Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Anthony James Care Limited

7 Grange Close, Southam, CV47 0JR

Tel: 07834375544

Date of Inspection: 08 August 2014

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We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Anthony James Care Limited
Registered Manager	Mr Anthony James Griffin
Overview of the service	Anthony James Care Limited is a domiciliary care service that provides personal care for people in their own homes.
Type of service	Domiciliary care service
Regulated activity	Personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 8 August 2014, talked with people who use the service and talked with staff.

What people told us and what we found

A single inspector carried out this inspection. The focus of the inspection was to answer five key questions. Below is a summary of what we found. At the time of our inspection there were two people using the service and we reviewed both of their records.

If you want to see the evidence supporting our summary please read the full report.

Is the service safe?

We saw the service provided training on infection control to staff. Staff understood their roles in relation to infection control.

We saw the service carried out Disclosure and Barring Service (DBS) checks on all staff who worked in the service to ensure they were suitable to work in the care sector.

People were supported by staff who had the knowledge and skills to deal with foreseeable emergencies. They had received first aid training which was regularly updated.

The registered manager was able to explain how the Mental Capacity Act and how this related to their service.

Is the service effective?

People's social, health and support needs were assessed with them, and they were involved in reviewing their care plans. People told us the service met their identified needs. One person we spoke with said, "The service fully meets my needs."

Is the service caring?

People were supported by kind and attentive staff. Staff were able to explain how they supported people to maintain their dignity and deliver services in a caring way. Care plans included details of how people liked to be supported. People told us the staff were, "Attentive" and, " Warm". One person said, "(Staff member's name) is such a nice young

person, I was initially uncomfortable with the idea of getting someone to help me but I am now very happy with the service provided."

Is the service responsive?

We saw that the service had a system in place to respond to complaints and comments. The service had asked people's view of the service and responded to what people told them. The records we read showed that people needs were assessed before they were signed up to the service. The records showed the service supported them to access activities that were important to them. We saw that checks were made to ensure people had not changed their minds about what they liked to do.

Is the service well-led?

The registered manager was clear about the aims and objectives of the service and checked what people thought about the service. We saw that the service had responded to feedback from people and staff.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment ✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. We read the records of two people who used the service. We saw they included care plans where people were given the opportunity to sign their agreement to the care and treatment the service was providing. We saw that people had signed to show they consented to care plans. People told us staff always involved them in reviews of their care packages and changes were only made with their consent. One of the people we spoke with said, "Staff are always checking I am in agreement with what is planned." They went on to explain how they were, "very happy" with the care they received and that staff never acted without their consent. They told us, "They always check with me."

Staff obtained people's consent before delivering care. We spoke to two members of staff, including the registered manager. Staff told us they always asked people for consent before delivering care. One staff member was able to explain how they obtained consent from one of the people who use the service who had limited verbal communication skills. They told us, "I need to slowly explain things to them, they are then able to confirm they are in agreement with what is happening."

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements. We spoke with staff about the Mental Capacity Act (2005). The MCA ensures decisions made about people who did not have capacity are made in their best interests. We found staff had an understanding of the MCA and understood how to obtain consent from people in a lawful way. The Registered manager told us that both the people who were using the service at the time of our visit had the capacity to give their consent to the service being provided.

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We read the records of two people who used the service. The records we read contained information from referring agencies or the person's relative explaining why the person had been referred to the service and explained what their specific needs were. The records included needs assessments which the registered manager had completed with the person and their representative. The assessments had been based on issues detailed in the referral forms, as well as issues identified by the staff member who completed the assessment. We saw each record had an individualised plan which detailed things people were supported to do. This included personal hygiene, eating, dressing and going out into the community. Examples of activities people were supported to do included going shopping, playing draughts and listening to music. Each record contained details of the health and social care professionals involved in people's care including community nurses, GP's and social workers.

The provision of care was planned in line with the person's specific requirements. For example, one file detailed how a person liked to be supported to cook. The records gave staff specific instructions as to how to support them with this activity. People confirmed care was delivered in line with what they wanted to do.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. The care records included risk assessments. This included risks associated with fire, mobility, going out in the community and falls. We saw there were plans in place to address the identified risks. For example, one plan explained how staff should check the sling for the persons hoist on a daily basis to avoid the person slipping from their bed. Another detailed how staff needed to keep corridors clutter free to avoid the person falling. The staff we spoke with were able to explain how they delivered care to people in a safe way. They told us, "X's care plan details all his risks. " They went on to explain that because they worked with the same people on a regular basis, they got to understand the risks associated with working with them.

There were arrangements in place to deal with foreseeable emergencies. Staff were issued with an on-call number to use in the event of an emergency. First aid training was mandatory for all staff and refreshed every year.

Cleanliness and infection control ✓ Met this standard

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed.

Reasons for our judgement

There were effective systems in place to reduce the risk and spread of infection. We saw records that confirmed staff had received training on infection control. Staff were able to explain what they did to reduce the spread of infection. This included washing hands, wearing protective clothing and how to deal with hazardous materials.

Staff understood their role and responsibilities to reduce the risk and spread of infection. They explained the steps they took to avoid the spread of infection. One staff member told us, "I know it's important to wash my hands, and wear protective equipment." They went on to explain that infection control was a part of the induction programme.

People told us that staff were always clean and tidy and washed their hands when they provided care to them. One person said, "Of course, staff are always washing their hands." This meant people were protected from the spread of infection. The provider may find it useful to note that we found no formal policies relating to infection control.

Supporting workers ✓ Met this standard

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

Staff received appropriate professional development. Staff told us that when they started working for the service they were given an induction programme and shadowed more experienced staff members. The training records we read showed that staff had received training relevant to their role. Staff received training in a number of key areas, such as safeguarding, moving and handling, and health and safety. In addition, staff had undertaken training related to the specific needs such as challenging behaviour, supporting deaf service users and epilepsy training. We saw records that showed there was a clear programme of training and refresher training for all staff.

Staff told us the service had supported them to undertake National Vocational Qualifications in social care level 3. They told us that the registered manager was very supportive and encouraged staff to undertake training courses.

The registered manager told us that appraisals took place every year. Staff supervision took place at least once a month. Staff told us that they were regularly given the opportunity to discuss their development needs. One member of staff told us, "There are lots of development opportunities. They are sending me on a train the trainer course to enable me to deliver training to other members of staff." These arrangements demonstrated to us that there were a range of processes in place to support staff so that they could deliver care safely and effectively.

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

People who used the service, their representatives and staff were asked for their views about their care and treatment and their views were responded to. People told us that the registered manager would contact them to ask their views on the service and that they were able to phone or text the manager to discuss any issues or concerns they had. We saw evidence that people had sent information to the manager to give their views on the service. A relative of one person had made suggestions about changes to the way staff were introduced to people and these were acted upon by the registered manager. Staff told us that the registered manager had an, "open door policy." And they were able to speak to them about changes to the service. They told us, "We are like one big family." For example, staff told us that they had made recommendations about training from St John's Ambulance that they felt would benefit the staff team and the registered manager had listened to them, and was investigating the suggestion.

The registered manager told us there were a number of regular audits that were carried out on a monthly basis. Audits took place in the form of spot checks carried out by the registered manager. This included audits of infection control, care records and daily logs. Staff confirmed audits had been carried out. They told us, "(The registered manager) is always doing spot checks, we see them every week. If they spot a problem they immediately bring it to the attention of staff."

The provider took account of complaints and comments to improve the service. We saw the service had a complaints policy that had last been reviewed in 2013 and was scheduled to be reviewed again at the end of 2014. The policy detailed how the service responded to and took action in regards to complaints. There had been no complaints in the last 12 months.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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