

Anytime Care Solutions Limited

# Anytime Care Solutions

## Inspection report

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Date of inspection visit:  
02 February 2019

Date of publication:  
27 February 2019

## 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:

Anytime Care Solutions is a domiciliary care agency that was providing personal care to two people at the time of the inspection. It supports people with different needs and backgrounds. Including people with mobility needs.

People's experience of using this service:

Anytime Care Solutions was a newly registered service providing care for two people at the time of our inspection.

The registered manager was committed to delivering high quality and safe care to people and involving them in the planning of their care and the running of the service.

Risks to people's health, safety and wellbeing were assessed and management plans were put in place to ensure these were reduced as much as possible. People were protected from potential abuse by staff who had received training and were confident to raise concerns.

People were supported by kind and caring staff who worked hard to promote their independence and sense of wellbeing. Staff were provided with the training they needed to care for people well.

People's views were sought and their consent was always gained before any care took place. People were offered choices.

People's care plans contained personalised information detailing how people wanted their care to be delivered. Staff knew people well.

There was a thorough recruitment process in place that checked potential staff were safe to work with people who may be vulnerable.

The registered manager had quality assurance systems in place to assess, monitor and improve the quality and safety of the service provided.

More information is in the full report

Rating at last inspection: This is the first time this service has been inspected.

Why we inspected: This inspection was scheduled based on the registration date of the service.

Follow up: We will continue to monitor the intelligence we receive about 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?

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 ●

# Anytime Care Solutions

## **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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.'

#### Inspection team:

The inspection team consisted of one adult social care inspector.

**Service and service type:** This service is a domiciliary care agency. It provides personal care to people living in their own homes in the community.

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 2 days' notice of the inspection site visit because we wanted to ensure there would be someone in the office.

We visited the office location on 2 February 2019 to see the registered manager; and to review care records and policies and procedures.

#### What we did:

The registered manager sent us a provider information return (PIR). This is a document completed by the registered manager which contains information on how the service is developing and any planned improvements.

During the inspection we made a home visit to one person receiving care from the service and spoke with the relative of another. We spoke with the registered manager and received feedback from five members of

care staff. We looked at both people's care records and three staff files including training and recruitment. We reviewed the service's accidents and incidents, audits and complaints policies.

After the inspection we asked the registered manager to send us some further information which they did.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse; Staffing and recruitment

- People, staff and relatives told us the service was managed in a way that protected people from abuse. One person's comments included: "I feel I'm in very safe hands". One relative stated: "He's never at any risk."
- Staff and the registered manager were aware of their responsibilities to protect people and to report concerns over people's safety and wellbeing.
- Recruitment practices were safe and included pre-employment checks from the Disclosure and Barring Service before starting work.
- There were enough staff to ensure people had access to the care that met their needs.

Assessing risk, safety monitoring and management

- People were protected from risks associated with their care needs. Risks had been identified and action had been taken to minimise these. Risk assessments had been completed and were regularly reviewed.
- Detailed plans were created to ensure staff had the information they needed to provide care for people in ways which minimised risks to them.
- Where necessary, specialist advice from healthcare professionals was sought.

Using medicines safely

- Where possible people were encouraged to self-medicate or participate in their medicine management.
- Medicines were managed safely and people received their medicines as prescribed.
- Only staff who had been trained in the safe management of medicines administered medicines to people.

Preventing and controlling infection

- People and relatives did not have any concerns with regards to staff following good infection control practices.

Learning lessons when things go wrong

- Where incidents had occurred, action had been taken immediately to minimise the risks of reoccurrence. For example, following a fall, one person's needs had been re-assessed, a new care plan and risk assessment had been put in place and the person had been referred to specialist healthcare professionals.

# 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

People's outcomes were consistently good, and people's feedback confirmed this.

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

- People's care needs had been assessed and support plans had been created to guide staff on how best to meet people's needs.
- People's needs were regularly reviewed and where changes had occurred their care plans were updated. For example, following a change in mobility needs.
- People had been involved in the planning of their care and their wishes were respected.
- Best practice was sought and communicated to staff.

Staff support: induction, training, skills and experience

- The provider was in the process of developing the training programme for staff to ensure they had all undertaken appropriate courses to meet people's needs. Although this was not yet fully implemented at the time of our inspection we did not see any negative impact of this on people.
- Staff knew people and their needs well and were skilled in caring for people. One person using the service said; "I believe they're all skilled. They make me feel very comfortable."
- Staff had the opportunity to discuss their training and development needs at regular supervision and appraisals.
- Staff felt supported and made comments including; "There are plenty of training opportunities and I feel I am fully equipped for the work that I do."

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

- Where people needed help with cooking and eating this was provided.
- Where people had specific needs and preferences relating to food this was provided. For example, where one person was interested in having a vegan diet.

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. We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. We found the service was acting within the principles of the MCA and appropriate recording of whether people had capacity to make decisions and power of attorney details were evidenced.

- Care plans had signed consent documents in place. One person said; "I was fully involved in my care plan and they ask me what I want."
- Staff and the registered manager had a good knowledge of the MCA framework.
- People told us staff always asked for consent and explained what they were doing when supporting them.

## 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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- People and relatives told us how well cared for they felt. One person said; "It's amazing really. They're very caring. They do things that aren't convenient for them purely for my benefit. They're great."
- People were supported by staff who knew people's needs, personalities, likes and dislikes well.
- The service had gone above and beyond for people. For example, the registered manager told us about going to support one person on Christmas Day following a fall when a visit was not scheduled. One person also told us the service would change the times of their visits to enable them to go out to socialise in the evenings. They said; "On occasion I went out in the evening and I needed them to come later. They said yes before they even had the details. There's a willingness to put themselves out to help you."

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

- People were fully involved in creating and reviewing their care plans.
- People's views were sought, listened to and used to plan their care and improve the service.
- People told us they were offered choice in what they ate, how they received their personal care and how it was provided. One person said; "I don't want a male carer for private care and they respect that."
- Care plans included information about people's personal, cultural and religious beliefs.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and confidentiality was respected.
- People told us staff treated them with dignity and respect. One person said; "All the staff are nice, respectful and polite." One relative said; "They're all very respectful of him. Everyone has been so kind and good to him."

# Is the service responsive?

## Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received care and support in a way that was flexible and responsive to their needs.
- Care plans provided staff with descriptions of people's abilities and how they should provide support in line with people's preferences. Care plans were regularly reviewed with people and their relatives to ensure they remained current and provided accurate information about how to meet people's needs.
- People's communication needs were identified and guidance for staff was provided to ensure they could understand people and be understood. The service was able to provide information in different formats, such as large print, and were aware of their responsibility to meet the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.

Improving care quality in response to complaints or concerns

- People and their relatives felt comfortable raising complaints and were confident these would be listened to and acted on.
- One relative said; "They would listen and act if needed." One person said; "I haven't made any complaints but I would if I needed to. I feel I could go to the manager before it got to that stage. The office number is always answered. No matter what time."

End of life care and support

- People's care wishes at the end of their lives were recorded in their care files.
- Staff received training on how to support people at the end of their lives.
- Recent 'thank you' cards demonstrated the care and kindness shown to people and their families at this time. One card read; "Just a little thank you for the love and care you showed my mum. As a family we can't thank you enough for making a very difficult time for us a little easier."

## 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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People and relatives told us the service was well managed and spoke highly of the registered manager. One person said; "I can call (name of registered manager). He's very approachable and easy to talk to." One relative said; "(Name of registered manager) is the manager and he is nice and approachable." A recent compliment had been received from a relative which read; "Everybody is so good, it's probably unfair to single people out but (name of registered manager) seems to go one step further to ensure our mother is comfortable and safe. From the first moment I met him, I felt comfortable that our mother would be cared for and this has proven to be the case."
- The service informed relatives of any concerns if an accident had happened, and fulfilled their duty of candour.
- The registered manager cared about providing a high-quality service to people, they were responsive and open during the inspection.

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

- Staff spoke highly of the registered manager and made comments including; "The manager is always available when help is needed", "My manager is supportive to all his staff and he also goes the extra mile to ensure we are safe" and "Our manager goes out of his way to ensure his clients are happy."
- Quality assurance processes, such as audits, were in place and ensured the registered manager had the information they needed to monitor the safety and quality of the care provided.
- The registered manager was aware of their responsibilities to provided CQC with important information.

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

- The registered manager was committed to involving people in service. They regularly sought views from people, their relatives, staff and external healthcare professionals.
- Regular staff meetings took place in order to ensure information was shared and expected standards were clear.
- Staff told us they felt listened to, were supported by the registered manager, and had an input into the service.

#### Continuous learning and improving care

- The service was in the process of growing and improving. The registered manager had ensured systems and processes were created and imbedded prior to the service caring for more people.
- The registered manager was committed to continuous improvement and seeking feedback to ensure people received the best quality care.