

Anrapheal Care Agency Limited

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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

About the service

Anrapheal Care Agency is a domiciliary care agency. It provides personal care for people living in their own homes. It provides a service to older adults, people with learning disabilities and people with physical disabilities. At the time of our inspection 1 person was using the service.

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

Right support: Model of care and setting maximises people's choices, control and independence. 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.

At the time of the inspection, the location did not care or support anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture as it is registered as a specialist service for this population group.

Right care: Care is person-centred and promotes people's dignity, privacy and human rights.

Right Culture: The ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives.

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

The provider completed checks to ensure suitable staff were employed at the service. Checks included suitable conduct in previous social care employment, relevant experience and workers right to reside or work in the UK.

The provider had a range of quality assurance audits and checks in place to monitor how care was being provided. Staff said they received unannounced spot checks every two weeks.

New care workers received an induction at the beginning of their employment and were given training to ensure they had the appropriate skills to deliver the suitable care.

Processes were in place to ensure the safe management of medicines. Risk assessments were in place to guide staff on how to care for people safely. There were systems in place for reporting incidents if required. Preventative measures and lessons learned were suitably documented.

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.

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

Rating at last inspection

The service was inspected on 31 May 2022. There was insufficient evidence to provide an overall rating for the service at this inspection (inspection report published 15 July 2022)

Why we inspected

The inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 is caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service is responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service is well-led.

Details are in our well-led findings below.

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Detailed findings

Background to this inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

Inspection team

The inspection was carried out by 1 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.

Registered Manager

The provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We the service 24 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 28 March 2023 and ended on 14 April 2023.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

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 used all of this information to plan our inspection.

During the inspection

We reviewed a range of records relating to care and support, this included care plans, and risk assessments. We reviewed 2 staff files in relation to recruitment and training. We reviewed records related to the management of the service, which included complaints, audits and a range of policies and procedures.

We spoke with the registered manager. We received feedback from 3 care workers. We contacted health professionals but received no feedback.

Is the service safe?

Our findings

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

At our last inspection this key question was not rated. At this inspection the rating for this key question is good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management, Systems and processes to safeguard people from the risk of abuse

- There were appropriate risk management plans in place to guide care workers to provide appropriate support to people. Care plans included known risk to people in relation to their physical and mental health and included details of people's risk of falls.
- Risk assessments were completed to ensure people's home environments were safe and suitable for care to be provided.
- There were established safeguarding policies and processes in place to ensure people were protected from harm. Staff had training in safeguarding and understood how to protect people from the risk of harm and abuse.
- One care worker said, "If I saw a person might be at risk, I would contact my manager, but if I thought the risk was immediate, I would call the family or the police."

Staffing and recruitment

- The provider had safe recruitment procedures in place. Appropriate pre-employment checks were carried out which included Disclosure and Barring Service checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The provider's recruitment process was being followed, which included a record of the applicants' qualifications, relevant experience and references to support good conduct in previous employment.
- We saw that there were sufficient staff available to deliver care in accordance with care plan requirements.
- One care worker said, "There is a 15-minute grace period, if running late we contact the manager ahead of time for them to contact the service user."

Using medicines safely

- The provider had measures in place to ensure they were able to safely support people with medication if required.
- The registered manager had a working relationship with the local pharmacy and could request assistance in relation to medicines if required.
- At the time of our inspection, no staff were administering medicines to people.
- Staff had received training in medicine administration.

Preventing and controlling infection

- The provider had an infection control policy and process in place. We were assured that the providers

infection prevention and control policy was up to date.

- Staff had access to personal protective equipment (PPE) to help reduce the risk of infection. Staff confirmed that they had access to PPE as required.

Learning lessons when things go wrong.

- The registered manager had processes in place to ensure lessons were learned if things went wrong.
- There were processes in place for the recording and monitoring of accidents or safeguard incidents.
- Staff understood their responsibility to report incidents and allegations promptly. One care worker said, "I would call emergency services if needed and contact my manager in case of an emergency."
- The registered manager said there were no safeguarding concerns reported in the 12 months prior to the inspection.

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 question was found to be good. At this inspection, this key question has remained good.

This meant that 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 needs and requirements were assessed prior to the start of their care package. The registered manager ensured there were sufficient staff available to provide the required support prior to the beginning of care packages.
- People were involved in the development of their care plans and made choices about how they wished to receive care and support. Assessments and care plans were reviewed regularly to ensure people's wishes and requirements were up to date.
- Care plans included known risks to people's physical and mental health. Risk assessments covered all areas to mitigate risks when delivering care, including risk of falls and home environment suitability to deliver care.

Staff support: induction, training, skills and experience

- The registered manager ensured care workers were given appropriate training and had relevant skills, experience and were suitable to provide care.
- New care workers received an induction and were introduced to people before they began to deliver care.
- All carers completed the Care Certificate as part of their induction. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the minimum standards that should form part of a robust induction programme.
- Care workers received regular supervisions and spot checks and said these took place at least once a month.

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

- People's requirements around eating and drinking were assessed and documented in care plans.
- People had a say in how they wanted to be supported in relation to food and drink and meal preparation.
- Staff had received training in food hygiene, fluids and nutrition, and had the necessary skills to prepare food and support people with eating and drinking if required.
- One care worker said, "I always ask people what they want to eat, I make food look appealing and tasty so they are encouraged to eat."

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

- The registered manager worked with health and social care professionals when assessing people's needs, or if their care needs changed.
- The registered manager attended meetings with the local authority to ensure they were kept up to date on issues and events that were happening within the community and to share with people and staff as required.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

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.

- At the time of our inspection, the service was not supporting anyone who lacked capacity to make day-to-day decisions relating to their care. There were systems in place to assess and record people's capacity when required.
- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- Staff understood and applied the principles of the MCA, 1 care worker said, "I support service users to make their own decisions, the law says every adult has the right to make their own decision wherever possible."

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 our last inspection this key question was not rated. At this inspection this key question has been rated good.

This meant people were supported and treated with dignity and respect; cared for or treated with dignity and respect.

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

- Care plans allowed people to document their requirements in relation to equality and diversity. Questions such as religious and cultural needs were asked. People could also document sexual orientation or preferences if they wished to do so. Preferred gender of care workers could also be stated by people.
- One care worker said, "I always check the care plan to make sure people are comfortable with the support I will be providing."

Respecting and promoting people's privacy, dignity and independence

- Care workers received training in respecting people's privacy and dignity and had a good understanding of how people should be treated when delivering care.
- People were able to clearly state how they wished to be supported to ensure their dignity and independence was protected.

Is the service responsive?

Our findings

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

At our last inspection this key question was not rated. At this inspection the 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

- The registered manager ensured people received personalised care and ensured people had control of how their support needs were met. People's care plans documented how they wanted to receive support and plans were reviewed with people every 3 months, or sooner if required.
- The registered manager had regular contact with people therefore was able to address any changes in needs and preferences quickly.
- We saw evidence that people were able to control how they received communication and messages from the provider. One request was to change the primary way of contact with the office from phone calls to email. This request was actioned, giving people control on how they received messages.
- Care workers said they had time to review plans to ensure they were providing relevant support on each visit.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed in line with the AIS. The provider had policies and procedures in place to support people should they be required to support people with specific communication needs.
- At the time of our inspection, the service was not supporting anyone with specific communication needs.

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 had information about family members, friends and social interests and requirements. Staff supported people to access the community to take part in activities when required.
- At the time of the inspection, the service was supporting people who had full capacity and were able to socialise and follow interests without support.
- We saw evidence of a social event at Christmas which involved staff and family members getting together.

Improving care quality in response to complaints or concerns

- The provider had complaints policies and procedures in place. We saw evidence to support the registered

manager responded to complaints as required.

- Care workers said they would notify the registered manager straight away if a service user had a complaint. They would also document the concerns.
- Care workers said they were confident any concerns or complaints they raised with the registered manager would be looked into.

End of life care and support

- The service had an end-of-life policy in place. The care plans were designed to capture the wishes of people in relation to their end-of-life care support if they wished to do so.
- End of life training was available, and training events were arranged for care workers if required.
- At the time of the inspection the service was not supporting anyone who required end-of-life care.

Is the service well-led?

Our findings

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

At our last inspection this key question was not rated. At this inspection the 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 registered manager had regular contact with people and assisted with delivering care support on a regular basis.
- The registered manager was proactive in improving the quality of the service. Regular meetings were held with carers to discuss issues and to gather feedback or suggestions about possible improvements to care being delivered.
- Care workers confirmed there were regular spot checks to ensure care was being delivered in accordance with people's care plans.

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 understood their responsibility to be open and honest and give people relevant information when things went wrong.

The registered manager understood their responsibilities around reporting to the Care Quality Commission (CQC) and sent notifications as required.

- The registered manager was aware of the duty of candour and their role of being open and honest with people.
- There had been no incidents or concerns with care and support in the 12 months prior to the inspection.

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

- The registered manager encouraged and feedback from people to see how they felt about the care they received. Contact by phone or email would be made every 2 weeks to check people were happy with the care they were receiving.
- The registered manager encouraged feedback through staff surveys and supervisions to ensure care workers were happy with their role.

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

- The registered manager ensured that all people and all staff using the service were fully engaged. Regular meetings were held with staff to share important updates or discuss matters of concern or ideas for improvement.

- Staff said that the management team were approachable and they felt supported by the registered manager.

Continuous learning and improving care

- The registered manager reviewed staff performance and audited record keeping and handover logs to ensure a continuous good quality of service.
- Staff said it was compulsory that required learning was completed, and checks took place to make sure this was done.
- Training packages were available for staff who wanted to develop their careers in the care sector.

Working in partnership with others

- We saw documents to support the registered manager was working closely with the local authority to deliver a package of training to care workers.
- The provider worked in partnership with local NHS trust organisations and local businesses to develop knowledge of available activities, projects or local concerns, in order to achieve good outcomes for people.