Anytime Recruitment Limited

Anytime Care 2020

Inspection report

19-21 Eastern Road
Romford
Essex
RM1 3NH

Tel: 0170873271

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 12, 16 and 17 July 2018 and was announced. We had inspected the service in 2016 at another location and rated them Good. This was the first inspection of the service at their current location in Havering, London.

The service is a domiciliary care agency. It provides personal care to older people living in their own houses and flats. Not everyone using Anytime 2020 receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

At the time of our inspection, there were 47 people receiving personal care from the service.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered care homes, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service had a clear management structure and systems for auditing aspects of the service and for gathering feedback to ensure improvement in the quality of care provided. Some people's care files were not easily accessible to review because of the changes being made to keep documents electronically. The registered manager was working to resolve this issue.

Staff were passionate about their roles and felt supported by the registered manager and senior staff. They had attended various training and had an induction opportunity which introduced them to the service when they started work. They also had ongoing supervision and support from the registered manager.

The service's staff recruitment systems ensured new members of staff had the experience and knowledge and were suitable to support people in their homes. The service had enough staff who were able to support people.

The provider helped to protect people from harm through the provider's adult safeguarding procedure, risk management system and complaints policy. People and relatives felt safe within the service and were clear about the complaints policy.

Where needed, staff supported people with nutrition and hydration. They also supported people with their medicines for those who required this service.

Staff had the training and skills to manage incidents and accidents. They supported people receiving healthcare when and if they needed it.

Staff were caring, respectful and ensured people's privacy. They understood people's support needs, their likes and how they wanted to be supported. The policies of the service and the staff supported people in the least restrictive way enabling them to achieve more independence.

Information about people's needs and how to support them was recorded and followed by staff. The care plans were personalised and reviewed so each person received responsive care to their needs.

The provider worked closely with health and social care providers to meet people's needs.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

The provider had systems to keep people safe from abuse. Staff had been trained to keep people safe and they knew what to do if they had any concerns.

There were enough staff to meet people's care needs. The provider carried out checks to make sure they only employed staff who were suitable to work with people using the service.

Systems were in place to administer, record and audit medicines.

The provider's infection control policy ensured that staff used appropriate equipment to prevent the spread of infection.

Is the service effective?

Good

The service was effective.

People's support needs and details of the action staff had to take to meet these needs were assessed. The registered manager completed and reviewed people's assessment of needs.

Staff had the training and support they needed to meet people's needs.

People were supported with their nutrition and hydration needs when these were required.

Staff worked with local health and social care services to make sure people received effective care, support and treatment.

The registered manager understood their responsibilities under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. People were not deprived of their liberty unlawfully.

Is the service caring?

Good

The service was caring.

People using the service and their relatives told us staff were kind, caring and treated them with respect.

Staff were passionate about their work and motivated to provide people with the best possible care and support.

People were involved in their care.

People received appropriate care to their needs and staff ensured their privacy and dignity.

Is the service responsive?

Good

The service was responsive.

Care plans were personalised, contained details of people's support requirements and were reviewed as required.

Staff understood people's needs, cultural backgrounds, preferences, and provided them with appropriate care.

People were aware of the service's complaints procedure.

Is the service well-led?

Good

The service was well led.

The service had a management structure which allowed senior staff to support the registered manager.

People, their relatives and staff felt listened to and supported by the registered manager.

Various auditing and quality assurance systems were used to gather feedback and help improve the service.

Anytime Care 2020

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

The inspection took place on 12, 16 and 17 July 2018. This was an announced inspection. We gave the provider 48 hours' notice. This was because it was a domiciliary care agency and we wanted to make sure that the registered manager, or someone who could act on their behalf would be available to support us with our inspection. The inspection was carried out by one inspector.

Before the inspection, we reviewed the information we held about the service and provider. This included a Provider Information Return (PIR). This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We looked at any complaints we received and statutory notifications sent to us by the provider. A notification is information about important events which the provider is required to tell us about by law. We also contacted health and social care commissioners for their feedback on the service.

During the inspection, we spoke with the registered manager, the director and the recruitment co-ordinator. We looked at seven people's care records and other records relating to the management of the service. This included five staff recruitment records, training documents, rotas, accident and incident records, complaints, health and safety information, quality monitoring and medicines records.

After the inspection we spoke with four people using the service, three relatives and three care staff. We also received quality monitoring information from the local authority quality team.

Good

Is the service safe?

Our findings

People told us they felt safe when staff supported them. One person said, "Yes, I feel safe [when staff support me]." Another person told us staff reassured and made them feel safe. A relative told us staff ensured their relative's safety, for example, "If [my relative] falls, they are not allowed to lift them up. They call the ambulance. They also report to the office." Another relative told us that they were happy with the staff. This was because the staff always rang and informed them and the office if they were running late or not coming, so that an alternative arrangement would be made to ensure people's safety was not at risk.

The provider had an adult safeguarding procedure in place to help protect people from abuse. This procedure was last updated on 30 May 2018. Staff understood this and knew what to do if they had any concerns. The procedure included clear guidance for staff on what to do if they had any concerns and provided contact details for the local authority's safeguarding team. Staff training records showed that they had completed safeguarding training.

Staff were aware of what actions to take in the event of safeguarding concerns being raised and accidents or incidents occurring. A member of staff told us they would "report [safeguarding incidents] to the manager". Another member of staff said they would report to the manager and would whistleblow, if they thought nothing was being done about the incident. We saw records of serious incidents, accidents and missed calls, and noted that the provider took action and was committed to learning from them to prevent reoccurrence.

The provider's other policies and procedures included moving and handling, infection control, whistleblowing, and incidents and accidents. These policies and procedures were up-to-date and followed current safe practices. Staff we spoke with confirmed that they had read and understood the policies and procedures.

Risks to some people were not always assessed before they started to use the service. The registered manager told us they accepted emergency referrals for some people and there was not enough time to complete risk assessments for them. We noted that the referrals contained brief information about the person and what staff were required to undertake to support them. The registered manager said they would complete risk assessments as soon as possible following the starting of the service in future. We saw an example of a completed risk assessment. These were detailed and included environmental and fire risk assessments. Where risks were identified, the provider reported them to relevant organisations such as the London Fire Brigade and healthcare professionals, and put guidance for staff to mitigate the risks.

The provider had arrangements in place to ensure staff were available to meet people's needs. People told us staff came and left on time and they had no issues with staff shortage. One person said, "Staff come and leave on time." There was an out of hours call system in place for staff, people and relatives to contact if they required assistance. At the time of this inspection there was no person receiving night care.

People were reassured by the provider's online call monitoring system. This system required staff to call a landline telephone when they started and finished work. The call, monitored by office staff, would enable

the provider to make alternative support arrangements for people if staff were late or missed visits. The provider found that this system needed to be replaced as it was not always effective. We were told that a new, more effective, system was being planned to replace the current system.

The provider had safe staff recruitment procedures in place. The recruitment co-ordinator and registered manager told us that all staff had completed application forms with their full work history and had attended interviews. The provider carried out the necessary criminal records checks and checked various documents such as two written references and proof of identity to confirm staff were suitable and able to provide care and support that people needed. We saw completed application forms, proof of identities, references and documents showing staff could work in the UK.

The provider's infection control procedures helped protect people and staff from infections. People told us staff used gloves, anti-bacterial gels and aprons to prevent the risk of cross infection whilst providing personal care. However, one relative told us a care worker did not wear aprons despite their request to wear them. We brought this to the attention of the registered manager who investigated and took appropriate action to ensure similar incidents were avoided in the future.

There was a medicine policy and procedure in place for the safe administration of medicines. We noted most people either self-administered or had their relatives administer their medicines. Where staff supported people with medicines, this was written in people's care files. A separate medicine administration record sheet (MARS) was also completed and signed by staff to confirm they administered medicines, as prescribed. People and relatives told us staff administered medicines safely. The staff we spoke with told us they had training in medicines administration. We also noted that the registered manager and field supervisors audited the MARS and medicines.

Good

Is the service effective?

Our findings

People and relatives told us staff met their individual needs and that they were satisfied with the quality of care and support they received. A person using the service said, "Staff are good. I am happy with them." Another person told us, "Yes, [staff] know how to support me; they wash me; help me dress, and check if I am all right. I am satisfied [with the care]." One relative said, "[Staff are] very nice. [They do] everything that [they have] to do and a bit more."

Staff had received training to enable them to provide safe and effective care. The provider's training records (training matrix) showed staff completed training in a range of areas including health and safety, food hygiene, basic life support, and dementia. We noted refresher training programmes were provided for staff so that they were up-to-date, with their practice and knowledge. We saw certificates of training in the staff files we reviewed. We also noted that new staff completed an induction programme which included shadowing existing and experienced staff before they started work. This was confirmed by people and staff.

Staff told us the registered manager and senior staff supported them in their roles. A member of staff said, "Yes, I attended training. When I started [work], I also did three days' shadowing." Another member of staff told us that they had 'lots' of training. The training adhered to the Care Certificate, which is a nationally recognised set of standards that gives new staff to care an introduction to their roles and responsibilities.

The registered manager told us about the different methods used to supervise staff. They told us a field supervisor carried out on job supervision by visiting staff when they were providing care. Staff also had one-to-one planned supervision once every three months. Records showed, and the registered manager said, the three-monthly supervision was not always consistent for some staff because of the nature of the hours and places of work for each member of staff. The registered manager told us that this would be improved because they were recruiting new senior staff who would assist in the co-ordination of care and supervision of staff. Staff we spoke with told us they were satisfied with their supervision.

The Mental Capacity Act (2005) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked that the provider was working within the principles of the MCA. We noted the registered manager sought people's consent to care and support, and where relevant, mental capacity assessments were completed.

The registered manager told us they were not always able to complete assessments of people's needs immediately because the people were referred to the service as an emergency. For example, when being discharged from hospital. However, records showed, and the manager confirmed, that people's assessments of needs and their care plans were completed soon after they started receiving care. One relative told us that staff carried out a person's needs assessment. Examples of assessments we saw set out

people's needs and how and when staff had to provide care. We noted the assessments were reviewed regularly and the care plans were updated accordingly. For example, ongoing reviews of one person's needs resulted in updating their care plan and reducing the length of visit time. The registered manager told us, and this was confirmed by people, relatives and staff, that copies of files with the assessments of needs and care plans were kept in people's homes.

Where needed, staff supported people with their meals. A person who used the service and a relative told us how staff supported them by heating their meals. We noted most people who used the service had made their own arrangements for the provision of meals and drinks.

Staff supported people to maintain their health. Relatives told us staff kept them informed of people's health. We also noted that staff liaised with GPs and other healthcare professional like occupational therapists when needed.

Good

Is the service caring?

Our findings

People and relatives talked positively how staff treated them. One person said, "Yes, [staff] treat me with respect. They all are very good." Another person told us, "Yes, thank you. They are respectful." A relative told us they were "happy with all the carers".

Staff had knowledge about diversity and respected people's beliefs, preferences, cultures and individual differences. Staff stated they treated people equally and followed care plans to meet their needs. A member of staff said they, "Do not discriminate people because of their culture or beliefs". We noted the provider employed a diverse group of staff who could understand people's multicultural backgrounds and beliefs.

Staff had a good understanding of people's care needs. People told us staff provided them with care and support that reflected their needs. People and relatives told us they had the same staff who supported them most of the time. They told us staff developed good relationships with them. A relative told us that staff who supported a person knew them very well because they had been caring for the person continuously for a long time.

Staff respected people's privacy. A member of staff explained how they ensured people's privacy was upheld when they supported them with personal care. They said, "I ask the person how they wanted to be supported. I make sure that their body is covered with a towel, for example, while changing them. I also make sure that the door is shut." Another member of staff told us, "All depends on where the person is and what I am doing. If they are in the bathroom, I shut the door. If I am changing them, I cover them; I make sure they have dignity."

People's support detailed their profiles, social history, needs assessment and the tasks staff were required to complete. Most of the tasks were to check how people were, to assist them with personal care, heating their meals or prompting and administering their medicines. Staff completed communication sheets stating the details of the tasks they had undertaken, and these were scanned and electronically saved on the provider's computer and each person's file. Staff told us the registered manager sent them information about any changes to people's care plans.

People and their relatives were involved in their care plans. Care co-ordinators visited people and reviewed their care plans. At the time of the visit, the provider was implementing an electronic filing system, where information about people (care plans, assessment of needs, communication sheets and all other people's information) were saved on the computer. We noted a special software was used for this purpose and it allowed office staff to use passwords to access the files. The registered manager explained that the software was especially built so that each senior member of staff used their own password to update the files and save information. It also ensured confidentiality of personal information was upheld.

Good

Is the service responsive?

Our findings

People and relatives told us the service was responsive to their needs and they were happy with the care they received. One person said, "I am happy with the care [staff provided." A relative said, "Staff do everything [they are supposed to for the person]. They even do laundry [which is not included in their list of tasks]. I am happy." Another relative told us that staff kept them informed of any changes, for example, when the person needed more shopping to be done or required extra hours of support. They told us their communication with staff was good and the care arrangements were working very well.

People and relatives told us they had copies of their care plans. Care plans were personalised or personalised and were based on people's needs. They contained information staff ought to be aware of to meet people's needs. This ensured people received person-centred care and staff were able to be responsive to their care needs. Staff also reviewed care plans which resulted in changes to people's care and support. This showed the provider worked closely with other professionals involved in the individual's care to review care plans and amend the level of support they received.

Communication logs were kept documenting the tasks staff undertook at every time they visited a person. People and relatives confirmed that staff documented their visits. The communication logs were important in not only recording what staff did during their visits but also in sharing information with families and other staff about what tasks needed to be completed. They also included tasks that were not completed and any observations staff noted during their visit.

At the time of the visit no person was receiving end of life care. However, the registered manager told us that staff with knowledge and experience were always matched to people to respond to their needs. Staff had experience of liaising with appropriate healthcare professionals when emergency support was required. They had also received training in basic life care to respond appropriately when people's health was deteriorating.

Organisations that provide NHS or adult social care must follow the Accessible Information Standard (AIS). The aim of the AIS is to make sure that people that receive care have information made available to them that they can access and understand. The information will tell them how to keep themselves safe and how to report any issues of concern or raise a complaint. The provider was compliant with the AIS. We saw that people's communication needs were identified and recorded in people's care plans with guidance on how to meet those needs. One person told us their communication with staff was good and they had no issues. A relative also told us they communicated with staff in different ways including emails, texts or by telephone. Staff told us they could communicate well with people and their relatives.

People and relatives knew how to make a complaint if they had any concerns about their care. One person said, "I never had to make a complaint but I know if I need to." A relative told us they knew how to raise their concern about the service with the registered manager. They told us they also knew how to contact a local authority and CQC if they were not happy with the service. One relative we spoke with asked us to pass their concern to the registered manager. As soon as we did this, the registered manager contacted the person

and sent us their action to address the concern. At the time of our visit there were no complaints recorded. However, we noted that information about the provider's complaints procedure was included in people's files and staff handbook, so people and their relatives had the necessary information should they wish to complain.

Good

Is the service well-led?

Our findings

People and their relatives told us they felt the service was well-managed. One person said, "The registered manager is all right; [they] listen." A relative told us that, compared to their experience of another service they had used before, this service was well managed and they were "very pleased" about it.

At the time of our visit, the service was introducing an electronic filing system, which involved scanning documents, transferring and saving them electronically. Because of this project some of people's care files were not easily accessible during the inspection. This meant staff could not easily locate and review care files. The registered manager told us they would employ a person with the skills to help them scan and save the documents electronically on the new system.

Staff commented positively on the way the service was managed. One member told us, "I love working for the agency, the manager is very approachable. I have even recommended staff to the agency." Another member of staff said, "It's a good agency; they assign me locally and I can contact the manager if I am running late."

The registered manager organised staff meetings once every three months. The last meeting was held on 19 June 2018 where various items of agenda were discussed. The registered manager told us and staff confirmed, that staff were encouraged to express their views about the quality of the service. A summary of the provider's policies and procedures together with advice on the responsibilities of staff was included in the staff handbook and given to all staff. Staff we spoke with confirmed receiving the handbook.

The provider and registered manager had systems in place to monitor quality in the service and make improvements. These included the 'service user' quality check, twice yearly home visits' to all people, quarterly telephone monitoring, communication sheets audits, and records audits. The provider's quality assurance policy and the registered manager stated that the audit system was designed "to trigger policy review and, on an individual basis, evaluate service standards and service user response."

Survey questionnaires were sent to people to find out their views of various aspects of the service. The last survey questionnaires were sent by post to all people in June and some were completed and returned to the service. We looked at a sample of the completed survey questionnaires and noted that most respondents' feedback was positive. For example, one person wrote, "[Staff] are first class, very easy-going and has helped me keep my sanity after losing [a relative]." However, one person rated staff lateness 'poor'. The registered manager told us that as soon as the questionnaires were returned from all or most people at the end of July, feedback would be collated and action plan put in place to improve the service where the scoring was not so good. We noted the local authority social services quality team had visited the service and made some recommendations which the registered manager was addressing at the time of our visit.

The registered manager was supported by the director, responsible individual, recruitment co-ordinator, field co-ordinators and administration staff. The service was also recruiting a care co-ordinator who would assist with co-ordinating care and supervising staff.