who knew them well and were knowledgeable about their needs. One person told us, "I have the same carer usually, and I have a good relationship with all of them. They know me."
- People and their relatives confirmed they had regular reviews of their care to make sure the service met their needs and preferences. Records we reviewed confirmed this happened regularly.

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 identified and recorded in their care plans. The registered manager told us information could be provided in different formats if needed.
- The registered manager understood their responsibility to comply with the Accessible Information Standard (AIS). They told us about the different formats they could provide if needed to support people's communication needs. This included, pictorial, and different languages.

Improving care quality in response to complaints or concerns

- People and their relatives said they knew how to make a complaint and felt listened to. One person said, "There's a complaint form in my folder but I just phone them, and they sort things out. They are very approachable."
- We reviewed the concerns and complaints records and saw these had been investigated and responded to appropriately.
- Complaints were reviewed and analysed to look for trends.

End of life care and support

- Although there was no one currently receiving end of life care, the service had processes in place to ensure people would be supported in a dignified, and sensitive way.
- The registered manager told us they planned to embed the 'gold standard framework' which is a training programme for all staff to equip them with the skills to support people with dignity when they were nearing end of life.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Without exception the comments about the management of the service were positive. People, relatives and staff were all complimentary about the registered manager and care staff.
- Systems were in place to obtain feedback from people and their relatives. This included written surveys, spot checks at people's homes and formal care plan reviews. We saw positive feedback was provided from people and their relatives.
- Staff told us they enjoyed working at this service and felt valued. Staff told us how their religious observance was respected, and their working day considered for times for worship, and key celebrations.
- Staff told us they attended regular meetings to discuss the service and felt listened to and their suggestions for improvements were valued. A staff member told us, "We are not afraid to go to the registered manager, she is very reliable, and you can speak to her about anything."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Systems were in place to monitor the service provided to people, this included an electronic monitoring system which monitored all the calls provided to people. Any calls missed were investigated and action taken where necessary to mitigate the risk of it happening again.
- Audits were completed on the medicine's records, and actions taken if needed.
- Audits were in place for other areas such as care plans, induction, and to ensure staff received regular supervision and spot checks.
- Staff understood their roles and responsibilities and were confident in the management team and the registered manager who they described as, approachable, supportive, and provided good leadership and direction.
- The provider had met their legal responsibilities ensuring their current inspection rating was displayed at the office and promptly informing CQC of notifiable incidents.

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

- People and relatives knew who the registered manager was. One person said, "The manager is very good, I can always speak to her, she sorts things out."
- Staff we spoke with felt supported in their role. One staff member said, "The managers look after the staff, so we can look after the people. Its good."

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; Continuous learning and improving care.

- The registered manager was open and transparent in dealing with issues and concerns. They understood their responsibility to apologise when mistakes were made and give feedback to people if needed.
- The provider told us in the information shared with us on the PIR that they had recently employed a deputy manager to support the staff with their professional development, and to further develop the service as it grew.

Working in partnership with others

- The registered manager and staff worked in partnership with health colleagues and the local authorities to ensure people received a personalised service.
- The provider told us in the information shared with us (PIR) they engaged with all specialist services where appropriate, to offer additional expertise and guidance for staff on best practice.