

Anytime Recruitment Limited

Anytime Care 2020

Inspection report

119-129 South Street
Romford
RM1 1NX

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23 March 2022

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Requires Improvement ●
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

About the service

Anytime Care 2020 is a domiciliary care agency registered to provide personal care. At the time of the inspection, 31 people were receiving support with personal care. 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.

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

People had mixed views about staffing. Call data showed there were times when staff were late for calls. The manager was aware of this and had plans to address the issue. Recruitment practices were not always safe because there were historic instances of poor practice.

There were systems in place to support staff to keep people safe from abuse. People's medicines were managed safely. Risks to people were assessed and monitored. Infection prevention and control measures were in place. Lessons were learned when things went wrong to minimise the risk of reoccurrence.

People's needs were assessed before they used the service so the provider knew whether they could meet people's needs. Staff were trained how to do their jobs and received an induction before starting employment. People were supported to eat and drink to maintain a balanced diet. Staff worked with other agencies to provide effective care and people were referred to other health care professionals where required.

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's consent was sought when care was provided.

People told us staff were caring. People's equality and diversity was respected as was their privacy and dignity. People were able to express their views and provide feedback about the care provided. People were encouraged to be independent.

Care plans recorded people's needs and preferences and people received person centred care. People's communication needs were recorded in care plans and their needs were met by the service. People were supported with activities when these were planned. People were able to complain, and the provider dealt with complaints appropriately. Staff were trained in end of life care and people's wishes in this area could be recorded if they wanted them to.

The service was person centred and people and staff thought the service was well-led. The provider was able to continuously learn and improve through quality assurance, this included gathering feedback from people. Staff were able to engage with the provider through regular meetings. The service worked in

partnership with others to benefit people using the service.

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 03 December 2020 and this is the first inspection.

Why we inspected

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

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 not always safe.

Details are in our safe findings below.

Requires Improvement 

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 well led.

Details are in our well led findings below.

Good 

Anytime Care 2020

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 Care Act 2014.

Inspection team

The inspection was carried out by one 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 and specialist housing.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was not a registered manager in post. There was a manager in place who told us they were going to apply to become the registered manager.

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.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who might work with the service. The provider was not asked to complete a provider information return prior to this inspection. 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 took

this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection

During the inspection

We spoke with six people who used the service about their experience of the care provided. We spoke with the registered manager, and three care staff. We reviewed a range of records. This included five people's care records. We looked at five staff files in relation to recruitment. We also looked at a variety of records relating to the management of the service.

We looked at further evidence sent to us by the manager in regard to call data, care plans, risk assessments and training.



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 requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing levels

- People and relatives had mixed views about staff turning up on time. One person said, "The only issue I have is the time. I would like them to call earlier." Another person told us, "They do arrive on time." We reviewed call data and found concerns with the timeliness of visits, short duration of calls and workers being booked to work in two places simultaneously.
- We spoke with the manager about the concerns. They had taken on the role recently and were applying to become the registered manager. They were aware of the concerns and provided information about steps they were taking to address these concerns, which were included in their business action plans. These included continuous recruitment of staff, working with the local authority in local recruitment schemes, reviewing all staff availability and introducing travel time to all rotas.
- Recruitment practices were in place. We looked at five staff files and saw that reference had been sought and pre-employment checks, such as criminal record checks, had been carried out to ensure staff were suitable to work with vulnerable people.
- In some historic instances of staff recruitment, the provider had not always captured people's entire employment history, capturing only the last three to five years of their history. However, the manager knew best practice and was able to evidence recent recruitment where entire employment histories were sought.

Systems and processes to safeguard people from the risk of abuse

- There were systems and processes in place to safeguard people from abuse. One person said, "Absolutely [I feel safe]." Staff were trained in what to do should they suspect abuse and safeguarding concerns were recorded by staff. Safeguarding was also a recurrent topic at team meetings, providing staff with the opportunity to raise and discuss potential abuse and or actions taken by the service to ensure people were kept safe.
- Safeguarding concerns were raised with local authorities to ensure people were being safeguarded from abuse. The service had acted appropriately and sought to keep people safe by sharing information and involving other relevant health and social care professionals.

Managing Medicines Safely

- Medicines were managed safely. Staff were trained in medicines administration and their competency was checked at spot checks. Medicine Administration Record (MAR) sheets were audited by senior staff regularly. We reviewed a variety of MAR sheets and MAR audits and found medicines were administered as prescribed.
- People's care plans contained information about their medicines. Information included the types of medicine prescribed, when a person should take their medicine and how they should take it as well as any risks to the person with regards to their medicines.

Assessing risk, safety monitoring and management

- Risks to people were assessed and monitored. Risk assessments provided information about risks to people and what could be done to mitigate risk.
- The manager was implementing a new risk assessment system which included a personalised risk management plan. Risks highlighted including people's home environments, health conditions, nutrition and personal care. Risk assessments were person centred and sought to support people in a way that suited them.

Preventing and controlling infection

- Infection prevention and control measures were in place. There was ample supply of Personal Protective Equipment (PPE) for staff to use and they had been trained how to use it, as well as in infection control. One person told us, "They [staff] wear the mask and the gloves." One staff member told us, "We received training in PPE and COVID 19."
- There were policies and other documentation to support the service with infection prevention and control. There were COVID-19 specific policies and risk assessments highlighted where people were at increased risk of infection due to health conditions.

Learning lessons when things go wrong

- Lessons were learned when things went wrong. The service recorded incidents and accidents and acted responsively when required. This included contacting emergency services and other healthcare professionals.
- The manager completed follow up actions when incidents had been reported. This included contacting family members, social services or healthcare professionals to keep people safe following incidents.
- Staff were informed of incidents where relevant to their work. This was so lessons could be learned when things had gone wrong.

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 of 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

- People's needs were assessed before they used the service. This provided the means for the service to understand whether they could support people or not. One person told us, "I had an assessment when they first started."
- People's health needs and social circumstances were recorded in assessments and provided the foundation for people's care plans. Assessments looked at people's equality characteristics and were in line with the law.

Staff support: induction, training, skills and experience

- Staff received inductions before starting employment. This was so they could learn how the service worked and what they needed to do to fulfil their roles. Inductions provided foundational training and also included shadowing experienced staff.
- Staff received regular training in different aspects of their jobs. The manager was able to show staff had received training. Training topics included safeguarding vulnerable adults, infection control and moving and handling. One staff member told us, "We do training every year. We do it online and we used to do face to face before COVID. I think we did safeguarding, mental health capacity, food hygiene and COVID as well as others."
- Staff were supported in their roles through regular supervision or one to one meetings. Staff files contained records indicating formal and informal meetings between care staff and management. These meetings provided an opportunity for staff to share important information about their work and or personal circumstances and also learn and or seek development. This showed staff were supported in their roles.

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

- People were supported to eat and drink and maintain a balanced diet. Care plans contained information about how people ate and drank and whether they required support from care staff. People told us staff offered them choices with food. One person said, "Mealtimes, yes but I like to stand with them and to have a go myself and they help morning and lunchtimes, a light snack or something. Yes, they give me choices and I say what I would like."
- Staff received food preparation and handling training and told us they supported people to eat and drink. One staff member told us, "Some [people] have special diets, have mashed foods. They have dietary needs because of religion and health and we always consider that."
- People with special dietary requirements and health conditions were also supported by the service. For example, one person had difficulty swallowing. This information was recorded in care plans and instructions were provided for staff to support them.

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

- The service worked with and alongside other agencies providing care for people. The service worked with health and social care professionals to ensure people received effective care. These other agencies included social services, health care professionals and other agencies who supported people in their lives.
- People were supported to access health care and to live healthier lives. The manager was able to show us communication with occupational therapists, call records to GPs and pharmacists and referrals to other health care professionals.

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 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 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.

- People were asked their consent before receiving care. One person said, "They [staff] will ask my permission. The carer I have now is very supportive and encourages me to manage life and supports me to be independent." Care plans contained signed consent agreements to indicate people had given their consent to care. Where people lacked capacity, advocates and or family members were involved to assist best interest decisions being made. However, although this was the case, the provider did not always maintain the signed copy at the office, rather leaving them in people's home.
- We spoke with the manager about this and they told us they were transitioning to working electronically. They would implement a system to ensure copies of signed consent agreements would be accessible to office staff.
- Staff were trained in the MCA and sought people's permission before providing care. One staff member told us, "Sometimes clients lack mental capacity and can't make decisions, and someone has to help make decisions. We always ask them if they want things and let them make their choices."

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 of 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 told us staff were caring. One person told us, "Very caring staff. I can't fault any of them." This was also evident in the home visiting quality monitoring forms we read, where people and relatives were positive about how care staff treated people.
- People's equality and diversity was respected. People's protected characteristics were recorded at initial assessment and their needs recorded in their care plans. This included cultural needs. Staff were trained in equality and diversity where they learned about diverse cultural needs. One staff member told us, "We are trained in equality and diversity. We respect people's cultures."
- Care notes showed people being supported in a suitable way that supported their faith and culture. For example, people's wishes around staff not wearing their shoes in the home was supported. This meant staff adjusted their normal practice to suit people's diverse needs.

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

- People were able to express their views and be involved with decisions about their care. Care plans were reviewed regularly which provided people the opportunity to be involved with their care. Similarly, the service provided further opportunity with quality assurance visits to people's homes. Staff told us they always sought people's views. One staff member said, "Everything is always the client's choice."

Respecting and promoting people's privacy, dignity and independence

- People told us their privacy and dignity was respected. One person said, "There's never an issue [with privacy and dignity]." A staff member told us how they respected people. They said, "When we go to a client's house, we make sure we do washing and dressing alone. We lock the door and we respect their privacy."
- Staff were trained in all aspects of care including having respect for people; their privacy and dignity and confidentiality. People's confidential information was stored in locked cabinets and on password protected electronic devices.
- People told us their independence was promoted. One person told us, "The carer I have is so supportive, very friendly and listens. For instance, if I didn't want to do something, they would encourage me and if I couldn't do it then they would do it." Staff told us they promoted people's independence and encouraged people to be as independent as possible. One staff member said, "We try to encourage them to do things themselves, we see if they can try to eat themselves and if they can't, we help. The same with walking, and we will support them."

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 of 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 planned personalised care with people, so their care choices were met.
- People's needs and preferences were recorded in care plans. Care plans were reviewed regularly or as and when necessary, such as when people's needs changed. Care plans were personalised and covered areas of people's lives including their health conditions, the medicines they took and what was important to their care.
- At the time of the inspection, the manager was in the process of converting care plans from paper to digital. This was so they would be more accessible to staff as well as being more environmentally conscious.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service met people's communication needs. Care plans contained information on people's communication needs and how they liked to be communicated with. People's first language was considered when choosing carers, to identify whether staff were able to communicate in the same language. One staff member told us, "We sometimes use body language, if they can't hear us, we might use pictures to help people understand us."
- The manager told us they were able to provide people with policies and information about the service in formats that were accessible to them upon request.

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

- Where possible people were supported to be involved in activities they liked. Care plans recorded the types of things people liked to do, such as attending day groups, swimming, shopping and going to the cinema. There was evidence in care notes of staff supporting people with these activities. One staff member told us, "We will take them shopping if it's in the care plan and if we have separate time, playing games and doing activities."

Improving care quality in response to complaints or concerns

- People told us they were able to raise complaints and concerns. One person said, "I have no complaints about anything." Another said, "I would complain if something was wrong."

- Complaints were recorded and acted upon. When complaints were raised, actions were completed to address the complaints. Where appropriate staff had been informed and learning was taken from the complaint.

End of life care and support

- People had an opportunity to record their end of life wishes should they want to. Training was also available for staff so they could work with people who were needing end of life support. One staff member said, "We have had end of life care training. We make sure they are comfortable, and their wishes are adhered to."

Is the service well-led?

Our findings

Well-Led – this means 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 of this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service was well-led. One person, "They [service management] are very good and manage it well." Another said, "They've always done their utmost to help so I am happy with the service."
- The service was transitioning to paperless systems so as to improve efficiency, accessibility of information and be more environmentally conscious. Care plans were person centred. Other documents were also person-centred, including the service user guide and policies and procedures.

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

- The manager and staff were clear about their roles and responsibilities. Staff files contained job descriptions, which explained staff roles and responsibilities and the manager told us these were outlined at job interviews, so staff knew what was expected of them.
- The manager, who was relatively new in post, was aware of the issues the service faced, such as call planning and staffing. They provided us with action plans to address these and were able to demonstrate changes they had made to other systems already, such as risk assessments. This showed their desire to ensure good outcomes for people.
- The manager, who had previous experience of being a registered manager, understood their responsibilities towards people using the service and sought to improve the quality of care. They were honest and open throughout the inspection and expressed a desire to improve care, systems and the service.
- The manager monitored the performance of staff through quality assurance. When necessary, they informed relatives, local authorities and health professionals about risks to people and sought to complete actions to improve care.
- The provider was transparent when things went wrong. The manager, and previous registered managers, investigated concerns and communicated findings with people and their relatives. They apologised if staff or the service were deemed at fault and sought to make amends. They also notified the CQC when things went wrong.

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

- The provider sought to continuously learn and improve the care provided. Office staff maintained regular

contact with people and relatives to assure the quality of care being provided. Spot checks were made on staff working with people to ensure they completed their roles properly, and where required, staff were provided feedback and training so as to improve their performance.

- People, and staff were able to be involved with the service. People were able to provide feedback through spot checks and contact with the office staff. Staff attended meetings and supervisions where they could be involved with the service by providing feedback. One staff member said, "In team meetings I am able to be involved and raise points."
- The provider audited their systems and processes. Quality assurance audits included medicine administration, care notes logs and home visit monitoring forms.
- Audits and engagement with people and staff led to learning for the service and care was improved as a result.

Working in partnership with others

- The service worked in partnership with other agencies and services. Communication between the service and other agencies was either recorded in care plans or within records kept by the manager. The service worked alongside a host of professionals to ensure people received good care. These included GPs, pharmacists, social services and other healthcare professionals.
- The manager was a member of networks and forums, where they could seek and access information as well as share ideas. This was all done to benefit people who used the service.