

Anneally Care Services Ltd

Anneally Care Services LTD

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

Summary of findings

Overall summary

About the service

Anneally Care Services LTD (also known as PerCurra North East Surrey) provides personal care support to people in their own homes. The domiciliary care agency is registered to provide a service to people over and under the age of 65 years.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of our inspection, 5 people were using the service.

People's experience of using this service and what we found

The provider's quality assurance framework did not consistently identify shortfalls or recognise how improvements could be made.

People and their relatives were happy with the care provided. One person told us, "They are ever so caring." Relatives felt the service and staff provided safe care. People received care from consistent staff members who knew and understood their care needs well. There were enough suitable staff to cover all the care calls. Staff understood their responsibilities for safeguarding adults. Staff practiced safe infection control and prevention procedures to reduce the spread of infection. People's medicines were managed safely.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were involved and given choice about their day-to-day care and support. Staff treated people with dignity and respect. People received care that met their individual needs and preferences. People's needs were assessed and regularly reviewed to ensure staff delivered appropriate care to them. People and their relatives felt confident to raise concerns about their care and knew the process about how to make a complaint.

New staff received an induction to the care company and staff told us that they felt supported and valued. A programme of spot checks, supervision and informal team meetings meant staff were supported on an

ongoing basis. Staff promoted equality and diversity in their support for people.

People had opportunities to give feedback about their care and told us their views were listened to. Staff said they received good support from the management team and could speak up if they had concerns or suggestions for improvements.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 7 September 2022 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Enforcement

We have identified one breach in relation to good governance, at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

This was an 'inspection using remote technology'. This means we did not visit the office location and instead used technology such as electronic file sharing to gather information, and video and phone calls to engage with people using the service as part of this performance review and assessment.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Anneally Care Services LTD

Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

Inspection team

The inspection was carried out by 1 inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

In line with our new approach we gave short period notice of this inspection and explained what was involved under the new methodology. Inspection activity took place on 19, 20 January 2023 and 2 February 2023.

What we did before the inspection

We looked at all the information we held about the provider, which included information they provided us when they were registered. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

During the inspection

This performance review and assessment was carried out without a visit to the location's office. We used technology such as video calls to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation. During the inspection we spoke with the registered manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with 2 staff members, 2 relatives and 2 people who used the service. We reviewed a range of records. This included 2 staff files in relation to recruitment and staff supervision and 5 care plans and risk assessments. We also looked at a variety of records relating to the management of the service, including policies and procedures.

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider understood their responsibility to protect people from the risk of harm.
- The service had a safeguarding policy and processes in place to guide staff on how to keep people safe from harm and abuse.
- Staff completed safeguarding adults training. The training provided them with enough information to identify abuse and take action to reduce the risks of harm. One staff member told us, "Any concerns would be acted upon. Safeguarding could be financial, physical or emotional abuse."

Assessing risk, safety monitoring and management

- People and their relatives told us they felt safe receiving care from Anneally Care Services LTD (also known as PerCurra North East Surrey). One person told us, "I always feel safe with the care staff." One relative commented, "They are entirely safe."
- Risks associated with moving and handling, environment, eating and drinking and COVID-19 were assessed and mitigated. For example, risk assessments considered the safety of the home environment, fire risks and any identified risks to staff members safety.
- Risks associated with people's specific and individual healthcare needs were not always assessed, mitigated or documented. For example, one person was living with Parkinson's. specific risk assessments were not in place providing guidance for staff on how the individual's Parkinson's presented and what support from staff was required. We have further reported on these concerns in the 'Well-led' domain of the report.

Staffing and recruitment

- People received care from a consistent staff team who had the skills to deliver high quality care. One person told us, "I cannot fault the care staff."
- The provider operated a model of care whereby most care calls were for an hour or longer. This ensured staff did not have to rush when providing care and had time to talk with people.
- People's care calls were safely managed. A system was in place to inform people of their care call times and the staff who would be supporting them. The provider operated an electronic care monitoring system.

This enabled the provider and registered manager to monitor in real time that staff had arrived on time, stayed the allocated time and completed all tasks recorded within the care plan. This meant prompt action could be taken if staff were running late or missed a call. People confirmed that they had not experienced any missed care calls.

- People and their relatives confirmed that they received care from a consistent team of staff members and were informed if staff were running late. One person told us, "I always know who is coming and they never run late."
- Staff recruitment was safe. Recruitment procedures ensured that staff members were suitable for the work they were undertaking. Disclosure and Barring Service (DBS) checks had been undertaken for all staff. DBS checks provide information including details about convictions and cautions held on the Police National Computer. This information helps employers make safer recruitment decisions.

Using medicines safely

- People were supported by staff who followed systems and processes to prescribe, administer, and record medicines safely.
- Staff had completed training in the safe administration and management of medicines and the registered manager had assessed their competency to administer and manage medicines safely.
- People and their relatives felt confident with the support received from staff. One person told us, "They support me in a dignified manner to take my tablets."
- Care plans included information on people's medicines. However, detailed information and medicine risk assessments were not always in place. We have further reported on these concerns within the 'Well-Led' domain of the report.
- Whilst detailed information was not always documented within medicine risk assessments. Staff had a clear understanding of how to support people safely with their medicines and were knowledgeable of the support people required with medicine management.

Preventing and controlling infection

- There were systems to help prevent and control infection. These included policies and procedures.
- People and their relatives confirmed that staff wore personal protective equipment (PPE) such as gloves and masks, and had good hygiene practices, such as hand washing. Staff told us they had enough PPE.

Learning lessons when things go wrong

- There were systems and processes in place to report, record and investigate any incidents so they could be learned from.

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider and management team met with people and their relatives prior to offering a service. This was to assess their care needs, understand their preferences and ensure the service would be able to meet their support requests.
- People and their relatives told us care was being provided in line with their needs and preferences. One person told us, "I am very happy with the care provided. We sat down and went through the care plan and I am happy with the tasks that the care staff complete." Another person told us, "What I like about the service is that they see me as a whole and for the person I am."

Staff support: induction, training, skills and experience

- Staff were supported, valued and received ongoing support which enabled them to provide effective and safe care. One staff member told us, "Management are approachable, and I feel well supported."
- Newly recruited staff shadowed experienced staff and received an induction to the company. A programme of training was available for staff to complete. However, not all staff had completed the provider's mandatory training. The registered manager confirmed that most staff had prior experience in the care industry and had previously undergone training with their old care employees. The registered manager told us that they were obtaining copies of training certificates that staff had completed from their previous roles. Whilst staff had completed training from previous employees. Systems were not fully established to test the competency of staff training whereby staff had received training from a previous employer. We have further reported on these concerns under the 'Well-Led' domain of the report.
- The provider knew about the requirement to provide training for supporting people with learning disabilities or autistic people and this was in the process of being provided to staff.
- Staff received ongoing support via the forums of spot checks, supervisions and informal team meetings.
- People and their relatives confirmed that they felt staff were competent, skilled and understood their care needs well.

Supporting people to eat and drink enough to maintain a balanced diet

- People received the support required to manage their nutrition and hydration needs. People who received support with meals told us they were happy with this aspect of their care. They said staff supported them to choose the meals they wanted.
- People's nutrition and hydration needs were discussed at their initial assessments. Any needs identified in these areas were recorded in people's care plans and risk assessments. These considered if people were at risk of dehydration and if any specific tasks were required to manage the risk.

Staff working with other agencies to provide consistent, effective, timely care: Supporting people to live healthier lives, access healthcare services and support

- While most people managed their own healthcare appointments with the help of relatives, staff supported people by monitoring their health and reporting any concerns promptly.
- Records showed that staff communicated and worked with health and social care professionals to provide effective care and support to people when needed.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA 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 particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- Staff respected people's choices and decisions. Staff understood the importance of enabling people to make day to day decisions regarding their care and support needs.
- People and their relatives told us that their consent was regularly obtained and sought. Consent forms were in place which were either signed by people and or their relative. Where relatives had signed consent forms, the provider had ensured that they had the appropriate legal authority to do so. Such as Lasting Power of Attorney for Health and Welfare. However, the provider had not obtained copies to confirm that relatives had such authority. The provider told us they would ensure records were in place for future reference.



Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by staff that were caring and treated them with kindness and respect. One person told us, "The staff are lovely, so kind and caring." Another person told us, "Staff are patient and caring."
- Staff had built respectful relationships with people and understood the importance of working within the principles of the Equality Act to support people in meeting their diverse needs. The Equality Act is legislation that protects people from discrimination, for example, on the grounds of disability, sexual orientation, race or gender.
- Staff had a good understanding of people's faith and religion and what was important to people. Staff also respected people's preferences regarding how they liked to be referred to, their preferred name, and preferred gender of staff member.

Supporting people to express their views and be involved in making decisions about their care

- People, and their relatives where appropriate, were fully involved and central to making decisions and choices about their care and support. One person told us, "I am fully involved in my care."
- The nominated individual and registered manager told us they offered hands-on support to people regularly and had developed a close working relationship with people and their relatives. People and their relatives we spoke with confirmed this.

Respecting and promoting people's privacy, dignity and independence

- People were supported by staff that promoted their independence and respected their dignity and privacy.
- The registered manager and staff knew how people wished to be supported and how to maintain their privacy and dignity. They were aware of the importance of maintaining confidentiality and people's care records were kept securely.

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The service provided a personalised care package that met people's preferences and choices on how they wanted to live their life was met and respected. The provider, registered manager and staff understood the importance of providing care that was personalised and empowered people to have choice and control within their life.
- Care plans included personalised information on people's preferences, life history alongside information that was important to them.
- People and relatives told us that they had been involved in developing their care plan.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff ensured people had access to information in formats they could understand.
- The provider had assessed people's needs in line with the AIS to ensure they provided a service that met people's communication needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff knew people well and recognised the importance of companionship and supporting people to minimise the risk of loneliness. Staff told us how they spent time chatting to people during the care call and talking about their life history. One staff member told us, "It's so important that we sit and spend time with people. Companionship is vital."
- Staff and management understood what was important to people and supported people to continue enjoying their hobbies and interests. One person who was a keen dog lover was supported by management

to go on a local dog walk and then for lunch. Staff also supported people to maintain relationships with their loved ones. For example, staff supported one person to visit their new born great grandchildren.

Improving care quality in response to complaints or concerns

- People, and those important to them, could raise concerns and complaints easily and staff supported them to do so.
- No complaints had been received since the service registered with the CQC, however, we were assured that should they be received they would be responded to appropriately.

End of life care and support

- At the time of inspection people did not require this type of support. However, should the time come the staff told us they would speak with the person and their family in order to obtain their wishes and preferences regarding end of life care and support.

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider's quality assurance framework required improvement.
- The registered manager and nominated individual undertook regular reviews of care documentations, care calls and staff punctuality. However, these reviews were not always formally documented. Formal audits of care plans and care logs were not documented to demonstrate what was reviewed as part of the audit alongside the outcome of the audit.
- Whilst the registered manager and nominated individual regularly checked in with people and relatives and informally reviewed documentation, quality assurance processes failed to identify that care plans lacked information and guidance on people's specific healthcare conditions. For example, one person was living with diabetes and Parkinson's. Their care plan lacked information on what support from staff was required to help the individual manage these health conditions. One person's care plan identified that they were at risk of falls. However, the provider's quality assurance framework failed to identify that a falls risk assessment was not in place. We brought this to the attention of the registered manager who took action during the inspection to implement falls risk assessments.
- Medicine audits were completed on a regular basis. However, the audits completed on the provider's electronic system lacked detail. For example, it was unclear what information was reviewed as part of the audit.
- Medicines audits also failed to identify that medicine risk assessments were not always in place and that best practice guidance (National Institute for Health and Care Excellence (NICE)) around medicine management was not always being followed. For example, NICE guidelines advise that medicine care plans include information on the medicines prescribed and include detailed information to help staff monitor people for side effects and effectiveness of the medicines prescribed.
- Care plans included basic information on the medicines people were prescribed. However, information was not always documented for staff on potential side effects of any medicines prescribed to be aware of.

- People received care from consistent staff members who knew them well and understood their care needs. Staff had completed induction training and had also completed training from previous employers. However, where staff had completed training under their old employers, the provider had not established a formal system on assessing staff's competency and understanding of the training. The provider's internal quality assurance framework failed to identify this shortfall. We brought this to the attention of the registered manager who agreed to take action.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate the quality and safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people: Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was an open culture at the service and staff and the registered manager were dedicated to ensuring people received a good service which promoted positive outcomes.
- Staff were clearly dedicated to providing good care and ensuring people received care that promoted their wellbeing. One staff member told us, "What I enjoy about the role is that we get to spend quality time with people which really promotes their wellbeing."
- People, relatives and staff were regularly asked for their views and opinions on the running of the service. The registered manager regularly checked in with people and their relatives to ensure that they remained satisfied with the quality of care provided. Annual satisfaction surveys would be sent out later in the year to also obtain the views and feedback of people.
- Staff spoke highly of the management team (registered manager and nominated individual). One staff member told us, "They are very hands on management and really understand my needs as a staff member." Another staff member told us, "This care company really focuses on the care of the individual. Best company I have worked for."

How the provider understands and acts on the Duty of Candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Staff knew about whistleblowing and said they would have no hesitation in reporting any concerns they had.
- There were clear policies and procedures which reflected the provider's values and current legislation.
- The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines' providers must follow if things go wrong with care and treatment

Continuous learning and improving care: Working in partnership with others

- The registered manager and staff worked in partnership with other agencies to ensure people received support to meet their needs.
- Staff gave us examples of working in partnership with a range of health and social care professionals.
- The provider operated a digital platform whereby care plans and care monitoring was completed electronically. This enabled real-time oversight by the management team as well as to be more environmentally friendly.

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems or processes were not established and operated effectively to ensure compliance with the requirements in this Part. Regulation 17 (1) (2) (a) (Good Governance).