

Review of compliance

Mrs Ann Bates
Annie's Homecare Services

Region:	East
Location address:	Lower Farm Steeple Road Mayland Essex CM3 6EG
Type of service:	Domiciliary care service
Date of Publication:	January 2012
Overview of the service:	Annie's Homecare is a domiciliary care agency registered to provide personal care.

Summary of our findings for the essential standards of quality and safety

Our current overall judgement

Annies Homecare Services was not meeting one or more essential standards. Improvements are needed.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, looked at records of people who use services, talked to staff and talked to people who use services.

What people told us

People using the service were happy with the level of care provided and felt that their needs were being met. They told us that the staff were friendly, caring and flexible and that their wishes were respected.

What we found about the standards we reviewed and how well Annies Homecare Services was meeting them

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

People are respected and have choice with regard to their care but this is not always supported by the records the staff team maintains. The provider is compliant with Outcome 1.

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

Whilst people can generally be assured that their care needs will be met, shortfalls in records may put people at risk of inappropriate care. The provider is not compliant with Outcome 4.

Outcome 07: People should be protected from abuse and staff should respect their human rights

People using the service may not experience positive outcomes in terms ensuring their

safety due to the lack of training of staff. The provider is not compliant with Outcome 7.

Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills

People using the service may experience positive outcomes in terms of support provided by staff who are trained and supported, but shortfalls in some staff supervision may put people at risk of inappropriate or unsafe care. The provider is compliant with Outcome 14 but improvements are needed to maintain compliance.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

People using the service can be assured that the staff and management team aim to run the service in their best interest, however shortfalls in consistency, documentation and systems may mean that people are put at higher risk if slippage were to occur. The provider is compliant with Outcome 16 but improvements are needed to maintain compliance.

Actions we have asked the service to take

We have asked the provider to send us a report within 14 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.

Where we have concerns we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. When we propose to take enforcement action, our decision is open to challenge by a registered person through a variety of internal and external appeal processes. We will publish a further report on any action we have taken.

Other information

Please see previous reports for more information about previous reviews.

**What we found
for each essential standard of quality
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 01: Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- * Understand the care, treatment and support choices available to them.
- * Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- * Have their privacy, dignity and independence respected.
- * Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us

People with whom we spoke said that the staff who visited, were very respectful and listened to them and respected their wishes. They also said that staff were good with maintaining their dignity whilst providing personal care.

Relatives with whom we spoke who supported people living with dementia said that the care staff were very good and listened to their relatives and were respectful.

Other evidence

Care records showed that in some cases people's preferences had been sort and included in their care management and in other cases it had not. Peoples' preferences and choices were not always evident. Daily communication sheets, where staff record the care and support provided, show where staff have been flexible with their approach to care and respected people's wishes regarding their care.

Our judgement

People are respected and have choice with regard to their care but this is not always supported by the records the staff team maintains. The provider is compliant with Outcome 1.

Outcome 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

There are moderate concerns with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

People with whom we spoke said that overall the agency was good if not excellent and that their care needs were being met. They said "The staff are pleasant and always ask if you need anything" and "The staff are thorough, it's a good service."

Relatives with whom we spoke said that the care management plans in people's homes were not always up to date with the care that was being provided, not that this was a problem, but could cause an issue for them with new staff who may rely on them. Others said that the communication was good from the agency.

Other evidence

All the people who use the service have a care management plan in place. The management team said that they aim to review these every six months, but at the current time they were behind as they had been covering hands on shifts. They said that where there had been significant changes, they ensured that these were up to date. Care management plans are reviewed using the daily communication sheets that staff complete on site and that are sent back to the office and through staff feedback following visits to people using the service.

We looked at three care management plans. The plans contained practical information that would guide staff, but in some cases they were not person centred in that they did not contain people's preferences regarding their care or routines. Where they were person centred, there was a very good level of detail showing that the person concerned had been consulted and that choices were given. The care plans were not

always up to date with some reviews being last completed in 2009 or 2010. On discussion with staff we spoke with, it is clear that they are up to date with the current needs of the people they are caring for but this is not always evident in the records.

Daily communication sheets completed by staff on site, were sufficiently detailed to show the care that they had provided and where they had made changes and reported any concerns.

People were seen to have a range of risk assessments in place that included manual handling and an environmental risk assessment. In general these were completed well and with manual handling outlined the level of ability of the person being cared for. The majority of these had not been reviewed in the last year and some were dated 2009. In some cases the person being assessed had signed to shows that they agreed with the assessment. We found that one person had no risk assessments in place although these were indicated.

Our judgement

Whilst people can generally be assured that their care needs will be met, shortfalls in records may put people at risk of inappropriate care. The provider is not complaint with Outcome 4.

Outcome 07: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

There are moderate concerns with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us

We did not talk to people using the service about safeguarding.

Relatives with whom we spoke said that the staff would go out of their way to ensure that things were right for people, including input from other social care or health bodies, who had input into the care package in place.

Other evidence

We found that only a few of the forty three staff had up to date training in adult safeguarding. The management team said that they had recently experienced a high turnover of staff for various reasons and that this had brought the number down. Staff attend the office for this training and more supervisors have been employed recently which would help with the provision of this training. There was evidence that the agency do raise safeguarding concerns on behalf of people using their service, in their best interest. The provider was unable to locate the most up to date guidance from the local authority.

Our judgement

People using the service may not experience positive outcomes in terms ensuring their safety due to the lack of training of staff. The provider is not compliant with Outcome 7.

Outcome 14: Supporting staff

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by competent staff.

What we found

Our judgement

There are minor concerns with Outcome 14: Supporting staff

Our findings

What people who use the service experienced and told us

We did not speak to people using the service about supporting staff.

Other evidence

Records showed that the level of training provided to staff is good apart from adult safeguarding and the care of people living with dementia. Staff had up to date training in a range of subjects including manual handling, catheter care, health and safety etc.

Records showed and the provider confirmed that staff supervision was inconsistent, despite there being many new staff in place. There was a significant shortfall in both formal and on the spot supervision for the staff team.

We found that new staff had undertaken an induction to the agency that included training sessions but evidence of shadowing shifts before they started work on their own was inconsistent and it was difficult to get a full picture of how this was being done.

Our judgement

People using the service may experience positive outcomes in terms of support provided by staff who are trained and supported, but shortfalls in some staff supervision may put people at risk of inappropriate or unsafe care. The provider is compliant with Outcome 14 but improvements are needed to maintain compliance.

Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

There are minor concerns with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us

People with whom we spoke said that they had not been asked for their views on the services offered.

Relatives with whom we spoke confirmed this and said that they had also not been asked.

Other evidence

Records showed that the provider had last asked for feedback in August 2010. No quality assurance feedback questionnaires have been used since that time. In August 2010 there was a good response and overall the results were positive. The provider did not analyse the results or develop an action plan.

The provider and the management team have a very hands on approach to the agency and work a lot with the people using the service, so they have a good idea of the day to day issues and any concerns or queries.

Staff are performance appraised but they are not asked for any formal feedback on how they think the agency is doing or how it could be improved.

The agency has many cards from people showing their appreciation of the services offered and from 2011 the comments included; "I have found the service of Annie's Homecare fantastic and I would recommend it", "Carers helpful and accommodating" and "Your staff have given my relative a whole new dimension and reason for getting up in the morning."

Our judgement

People using the service can be assured that the staff and management team aim to run the service in their best interest, however shortfalls in consistency, documentation and systems may mean that people are put at higher risk if slippage were to occur. The provider is compliant with Outcome 16 but improvements are needed to maintain compliance.

Action

we have asked the provider to take

Improvement actions

The table below shows where improvements should be made so that the service provider **maintains** compliance with the essential standards of quality and safety.

Regulated activity	Regulation	Outcome
Personal care	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 14: Supporting staff
	Why we have concerns: Staff are not adequately supervised.	
Personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 16: Assessing and monitoring the quality of service provision
	Why we have concerns: The provider does not have a consistent approach to quality monitoring.	

The provider must send CQC a report about how they are going to maintain compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us within 14 days of the date that the final review of compliance report is sent to them.

CQC should be informed in writing when these improvement actions are complete.

Compliance actions

The table below shows the essential standards of quality and safety that **are not being met**. Action must be taken to achieve compliance.

Regulated activity	Regulation	Outcome
Personal care	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	<p>How the regulation is not being met: People receiving services did not have up to date care management plans and risk assessments in place and in some cases people did not have risk assessments in place at all.</p>	
Personal care	Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 07: Safeguarding people who use services from abuse
	<p>How the regulation is not being met: The majority of staff have not received training in safeguarding vulnerable adults and the provider does not have local authority guidance in place.</p>	

The provider must send CQC a report that says what action they are going to take to achieve compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us within 14 days of the date that the final review of compliance report is sent to them.

Where a provider has already sent us a report about any of the above compliance actions, they do not need to include them in any new report sent to us after this review of compliance.

CQC should be informed in writing when these compliance actions are complete.

What is a review of compliance?

By law, providers of certain adult social care and health 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 Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

Improvement actions: These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

Document purpose	Review of compliance report
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