

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: 03 December 2013

Date of Publication:
December 2013

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
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

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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 3 December 2013, talked with carers and / or family members and talked with staff.

What people told us and what we found

During our visit we spoke with the manager of Anthony James Care Limited. Following our visit we spoke with three relatives of people to obtain their views of the service. We also spoke with two care workers.

People's representatives told us they were involved in their care and treatment decisions of their family member. They said they were happy with the care provided.

We saw care plans for two people who used Anthony James Care. The care plans contained important information about people the service looked after.

Comments from relatives of people who received a service included, "They look after mum really well" and "I am really pleased with the care."

People told us they felt their relative was safe and would make a complaint if it was necessary.

The service had systems in place for recruitment of care staff and we saw checks had been undertaken to ensure staff were suitable to look after people safely.

We found the service had systems in place monitor the quality of service provided.

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.

Reasons for our judgement

We spoke with family members as people were either not able to share their care experiences or preferred not to speak with us. We asked family members if they had been involved in decisions about their relative's care.

People told us and we saw an assessment of people's care needs had been undertaken before the care package had started. Relatives told us they were involved in any reviews of their family member's care and these reviews were regular. One relative told us, "We are involved with all the decisions regarding the care of my father and adjustments are made to meet his care needs."

Care workers we spoke with told us how they maintained people's choices. One care worker told us, "I will show X the clothes in their wardrobe, they will choose what they want to wear."

Care workers told us how they maintained people's independence. One care worker told us, "I will let X do as much as they can for themselves." This meant care workers recognised the importance of people's independence and equality.

Relatives told us the care workers explained to people how they were going to help them before they delivered personal care. They said care workers treated people with dignity and respect. Comments we received included, "The care workers are really fantastic with X, really friendly and make sure X is relaxed."

Care workers told us that they would ensure the curtains were drawn and doors were closed when they delivered personal care. This was confirmed when we spoke with relatives of people who used the service.

We saw information about the service was present in people's care files. This included information about the care options available to people. We saw people or their

representatives had signed to agree to their care.

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

We spoke with relatives to obtain their views about the care their family member received from Anthony James Care. Comments received included, "They (care workers) totally know X, they are all really good and patient", "We are really pleased with the care, it's the best personal care X has ever had" and "I trust the care workers 100%."

This meant the provider considered the individual needs and choices of people who used the service.

Relatives told us time keeping was good. They said if their care worker was going to be late, they were informed by the office.

Care workers told us they would read people's care plans in their homes before they delivered personal care. They said this was to ensure they were clear of what the support needs were for people.

Family members told us there was a copy of the care plan in their relative's home. They told us the care worker completed records which were kept in their house when they had delivered the person's care.

This was confirmed when we spoke with care workers. They told us they completed full details of how the person was on the day, including their health and welfare needs. They said, for one person, they would use the daily records to check what meal they had the previous day to ensure they were offered a varied choice of options.

Care workers told us they completed fluid charts for one person as they were at risk of infection if they did not drink enough fluids. This was confirmed when we spoke with this person's relative. This meant the provider had the appropriate checks in place to monitor people's health and welfare needs.

Family members told us they were asked if the care their relative received still met their care needs, this is known as a 'review' of their care. Relatives told us they were in constant contact with the manager and were able to discuss people's needs at any time.

Relatives said people usually had the same care worker to deliver their care. They said this was very important for their family member to have the same care worker. They said, "X gets very anxious with new people, so it's really important to have the same care worker" and "X responds better to people they know." One relative told us that the manager would also check with them to ensure they were happy with any new care worker. This meant the provider ensured people had continuity of care and the person and the family were happy with any changes.

Relatives said the care given to their family member was flexible and fitted in with people's individual needs. Comments received included, "X drives what care they need, whatever X feels X wants it's always organised around their requirements."

We looked at the care records held at the providers' office for two people. We saw each care plan held essential information about the person. This included their next of kin details and the healthcare specialists treating them.

We saw the assessments the provider had carried out prior to the commencement of the care package. These assessments included the person's life history and, information about people's likes and dislikes, including people's hobbies. This meant that the provider gathered information about people to ensure they could deliver a personal service to people.

The care plans had very good information about how to care for people. For example, what care needs they had on a daily basis and their specific health needs. The specific health needs had been risk assessed and included detailed information for care workers to follow on how to manage these risks.

We spoke with two care workers who looked after people. They knew the individual needs of people and how to look after them. This matched the information held on the care files we had viewed. This meant the provider had up to date information for care workers to follow to look after people safely.

The manager told us they had a system in place to cover any unplanned care worker absences. They said they would cover any shortfall in care workers hours. We spoke with one family member who confirmed contingency arrangements had been put in place. They said if Anthony James Care could not attend the visit, for example, due to bad weather, the family member would attend to their relative's care needs.

This meant the provider had contingency plans in place to cover unplanned absences.

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

Our judgement

The provider was meeting this standard.

People who used 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

The manager told us about a recent safeguarding referral. They said they had worked with the local safeguarding authority and the police. We were told by the manager that they did not have a copy of the investigation which had been undertaken. We discussed this with the manager and he agreed that in future he would ensure all investigation information would be recorded. This meant the manager knew how to manage and investigate safeguarding incidents.

We spoke with two care workers about what they thought abuse was. They demonstrated a good awareness of what should be reported. They understood their responsibilities for reporting any concerns regarding abuse. The care workers knew who to contact if they had a safeguarding concern, this included telephone numbers of external organisations. Care workers told us they were aware of the providers safeguarding policy and knew where to access the policy.

We saw staff had received training in safeguarding in 2013. The manager told us care staff had received Mental Capacity Act 2005 awareness training through their induction programme.

The two care staff we spoke with told us they would be happy to report any concerns under the 'whistle blowing' policy. This is where staff can anonymously report any concerns to external bodies. Staff were confident in reporting any signs of abuse.

Family members told us they felt their relative was safe with the care workers from Anthony James Care. One relative said, "I cannot fault the care workers." They told us that care workers protected their family member from infection as they always wore protective clothing when delivering personal care or preparing food.

Relatives said if they had any concerns they would speak to the manager or one of the care staff. They told us they felt they could speak to any member of staff.

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

We looked at the recruitment process for three care workers to see if the appropriate checks had been carried out before they commenced working for Anthony James Care.

We saw care staff attended an interview and that recruitment checks were completed following assessments of the person's suitability to be a care worker. Pre-employment checks included identification and suitability to work with vulnerable people. We saw that reference checks had not been recorded on care worker files. We discussed this with the manager, they told us they had carried out a telephone reference with the care workers previous employer, but had not recorded these conversations. The manager agreed, in future they would obtain a written reference from people's previous employment.

We saw that once staff had been assessed as being suitable, they followed an induction programme. This included mandatory training, for example, medication, principles of care, safeguarding vulnerable people and how to move someone safely. We saw certificates were on care workers files which confirmed their attendance at the training.

We saw the provider had a checklist in care worker files to ensure all aspects of their induction had been included. We saw these had been signed by the manager once the induction process had been delivered.

We saw and care workers told us they had shadowed another care worker before they were allowed to work alone. Care workers we spoke with said they had an observational check by their manager prior to being allowed to work alone. The manager may find it useful to note that these observational checks had not been recorded on care workers files.

Care workers we spoke with told us their induction was thorough. They said they had the necessary training to look after people safely. They said if they had any queries or concerns about their training, this was addressed by the manager quickly and they were given more support or training.

This meant that there were effective induction processes in place.

We saw training certificates were present on care workers files, for example on how to move someone safely, food hygiene and health and safety training.

Care workers told us they felt well supported by the manager and they could approach them for support at any time. Comments received included, "Best person I have ever worked for", "The manager is honest and full of integrity" and "I am very well supported." One care worker told us how they were being supported by the manager to study for a nationally recognised care qualification.

Relatives told us they were very pleased with the care workers from Anthony James Care. One representative told us, "They identify really well with the people they look after."

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 systems in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others.

Reasons for our judgement

We looked at how the service was managed to ensure that it met people's needs and how the quality of the service it provided was monitored. We looked to see if people were given the opportunity to comment on different aspects of the service.

We were told there were systems in place to monitor the quality of service. The manager told us they operated an 'open door' system so that relatives could contact them at any time if they had any concerns. This was confirmed when we spoke with relatives.

Relatives told us there were regular reviews of people's care. They said they were involved in these reviews and any changes or suggestions were acted upon by the manager.

We saw communication between families and the manager had been recorded on people's care files. One relative told us, "We are always texting each other about X, I can raise any concerns or queries immediately. The manager always comes straight back to me."

We were told by the manager they had not received any complaints. We saw that if any relative had any concerns, then these were fully documented on people's care files, including actions taken by the provider.

Family members knew how to make a complaint. They told us they were confident any concerns or complaints would be taken seriously by the manager and would be acted upon.

We saw a record of accidents and incidents were maintained for people who used the service. We saw what actions had been taken to manage these incidents, for example contact with people's families to inform them of the incident.

The manager told us they carried out regular reviews with people to ensure they provided the necessary care required for that person. We saw risk assessments were present in people's care files. We saw in the two care files we looked at, there was evidence these reviews had taken place and these had been signed by the manager.

We found the service had systems in place to effectively monitor its quality of service provided for the people who used the service.

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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