

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

Annies Homecare Services

Lower Farm, Steeple Road, Mayland, CM3 6EG

Tel: 01621773672

Date of Inspection: 29 January 2014

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

Care and welfare of people who use services	✓	Met this standard
Management of medicines	✓	Met this standard
Supporting workers	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard
Complaints	✓	Met this standard

Details about this location

Registered Provider	Mrs Ann Bates
Registered Manager	Mrs. Ann Bates
Overview of the service	Annies Homecare Services provides care and support to people living in their own homes.
Type of service	Domiciliary care service
Regulated activity	Personal care

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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'.

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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 announced 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 29 January 2014, talked with people who use the service and talked with carers and / or family members. We talked with staff.

What people told us and what we found

We found evidence that Annies Homecare Services was well led and run in the best interests of the people who used the service and that it provided a flexible, reliable service.

Records we looked at showed that support plans covered all aspects of a person's individual circumstances. A quality assurance system was in place that meant that all aspects of the service were monitored and recorded. People's views were taken into account in developing the service through reviews and an annual survey.

We found that there were arrangements in place to ensure that the management of medicines for people who used the service were safe. We found that there was a good support system for staff through appraisal and training. This provided staff with the necessary skills and abilities to care for people.

Appropriate arrangements were in place to ensure that complaints were managed effectively. People who used the service and those acting on their behalf felt listened too and any issues raised were dealt with appropriately.

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

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 support was planned and delivered in line with their individual support plan. We looked at the support plans for nine people who received support from Annies Homecare. We saw that an initial assessment had taken place to discuss the person's requirements and personal circumstances and a support plan agreed. This ensured that the service had considered whether or not it could meet the person's needs appropriately.

Records looked at showed that support plans covered all aspects of a person's individual circumstances. This included their preferred name that they wanted to be known by, the level of support required, the number of staff required to provide support on each visit, the length of time for each visit, call time preferences, and additional duties and tasks to be undertaken. Records also showed that risk assessments relating to health and safety, moving and handling and the environment were completed to ensure people were kept safe.

Reviews of people's care and support arrangements were undertaken yearly but where there was a change to a person's circumstances, we saw that the support plan had been reviewed and updated as and when necessary. This showed us that the service was responsive and able to meet people's changing needs.

Communication sheets completed by support staff provided details of people's wellbeing during each visit and details of the tasks and duties undertaken. Where concerns were highlighted in relation to people's healthcare needs, evidence showed that the office was contacted and appropriate measures put in place. We saw that contact with other healthcare professionals was recorded and coordinated which ensured that people's health, safety and independence was maintained.

Following our visit we spoke with five people who used the service and/or those acting on their behalf. All told us the service was: "Very good and the carers are lovely and kind".

One person said: "All of the carers are polite, respectful and punctual." Another said: "They look after me very well."

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

We saw that Annies Homecare Services had all the necessary processes in place for the safe administration of medication.

The provider told us that all care staff who worked for Annies Homecare Services had received medication training as part of their induction and undertook a test of competence before they could administer medication. Training was updated yearly to ensure staff remained competent and knowledgeable about medication administration. Staff we spoke with told us they felt confident about giving medication and had received updated training in administering medication.

Support plans recorded the person's ability and wish to look after and take some or all of their medication themselves. Where this was not the case, it was clear from the files we saw that the care staff were responsible for assisting, prompting or administering their medication for them.

Of the nine support plans we looked at, four people had medication administered by the care staff. We saw that in each file there was a list of medication and the amount prescribed, any allergies the person had and a Medication Administration Record (MAR) completed for each person. We saw that people had received their medication as prescribed, the MAR was completed with a name and signature of the care staff and creams and lotions administered on an 'as and when' basis were also recorded.

The provider told us that a system was in place to record medicines received and disposed of and this was kept at each person's home. A stock check of medication was completed monthly by the supervisor and checked against the person's current medication. They told us that this ensured that sufficient quantities were always available and staff were accountable for the correct medication.

Where a person had a controlled drug prescribed, we saw that there was a process in place for the administration of this. This included a risk assessment, a signed agreement from the person to administer it themselves, a controlled drug register, information about the drug and the requirement for the signature of two care staff.

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

We saw that the provider had suitable arrangements in place for the appropriate support of staff.

We saw that there was a comprehensive training programme in place which included induction as well as refresher training for all staff. Staff personal files contained documents and certificates which showed training and personal development was ongoing. Tests of knowledge were also undertaken.

A system of appraisals and spot checks were in place and these were carried out six monthly to ensure staff remained competent to do their duties. Opportunities for obtaining further qualifications were available to staff to advance their knowledge and increase their skills. Staff told us that the appraisals were useful and they felt valued and supported by the management. They said that Annies Homecare Services was a good place to work.

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

The provider had a quality assurance system in place. We saw that people's care was reviewed and records updated, staff performance was monitored and policies and procedures were up to date. Team and management meetings were held and recorded and showed that improvements were being made as a result of their views. The management team had also upgraded their skills and knowledge in order to deliver a service that met people's needs.

A survey seeking the views of people who used the service was undertaken every year and the most recent one was completed in August 2013. We saw from the responses that people were generally very happy with the care and support provided by Annies Home Care staff. Where people expressed dissatisfaction with their care or support, we saw that these had been dealt with, appropriate action taken and recorded in order to improve the service.

One person said: "They are very good at asking me if things are OK, it's very rare that I have to say that they are not."

Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

We looked at the complaint's procedures which informed people how and who to make a complaint to and included the stages and timescales for the process.

We asked to view the service's complaint records. No written complaints had been received in the past 12 months but all verbal complaints had been recorded and the appropriate action taken. We also saw that a record of compliments to evidence positive comments from people who used the service, those acting on their behalf and others was maintained.

People we spoke with told us that they had never had to make a formal complaint but were aware of the process should the need arise. However, one person said: "When I contacted the office because I was unhappy about the turnover of staff, the manager visited me, listened to my concerns and acted to put it right. We have more regular carers now."

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.

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