Anrapheal Care Agency Limited

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Inspection report

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Ratings

Overall rating for this service	Insufficient evidence to rate

Is the service safe?	**Insufficient evidence to rate**
Is the service effective?	**Good**
Is the service caring?	**Insufficient evidence to rate**
Is the service responsive?	**Insufficient evidence to rate**
Is the service well-led?	**Insufficient evidence to rate**

Summary of findings

Overall summary

About the service
Anrapheal Care Agency is a domiciliary care agency. The service provides personal care to older people. At the time of our inspection the service was providing personal care to one person.

Not everyone who used the service received personal care. In this service, the Care Quality Commission can only inspect the service received by people who get support with personal care. This includes help with tasks related to personal hygiene and eating. Where people receive such support, we also consider any wider social care provided.

People's experience of using this service and what we found
People's relatives told us they had positive experiences of working with this provider. One person told us "[the registered manager] went out of her way to help".

The provider had appropriate systems to assess risks to people's wellbeing and take suitable steps to reduce these and respond appropriately to incidents. Medicines were safely managed with appropriate assessments and documentation in place. Care workers had received training in infection control and people told us care workers used appropriate personal protective equipment to reduce the risks of transmission.

The provider had clear processes for assessing people's needs for their care and developing plans to meet these. We were unable to see how plans were checked and reviewed in time due to the short period of time the service had been operating. Plans were person centred and detailed in their scope, and care workers demonstrated a good knowledge of how people liked to be cared for, but some aspects of people's preferences and family settings had not been recorded.

Relatives spoke of their family members feeling listened to and involved in their care, however sometimes the service was not able to provide consistent staffing for people which did cause problems. The provider was working with families to implement more consistent staffing. People received the right support to eat and drink, and at times the service took exceptional measures to ensure people's dietary preferences were met.

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.

The provider was still in the process of implementing and developing governance frameworks, but systems of audit that were in place identified areas for development and improvement. Care workers spoke of being well supported and always being able to get support or advice from the registered manager.

The service had only been supporting a small number of people for a short period of time. We were unable to obtain sufficient evidence of consistent good practice to rate the service at this time.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at www.cqc.org.uk

Rating at last inspection:
We registered this service on 13 January 2021 and this was the first inspection.

Why we inspected
This inspection was prompted by a review of the information we held about this service.

Recommendations
We have made recommendations in relation to how the provider identifies when people require alternate written forms in line with the Accessible Information Standard. We will check if the provider has acted on any recommendations at our next comprehensive inspection.

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?

Insufficient evidence to rate

At this inspection we did not rate the service because there was insufficient evidence to make a judgement and award a rating for this key question.

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?

Insufficient evidence to rate

At this inspection we did not rate the service because there was insufficient evidence to make a judgement and award a rating for this key question.

Details are in our Caring findings below

Is the service responsive?

Insufficient evidence to rate

At this inspection we did not rate the service because there was insufficient evidence to make a judgement and award a rating for this key question.

Details are in our Responsive findings below

Is the service well-led?

Insufficient evidence to rate

At this inspection we did not rate the service because there was insufficient evidence to make a judgement and award a rating for this key question.

Details are in our Well-led findings below

Anrapheal Care Agency Limited

Detailed findings

Background to this inspection

Inspection team
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 Health and Social Care Act 2008.

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 homes. This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

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

Notice of inspection
We gave the service two working days' 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.

What we did before the inspection
We checked information we held about the service such as registration information. We used the information the provider sent us in the provider information return. This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used all of this information to plan our inspection.

During the inspection
Inspection activity started on 31 May and ended on 20 June 2022. We visited the location's office location on 31 May 2022.

We met with the registered manager and reviewed records of care and support for one person who used the service and one person who had recently stopped receiving personal care from the service. We reviewed records of recruitment and training for two care workers and other records relating to the management of the service.

We made calls to two care workers and two relatives of people who used or had recently used the service.

Insufficient evidence to rate

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 of this newly registered service. This key question has not been rated because there was insufficient evidence to make a judgement.

Systems and processes to safeguard people from the risk from abuse

- There were suitable systems to safeguard people from abuse. Care workers had received training in safeguarding adults and understood their responsibilities to report suspected abuse and were confident the service would act appropriately. A care worker told us, "We know who to talk to, I'd talk to [the registered manager] and we would investigate what happened and call social services…she would definitely take it seriously."
- The provider had a safeguarding adults policy which outlined forms of abuse and the action the service should take where abuse was suspected.

Assessing risk, safety monitoring and management

- Risk assessments were limited in their scope, in part due to the limited scope of the support the service provided.
- The provider had identified key areas of risk and had appropriate plans to mitigate these. This included those relating to allergies, eating and drinking and those related to how people may express distress and agitation. Where people were at risk of losing skills, for example due to a long hospital stay, the provider had worked with people and their families to address these.

Staffing and recruitment

- The provider operated safer recruitment processes. This included obtaining proof of identification, a full work history and evidence of people's right to work in the UK. The provider carried out checks with the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were enough staff available to meet people's needs. The provider had recruited a relatively high number of staff compared to the hours of care provided. This meant they always had a care worker available to attend calls.

Using medicines safely

- The provider did not prompt or administer medicines. The service had suitable processes in place for assessing people's medicines needs and determining the level of support people required, however assessments were not always clear about whether it was staff or the person receiving care who had responsibility for managing medicines.
- Staff had appropriate training in administering medicines should this be required in future. Staff had received training in medicines management and there was a process in place to carry out observations of competency with regards to medicines.

Preventing and controlling infection

● There were suitable processes to protect people from the risk of infection, including those relating to COVID-19. Care workers had received training in infection control and were tested for COVID-19 in line with national testing. The provider had systems to monitor staff testing and ensure that this remained up to date.

● Care workers had access to suitable protective personal equipment (PPE) including masks and gloves. Staff told us they had no problems accessing PPE and people's relatives told us this was used appropriately.

Learning lessons when things go wrong

● There were suitable processes for learning from accidents and incidents. Where people had expressed distress or agitation the provider recorded this on a behavioural reflection form to encourage learning and reduce the risk of future occurrences. Care workers understood why people expressed distress and how best to avoid this based on previous incidents.

Good

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 of this newly registered service. We have rated this key question 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

- The provider assessed people's needs and choices. Assessments contained detailed information about the support people needed and their desired outcome for their care. Assessments did not always include information on people's family situations or preferences for some aspects of people's care.
- There were processes in place to ensure care was delivered in line with best practice and the law. The provider had detailed policies to cover a wide range of eventualities and had developed processes and audits to check this.

Staff support, training, skills and experience

- Care workers had received a detailed induction when they joined the service. This included providing training in a range of areas and checking people's understanding of the role.
- The provider assessed staff skills and experience. This included completing assessments of staff understanding of key areas such as personal care, safeguarding and health and safety. A care worker told us "I was a bit scared when I started as I was new, I didn't know a lot of things but I had an induction over three or four days. They made me feel welcome." There were processes in place to conduct observations of staff competency around medicines, hand hygiene and making transfers. Some of these competency assessments had not yet been implemented as the service was not providing care in these areas.
- We had mixed feedback about the skills and competency of staff. One relative told us "[They] completely went with it, we made an intervention plan and did it together", whilst another relative told us "sometimes they send [a new carer] and I'm having to do the training, I'm having to explain what dementia is….[our regular care worker] understand that and understands dementia."

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

- People received the right support to eat and drink. Care workers had explored the reasons why people had restricted diets and had developed strategies with people's families to address this. A family member told us "[the registered manager] would meet me at the station and collect [my family member's preferred homemade food]. It's the difference between eating and not eat and she went out of her way to help."
- The provider had assessed people's dietary needs and preferences. Care plans contained appropriate information about the support people required to eat and drink, including meal preparation and whether people required support to feed themselves. Where people were nutritionally vulnerable care workers had recorded what they had done to promote a healthy and varied diet.

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

● The provider worked closely with other agencies to provide effective care. One person was supported with meals in hospital before they moved to residential care. A family member told us "The carer worked professionally in the hospital environment and have helped me explain [my family member's needs]. They have also helped iron out issues in the care home." Care workers had support a person to move into a residential home and helped share key information to ease the transition.
● The provider assessed people's health needs. Care plans contained information on people's health conditions and relevant history and how this impacted on people's daily living needs.

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 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.
● The service was working within the MCA. The provider has assessed whether people had the capacity to make particular decisions for themselves and had obtained appropriate consent to provide care.

Insufficient evidence to rate

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 of this newly registered service. This key question has not been rated because there was insufficient evidence to make a judgement.

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

- The provider obtained information about people's needs relating to their religion and culture. This included information on how care workers could ensure they had met people's cultural needs and people's preferences for their care workers such as gender. Care was provided in line with people's wishes.
- We received mixed views from people's relatives on how people were treated. One person told us "[My family member] loves [the care worker], she is over the moon when she goes. She's really positive and upbeat." One person's relative told us that the service had been unable to provide consistent staffing and added "There's new one's coming on board all the time, it upsets [my family member's] routine and it's like starting again. In all fairness they are doing their hardest to get this sorted." The provider gave us an updated schedule for the person which showed how they had worked to improve consistency in recent weeks.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People were supported to express their views. One family member told us "They advocated for [my family member] and made her feel like she had a voice. [The care worker] has developed a lovely rapport with [my family member]."
- The service worked to ensure people were treated with dignity and respect. Care plans contained information about the steps people would like to take to ensure their preferred outcomes were met and dignity was maintained.
- Care workers received training on maintaining dignity and the registered manager checked care workers were doing so. The service identified where people were at risk of losing skills and ensured people were supported to do things for themselves where possible. A relative told us "[my family member] had not been doing crosswords and the carer gets [them] to do this, it keeps [his/her] mental and cognitive abilities going."

Insufficient evidence to rate

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 of this newly registered service. This key question has not been rated because there was insufficient evidence to make a judgement.

Planning personalised care

● The service planned care to respond to people's needs. Care plans included information on the care people required and how people's needs could change. Sometimes important information was not included on people's care plans. For example, there was detailed information on how exactly to provide personal care, but some aspects of the plan lacked information on people's exact preferences for care. There was information on people's backgrounds and lifestyles but some important information about people's family lives was not included.

● The service responded to people's changing needs. This included changing times of visits to meet people's requests and providing care workers to support people to transition into residential care. One relative told us "They went out of their way to help, nothing was ever a problem, I honestly feel that they brought [my family member] back."

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. 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.

● The provider met people's communication needs. Assessments covered how best to communicate with people which took account of people's cultural needs and backgrounds and considered aspects of people's verbal communication and how people indicated they had understood.

● The service was not fully meeting the AIS. Although people's communication needs were met there was not a clear process for identifying when people may need information provided to them in alternative formats.

We recommend the provider take advice from a reputable source on ensuring that people's needs for alternative forms of communication are identified and met.

Improving care quality in response to complaints or concerns

● People knew how to make complaints about the service. People were able to speak to a manager and felt complaints and concerns would be resolved appropriately. One person told us "They are doing their best to get [my concerns] sorted." There was a suitable process in place for investigating and responding to complaints.

Insufficient evidence to rate

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 of this newly registered service. This key question has not been rated because there was insufficient evidence to make a judgement.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- Care workers spoke of a positive culture in the organisation. Comments included "It's a great job, everyone made me feel welcome when I started" and "It's a small business but I believe it will grow in time, the [registered manager] is still putting things in place."
- Where appropriate the provider had worked in partnership with others. Care workers had worked with partner organisations such as hospital services and a care home to help provide continuity of care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider was in the process of implementing systems of audit but these were not fully implemented at the time of the inspection due to how new the service was. Records of care were audited in detail with areas for development flagged and identified for staff, but there were not always formal frameworks for this. We were unable to see what systems were place to maintain and review plans of care as the service had not yet implemented these. The provider told us "We are fairly new and open to learning".
- The provider had implemented appropriate frameworks for assessing and planning care. This included devising assessments for identifying needs and risks to people's wellbeing and developing care plans. Aspects of the care planning process did not always prompt staff to identify some key areas relating to person centred care such as key preferences for care or details about people's family and living situations.
- The provider had implemented systems to ensure staff were suitable for their roles, including ensuring safer recruitment was in place and accessing suitable training and assessments of competency.

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

- There was positive engagement with people and their families, taking account of equality characteristics. People's relatives told us they had good relationships with the registered manager and worked well with them. Comments included "[the registered manager] is very conscientious and determined, she's a perfectionist and goes the whole way" and "She says she likes a challenge, that's the type of the person you want to work with."
- The provider maintained frequent contact with families to engage with them but did not have formal frameworks in place at this time for monitoring and recording this contact. One family told us they did not always know who was coming and at times were not told of changes. The provider had implemented systems to ensure people and their families had a rota in place based on feedback from this relative.

● The provider understood their duty of candour, and were open and honest with people and their families when they were unable to meet their needs and requests due to staffing availability. There had not been any serious adverse events which would have needed to be reported to statutory bodies.

● Care workers told us they felt well supported by managers. Care workers told us they were always able to access the registered manager when they needed help or advice. Comments included "I don't know how she's available so much, I can even call at 11pm. She's the only manager I've had who you can call at these times" and "I get enough support, and if I'm not available she covers some calls; it helps, people get to know her and get the opportunity to communicate one to one".