

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

Annies Homecare Services

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Tel: 01621773672

Date of Inspection: 21 February 2013

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

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Staffing	✓ 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	Mrs Ann Bates
Registered Manager	Mrs. Ann Bates
Overview of the service	Annie's Homecare Services provides care and support to people living 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'.

	Page
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	4
Our judgements for each standard inspected:	
Respecting and involving people who use services	5
Care and welfare of people who use services	6
Safeguarding people who use services from abuse	8
Requirements relating to workers	9
Staffing	10
Supporting workers	11
Assessing and monitoring the quality of service provision	12
About CQC Inspections	13
How we define our judgements	14
Glossary of terms we use in this report	16
Contact us	18

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 21 February 2013, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

We spoke with four people who used the service. They told us that they felt that the support they received from the service met their needs. One person said, "I am happy with everything." Another person said, "I think they do a good job." Another said, "I am very happy with the service." We also spoke with one person's relative who told us, "We are absolutely and utterly happy."

People told us that they were consulted about the care they were provided with. One person told us that their care was amended to meet with their changing needs and they said, "We discussed what I needed." Another said, "Yes they asked for my choices."

We asked people if they felt that the care workers treated them with respect. All said that they did. One person said, "Absolutely." Another said, "Yes."

We looked at the care records of six people who used the service and found that people experienced care, treatment and support that met their needs and protected their rights.

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

Respecting and involving people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care. People's privacy, dignity and independence were respected.

Reasons for our judgement

People told us that they were consulted about the care they were provided with. One person told us that their care was amended to meet with their changing needs and they said, "We discussed what I needed." Another said, "Yes they asked for my choices."

We looked at the care records of six people who used the service. These records included evidence which showed that they expressed their views and were involved in making decisions about their care and treatment. This included information in their care plans about how they preferred to be cared for and supported and their involvement in their initial care assessments and care reviews.

The care records that we looked at showed that people's diversity, values and human rights were respected. People's care plans included information about their diverse needs and how they were met. This included how they communicated and mobilised. The records also showed how people's independence was promoted and respected. The documents explained how their privacy and dignity was respected in all areas of their care.

We asked people if they felt that the care workers treated them with respect. All said that they did. One person said, "Absolutely." Another said, "Yes." People also told us that they felt that the care workers respected their privacy.

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

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

Our inspection of 3 November 2011 found that the provider was not meeting this standard. This was because people who used the service did not have up to date care management plans and risk assessments in place and in some cases people did not have risk assessments at all. The provider wrote to us and told us about the actions that they had taken to address the shortfalls. During this inspection we saw that improvements had been made.

We looked at the care records of six people who used the service and found their needs were assessed and care and treatment was planned and delivered in line with their individual care plan. Care plans seen included information about the care and support provided to people at each care worker visit. This included support with their personal care needs and medication.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. We saw that risk assessments were included in people's records which identified how the risks in their care and support were minimised. This included risks associated with moving and handling.

We saw that care plans and risk assessments were reviewed regularly to address people's changing needs and preferences.

We looked at records of care worker visits which identified the care and support provided. Where concerns about people's wellbeing were identified the service sought support and guidance from health care professionals. This meant that the service took appropriate actions to ensure that people's needs were met.

We spoke with two care workers who explained that when care workers were concerned about people's wellbeing they reported their concerns to the office and actions were taken to ensure that people were supported by other professionals to meet their needs. This was confirmed in our observations during our inspection. During our visit we saw a senior care worker receive a telephone call from a care worker who was concerned about a person's health. The senior care worker immediately left to visit the person and the care worker. We saw the registered manager receive a telephone call from these care workers to feedback on action taken, which included calling out health care professionals.

People told us that they felt that the support they received from the service met their needs. One person said, "I am happy with everything." Another person said, "I think they do a good job." Another said, "I am very happy with the service." A person's relative told us, "We are absolutely and utterly happy."

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

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

Our inspection of 3 November 2011 found that the provider was not meeting this standard. This was because people who used the service may not experience positive outcomes in terms of ensuring their safety due to the lack of training for staff. The provider wrote to us and told us about the improvements they had made to meet this standard. During this inspection we found that improvements had been made.

We looked at the provider's training records and the training certificates of four care workers which showed that they were provided with training in safeguarding vulnerable adults from abuse. Two care workers confirmed that they had been provided with this training.

The provider had systems in place to ensure that people who used the service were protected from abuse. The registered manager and three care workers explained how they safeguarded people who used the service from abuse. They understood their roles and responsibilities in reporting concerns of abuse and the provider's safeguarding procedures. A staff member told us about examples of when safeguarding referrals had been made when they were concerned about people's safety. We saw the safeguarding records which confirmed what they had told us.

We spoke with two care workers who explained the procedures when they could not gain access to people's homes. This told us that appropriate actions were taken to ensure that people were safe.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

There were effective recruitment and selection processes in place. We saw the recruitment records of four care workers which showed that appropriate checks were undertaken before they began work. These included Criminal Records Bureau (CRB) checks, references and previous employment history, experience, training and qualifications which were identified in their application form. This told us that appropriate checks of applicants were undertaken to ensure that they were able to work with vulnerable people.

Two care workers told us that when they started working they shadowed more experienced care workers and were introduced to the people they were going to support and care for.

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

People told us that if care workers were running late they were informed. One person said, "I understand if they (care workers) have to stay with other clients longer and when I have asked for a visit to be earlier they always oblige." A person's relative said, "When we have asked for help, they (care workers) have arrived within five minutes." People told us that they were mostly provided with a regular group of care workers who were known to them.

We spoke with a senior care worker who explained how they ensured that all planned visits to people who used the service were staffed. This was confirmed in the staff rota which was seen. They told us that they ensured that people were supported by care workers who were known to them as much as possible. This meant that people were provided with a consistent service.

Two care workers told us that they visited the same group of people and when they had to cover for a colleague's leave they were provided with information about people to ensure that they were provided service that met their needs.

We saw four care worker's training records which showed that they were supported to undertake industry recognised qualifications including a National Vocational Qualification (NVQ) in health and social care and a Qualifications and Credit Framework (QCF) diploma.

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

Our inspection of 3 November 2011 found that the provider was meeting this standard. However improvements were suggested to enable them to maintain compliance. This was because staff were not adequately supervised. The provider wrote to us and told us about the actions that they had taken. During this inspection we saw that improvements had been made.

We saw the personnel records of four staff members which showed that their work performance was monitored and assessed. This included one to one supervision meetings which provided care workers with the opportunity to discuss the ways that they were working and to receive feedback on their work practice. Two care workers confirmed that they were provided with regular supervision meetings and that they felt supported in their role.

We saw the provider's training records and the training certificates of four care workers. These records showed that they were provided with training such as health and safety, infection control, food hygiene, safeguarding, dementia, medication and moving and handling. We saw that staff were provided with refresher training where required. Two care workers told us that they felt that they were provided with a good training programme which enabled them to meet the needs of the people who used the service.

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

Our inspection of 3 November 2011 found that the provider was meeting this standard, however improvements were suggested to maintain compliance. This was because the provider's approach to quality monitoring was not consistent. The provider wrote to us and told us about the improvements that they had made. During this inspection we found that they had implemented these improvements.

People who used the service and staff were asked for their views about their care and treatment and they were acted on. We saw the results from the provider's most recent satisfaction questionnaires which had been completed by people who used the service. Where people had raised comments that needed to be addressed, we saw that an action plan had been completed and the provider had taken action to address these comments to the satisfaction of the people who used the service.

We looked at the care records of five people who used the service. These told us that there were systems in place to further gain people's views about the service provided including quality monitoring checks and reviews. The records showed that they were asked for their views about the service and the care workers who supported them. We noted that their care plans and risk assessments were reviewed to address their comments where needed.

We saw the personnel records of four staff members which showed that their work performance was monitored and assessed. This included spot checks. Spot checks were observations on care workers supporting people to ensure that they were meeting the provider's standards.

We saw complaints and concerns records which showed that the provider responded to and addressed complaints in a timely manner. People told us that they knew how to make a complaint if they needed to. They said that they had never made a formal complaint but when they had called the office with concerns they were addressed to their satisfaction.

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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. 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.

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