

Anaisa Services Ltd

# Percurra Chelmsford West and Brentwood

## Inspection report

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Date of inspection visit:

08 March 2023

15 March 2023

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18 April 2023

## 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?	Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Percurra Chelmsford West and Brentwood is a domiciliary care agency providing personal care to people living in their own homes. 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 there were 4 people receiving personal care support.

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

The provider's processes for monitoring the quality and safety of the service were not always effective. We have made a recommendation about the provider's quality assurance systems. The provider had systems in place to recruit staff safely; however, checks were not always completed robustly. We have made a recommendation about the provider's recruitment processes.

People's care was personalised. They were supported by a small, consistent staff team who knew them well and understood how they liked to be supported. There were enough staff available to meet people's needs. 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.

There were systems in place to safeguard people from the risk of abuse and staff knew how to recognise and report any concerns about people's safety. Staff received medicines training and the provider had processes in place to monitor the safe administration of medicines.

Staff received an induction when starting in their role and were provided with appropriate training to support their knowledge. People and relatives told us the staff were kind and caring in their support.

The provider had assessed people's needs prior to them receiving care and worked alongside other healthcare professionals to support people's care where appropriate. People and relatives felt involved in the service and told us they were able to give feedback and discuss any concerns with the registered manager.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

This service was registered with us on 28 January 2022 and this is the first inspection.

### Why we inspected

This was a planned inspection as the service had not been rated since its registration.

## Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 ●

# Percurra Chelmsford West and Brentwood

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by 1 inspector.

#### 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

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 08 March 2023 and ended on 15 March 2023. We visited the location's office on

08 March 2023.

#### What we did before the inspection

We reviewed the information we held about the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with 1 person who used the service and 2 relatives about their experience of the care provided. We spoke with 4 members of staff including the registered manager and care staff.

We reviewed a range of records. This included 4 people's care records, 3 staff files in relation to recruitment and a variety of records relating to the management of the service.

# Is the service safe?

## 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 rated good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- The provider had a recruitment process in place to check staff were safely employed. However, not all checks had been documented appropriately. For example, we found staff did not always have a full employment history listed and references were not always recorded for applicant's previous care positions.
- The registered manager told us they had requested the relevant references; however, they were not always able to provide evidence of this during the inspection visit.
- Following the inspection, the provider confirmed applicant's references were now fully documented and provided evidence of the relevant employment histories. The registered manager told us they were also seeking support to amend their recruitment recording procedures.

We recommend the provider reviews their processes for the oversight of records relating to the safe recruitment of staff

- There were enough staff available to meet people's needs. People and relatives told us staff arrived at the agreed time and their care visits were not rushed. Comments included, "When they say they'll be there, they are there," "They're nearly always on time and they call if they're stuck in traffic" and "They arrive on time and stay for the right time."
- There were enough staff available to meet people's needs. People and relatives told us staff arrived at the agreed time and their care visits were not rushed. Comments included, "When they say they'll be there, they are there", "They're nearly always on time and they call if they're stuck in traffic" and "They arrive on time and stay for the right time."

### Assessing risk, safety monitoring and management

- Risks to people's safety were assessed and people had risk assessments in place for key areas of their support such as mobility, support with medicines and environmental risks. However, the provider had not always incorporated guidance about people's medical conditions and health into their care plans.
- The registered manager told us the people they supported were able to manage their own health and were able to communicate any support needs they may have in relation to their medical conditions.
- Following our feedback, they told us they would ensure this was more clearly documented in people's care plans alongside any information about their health conditions staff should be aware of.

### Using medicines safely

- People were supported to take their medicines safely. People's care plans contained information about what their medicines were and what level of support they required.

- The provider used an electronic medicines administration system which alerted the registered manager to any delays or issues with administration, allowing them to respond immediately.

#### Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. The provider was aware of their responsibility to notify the relevant authorities of any safeguarding concerns and there was a safeguarding policy in place for staff to follow.
- Staff had received safeguarding training and knew how to recognise and report any signs of abuse. One member of staff told us, "I would speak to [registered manager] and follow the procedure."

#### Learning lessons when things go wrong

- The provider had a process in place for recording accidents and incidents.
- The registered manager told us they shared any lessons learnt with staff via regular email updates and phone calls and during team meetings and supervisions.

#### Preventing and controlling infection

- People were protected from the risk of infection. Staff had access to appropriate personal protective equipment (PPE) and had received infection prevention and control training.
- The provider had an infection prevention and control policy in place and shared guidance with staff to ensure safe practices were being followed.



# Is the service effective?

## 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.

Staff support: induction, training, skills and experience

- New staff completed an induction when starting in their role. This included completing their practical training and eLearning and shadowing more experienced staff on their care visits.
- The registered manager had a tracker in place to ensure staff training was up to date; however, their own eLearning training was recorded as out of date at the time of the inspection. Following the inspection they responded promptly, completing the relevant training, and evidencing it had now been updated.
- Where staff did not have any previous care experience, the provider supported them to undertake the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- The staff team had only recently been appointed and remained small at the time of the inspection. The registered manager had started to implement formal 1 to 1 supervisions and told us they communicated regularly with all staff. Staff confirmed they were able to contact the registered manager when needed to discuss any queries or concerns.

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

- The provider had completed an assessment of people's needs prior to them receiving care.
- People and relatives told us they were involved in the assessment process. One relative said, "I was present at the assessment with [person]. It was really helpful."
- The provider had created key policies and guidance to support staff knowledge and underpin their working practices. The registered manager communicated regularly with staff and signposted them to any relevant guidance updates.

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

- The provider had assessed whether people required any support with their eating and drinking.
- People's care plans contained information about what support they required, how to offer choices and what types of food and drink they preferred.

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

- The provider had responded to any changes in people's healthcare needs, contacting relatives and seeking additional support where appropriate.
- People's healthcare needs were documented in their care plans alongside the contact details for any health professionals involved in their care.

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

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.

- The provider had considered people's capacity to consent as part of the initial assessment of their needs.
- People's care plans contained information about the decisions they were able to make independently and how to support their decision making.

# Is the service caring?

## 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 and relatives spoke positively about the care provided by staff. One relative said, "We're very happy with the care. The carers are all very nice and kind." A person told us, "I'm very happy and satisfied with them, I have no worries at all."
- People's care plans contained a breakdown of what support they needed during each visit to assist staff with understanding their individual support needs.
- People told us staff spent time with them in order to understand their preferences. One person said, "We have conversations. It takes time for them to get to know me and for me to get to know them."
- The provider had considered people's protected characteristics as part of their initial assessment and documented their needs and preferences in their care plans.

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

- People were supported to make decisions about their care. Staff had guidance about how to offer people choices and told us they always checked people were happy with their support. One member of staff said, "Everyone I support is able to tell me about their routine. I ask and they tell me what they want me to do."
- Relatives told us they felt involved in making decisions about people's care and were kept updated of any changes.
- The registered manager made regular telephone calls and visits to people and frequently asked for informal feedback to check they were happy with their care.

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain their independence. People's care plans highlighted what they were able to do for themselves and exactly what areas they needed support with to ensure staff were offering the appropriate level of support with each task.
- People and relatives told us staff were respectful and provided support in a dignified way. One person told us, "Yes, they're respectful and they understand me."

# Is the service responsive?

## 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

- People's care plans were personalised to their needs; however, information was not always detailed. For example, the life history section of the care plans was blank or marked as not applicable. This meant staff may not always have all relevant information about what was important to people.
- The registered manager told us people had not always wanted to share information in their initial assessments. Following the inspection, they told us planned to review these areas with people and their relatives during their care reviews to consider whether more detail could be added.
- Despite a lack of detail in some areas of people's care plans; people received personalised care. They were supported by a small and consistent staff team who knew them well and understood how they liked to be supported. People and relatives told us staff listened to them and responded to their wishes.

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. 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.

- The provider had considered people's sensory and communication needs. People's care plans contained information about how they communicated and any sensory aids they used.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place and had kept a folder of concerns raised alongside information about what actions they had taken and who they had notified.
- The registered manager told us they planned to implement a complaints log once the service grew larger, in order to ensure they were able to track any complaints and concerns more easily.

End of life care and support

- The provider was not supporting anybody with end of life care at the time of the inspection.
- People's end of life care wishes were considered during the provider's initial assessment. The registered manager told us any information people shared about their future wishes would be transferred into their care plans.

# Is the service well-led?

## 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; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider's systems for monitoring the safety and quality of the service were not always effective in identifying and addressing concerns. For example, checks were not always completed on staff's recruitment documentation to ensure the correct information was in place and people's care plan and risk assessment documentation was not always reviewed to ensure it remained up to date and accurate.
- The registered manager had a process for monitoring the completion of staff training but had not used this to effectively identify and action gaps in their own training.
- We received mixed feedback from staff about how supported they felt in their roles and about how effectively the registered manager communicated with them. The registered manager told us they were in the process of implementing regular supervisions and team meetings to provide staff with more support and the opportunity to feedback. However, these were not yet embedded.
- At the time of the inspection, the provider was only supporting a small number of people with personal care and the registered manager was carrying out regular care visits alongside their management role.
- The registered manager told us the time they spent providing direct care had impacted on the time they had available to complete management tasks. However, due to the small size of the service, we found no evidence people were being impacted by the lack of quality monitoring systems.
- The registered manager confirmed more robust monitoring processes would need to be implemented as the service grew. They told us they had recently appointed a care coordinator to support them with day to day management and improving oversight of the service.

We recommend the provider considers current best practice guidance to ensure effective quality and safety monitoring processes are implemented.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; 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

- People and relatives spoke positively about the management and culture of the service. Comments included, "[Registered manager] always gets back to us, they're very good," "They're easy to get hold of and they let us know if there are any changes to [person's] visits" and "They're very helpful and they offer to do extra little things."
- The registered manager involved people and relatives in the service through regular calls and visits

depending on their preferred method of communication. They told us they planned to ask for more formal feedback as the service grew in order to review people's satisfaction with the service and identify any areas for improvement.

- The provider understood their responsibility to be open and honest with people when incidents occurred. The registered manager was aware of their regulatory responsibility to submit the appropriate notifications to CQC when needed.

Continuous learning and improving care; Working in partnership with others

- The registered manager told us they were committed to increasing the size of the service slowly. They said this would enable them to develop and improve their systems and processes whilst continuing to safely meet people's needs.

- The provider worked in partnership with other health professionals when appropriate, seeking medical advice and guidance to support people's needs when required.