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Lady Anne Care Agency

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Lady Anne Care Agency provides live-in care and support to older people, who live in their own homes, in the area of Devon. At the time of this announced inspection, nine people were receiving personal care from the service.

The service had a registered manager. They were planning to retire and were not available at the time of our inspection. The registered manager visited the service once a week. They were on call at all times. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, 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. There was a new manager in post who had worked at the service for around three months. They planned to register as manager. They are referred to as 'the manager' throughout the report.

The service met all of our regulations at the previous inspection in July 2013. We visited the office and carried out a home visit and telephone calls to people and their relatives on 21 September 2016

People told us staff knew how to meet their needs. Comments included "They do a good job" and "They seem to be trained and understand (name's) needs". Some staff were completing diplomas in health and social care. However, not all staff had received up to date training to ensure they could meet people's needs effectively. Some staff had not received training in moving and handling, medicines, first aid, health and safety, safeguarding, MCA and infection control.

Some care plans were out of date and didn't reflect people's current needs. People had a care plan in their home with details of the care and support services they were receiving. Some of these plans were brief or basic and did not include significant detail, but people told us that the staff knew what they needed and how they liked it done. Systems in place had not identified this, over a long period of time.

People who used this agency benefitted from staff who knew them well, and from a management team who were committed to providing a personal service. However, we found that systems for auditing practice had not been in place or were not robust enough. Since the manager had started work at the service, they had identified a number of shortfalls. They had written an action plan to address these.

People and their relatives were happy with the staff who supported them. Comments included "Very good indeed"; "They have been wonderful" and "Happy with staff". Staff spoke about the people they cared for with compassion and concern. People told us staff were respectful and polite. We saw a staff member interact with one person in a friendly way, they knew each other well and the staff member chatted with them with warmth. People were supported with their health and dietary needs, and told us that staff would prepare meals of their choice. One person commented that their live in care staff was a good cook.

People and their relatives told us they felt safe and comfortable when staff were in their home and when

they received care. People told us "I feel safe" and "There's nothing to worry about". Staff knew how to recognise signs of potential abuse and understood how to report any concerns. Safe staff recruitment procedures were in place. This helped identify and reduce risks in the employment process.

Risks to the health, safety or well-being of people who used the service were assessed and reduced where possible. Where incidents had occurred, appropriate action had been taken and an investigation had been carried out to prevent a reoccurrence.

People were supported safely with their medicines and told us they were happy with the support they received. Staff completed medication administration record (MAR) sheets after giving people their medicines. We saw these had been fully completed.

People and their relatives felt able to raise concerns or make a complaint. They were confident their concerns would be taken seriously. People told us they didn't have any complaints. Comments included "Nothing could be better" and "We would contact them if we did have any concerns". One relative told us when there had been an issue in the past it had been dealt with promptly.

People told us the management were approachable and they were happy with the service. Comments included "I'm very happy with it" and "I can call the office if I need to". Staff told us there was an open culture. Staff said "Really approachable" and "We talk on the phone". When one staff member experienced a problem, their feedback was "(manager's name) really listened to me and supported the issues".

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

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.

People were safe because the service had enough staff to deliver live-in care. Safe staff recruitment procedures were in place.

Staff knew how to recognise signs of potential abuse and understood how to report any concerns.

People received their medicines as prescribed because medicines were managed safely.

Is the service effective?

Requires Improvement 

The service was not always effective.

People may not have their needs met appropriately because staff had not received training and supervision to ensure they had the skills they needed.

Staff knew people well and were able to tell us how they supported people.

People's consent was obtained before any care or support was delivered.

Is the service caring?

Good 

The service was caring.

People were supported by staff who were respectful, kind and compassionate.

People's privacy and dignity was respected.

Is the service responsive?

Requires Improvement 

The service was not always responsive.

People may not have their needs met appropriately because some care plans were out of date and did not sufficiently guide staff on people's current care needs.

People felt confident they could raise concerns and these would be listened to and dealt with promptly.

Is the service well-led?

The service was not always well-led.

Systems had not been in place previously to identify when quality and safety was compromised.

Shortfalls had been identified by the manager and an action plan had been put in place to address these.

People benefited from a service that had an approachable manager and a culture that was open and friendly.

Requires Improvement 

Lady Anne Care Agency

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.

This inspection took place on 21 September 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure people receiving a service, staff and the manager would be available to speak to us. One adult social care inspector undertook the inspection.

Before the inspection we reviewed the information we held about the service. This included previous contact about the service and notifications we had received. A notification is information about important events which the service is required to send us by law. The provider also completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We used a range of different methods to help us understand people's experience. We spoke with two relatives over the telephone and visited one person in their own home. We spoke with three care staff, an administrative member of staff, and the manager.

We looked at three care plans including risk assessments and records relating to medicines. We looked at three staff files including recruitment information and training. We checked how the provider handled complaints and assessed and monitored the quality of the service.

Is the service safe?

Our findings

People and their relatives told us they felt safe when staff were in their home and when they received care. People told us "I feel safe" and "There's nothing to worry about". Staff had a good understanding of safeguarding and knew how to recognise signs of potential abuse. They knew how to report any concerns and felt confident the provider would respond and take appropriate action if they raised concerns. Staff also knew how to raise concerns outside of the service.

Recruitment practices were safe. The staff files included evidence that pre-employment checks had been made including written references, satisfactory disclosure and barring (police checks), health screening and evidence of their identity. This helped identify and reduce risks in the employment process.

The service had enough staff to support the nine people who used the service and keep them safe. People had regular staff that they knew well. Staff and management were able to provide cover if a staff member was off at short notice. One person commented that if their regular care staff went on holiday, they always had another staff member available to support them.

Risk assessments had been undertaken for each person. We saw risk assessments had been carried out in relation to mobility and people's home environment. Staff had identified that one person was not able to get into their shower safely. As a result, hand rails had been fitted. This enabled the person to get into the shower safely, therefore reducing the risk of injury.

People were supported safely with their medicines and told us they were happy with the support they received. The manager had recently introduced medication administration record (MAR) sheets to ensure there was a clear written record of the medicines given to people. Staff completed the MAR sheet after giving people their medicines. We saw that MAR sheets were fully completed. This meant people had received their medicines as prescribed by their GP.

Where incidents had occurred, appropriate action had been taken and an investigation had been carried out to prevent a recurrence. For example, one person had left some food in the oven. This had resulted in a small fire. Staff took immediate action and rang the fire brigade. They followed advice and ensured the oven was checked before it was used again.

There was an on call telephone number for people and staff to ring in the event of an emergency out of office hours. The on call system was managed by senior staff and management.

Is the service effective?

Our findings

People told us the staff who supported them had the knowledge and skills required to meet their individual needs. Some staff had completed or were completing diplomas in health and social care.

However, staff had not completed appropriate training to ensure they were up-to-date with current best practice and able to carry out their work competently. The service had 26 staff members available for work. When staff were working, they provided a live in service where they could be providing support alone for up to two weeks at a time. This meant they worked unsupervised.

Prior to our inspection, the manager had identified that staff needed additional training and support. The manager gave us a copy of the agency's training matrix. There were lots of gaps in the matrix. This showed some staff had not completed training in safeguarding, food hygiene, moving and handling, first aid, health and safety, and the Mental Capacity Act. Staff were supporting people but had not completed training to ensure they could meet their needs. For example, we found one person had complex needs which needed a skilled member of staff. The staff member supporting this person had completed one course in moving and handling. However, the person's care plan indicated the staff member would also need training in medicines, health and safety, infection control, food hygiene, dementia, and the Mental Capacity Act. Records showed that none of these courses had been completed.

The manager gave us an action plan during our inspection that stated all staff had been told about the training they needed to complete; staff had been given two weeks to complete the training. Following our inspection and this timescale, we contacted the manager and they told us staff were still in the process of completing the training.

We looked at a staff recruitment file that showed a staff member had previously worked for another company. The file showed that some training had been undertaken by the staff member prior to employment with Lady Anne Care Agency. The provider had not obtained copies of the staff member's training certificates and there was no evidence the provider had assessed the skills and competency of the staff member. This meant people may not be receiving appropriate care. The staff member had started working for the agency in November 2015. Records and the staff member confirmed they had not completed any training since that date.

Staff told us they felt supported and spoke with the manager on the phone if they had any concerns. However, there were no records to show that regular supervision or appraisal meetings with senior staff had taken place. These meetings would be used to look at staff's performance, personal development and training needs. The manager told us they regularly spoke with staff over the phone but they had not recorded any of the discussions.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were supported with their health and dietary needs. People told us that staff would prepare meals of their choice. One person commented that their live in care staff was a good cook. Staff we spoke with told us they made sure people had enough to eat and drink. Staff knew to contact the office if people did not eat enough or they had any other concerns in relation to eating.

Some people who used the service were able to contact healthcare services independently. Staff told us if they had concerns about people's health they would contact healthcare professionals directly and/or let the office know. One member of staff told us they had built good relationships with the GP who would make home visits and the district nursing team. They were able to contact them if they had any concerns and action would be taken.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA). The 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. At the time of our inspection, no one who used the service lacked capacity. Staff had started to complete training in the MCA.

People told us staff gained consent from people before carrying out personal care and respected people's choices.

Is the service caring?

Our findings

The agency's brochure stated "We at Lady Anne, care and understand the importance of live-in care and the necessity to have a bonding not just with the client but their relatives, friends and loved ones". During our home visit, we observed the person and staff member were relaxed and comfortable in each other's company. People and relatives confirmed that they had a good relationship with staff. Relatives told us they were involved in discussing their loved one's care needs and told about any changes, when they needed to be.

People told us they received consistent care from staff they knew well. They were happy that if their main member of care staff was off work, they received support from another member of staff that they knew. People had built relationships with the staff who supported them. People told us "Very good indeed"; "They have been wonderful" and "Happy with staff".

As staff delivered live-in care they had time to chat with people and to share interests. We heard of examples of people and staff spending time together. For example, people and staff went into the local town, gardening, and celebrated birthdays. One staff member told us they often sat with a person in the evening, when they were not working, as they enjoyed each other's company.

Staff spoke about the people they cared for with compassion and concern. Staff told us they knew the people they supported and enjoyed spending time with them. We saw staff interact with one person in a friendly and respectful way. We saw a staff member use a person's preferred name. The staff member chatted with the person with warmth.

We saw compliments from people and their relatives thanking the staff for their care, kindness and compassion. Comments included "Fantastic job caring"; "Exceptional" and "Thank you for support given, very much appreciated".

People told us staff respected their privacy and dignity. They said staff always attended to them kindly and discreetly. During our home visit, staff were careful to protect people's privacy and they respected their wishes. Staff were calm, patient and attentive to people's needs.

People told us their independence was respected and they were involved in making decisions about their care. We observed staff respected people's independence and encouraged them to do what they could for themselves during our home visit.

Is the service responsive?

Our findings

People and their relatives told us they were happy with the care and support they received and were grateful it enabled them to remain in their own home. Staff knew people well and were able to tell us how they supported people.

People receiving support from the agency had their care needs assessed and recorded in a care plan. The manager told us that care plans needed to be updated. The provider information return which was sent to us in July 2016 stated that they planned to introduce more frequent updates of care plans.

We looked at one care plan which had been reviewed and reflected the person's care needs. However, we found several care plans were out of date and did not sufficiently guide staff on people's current care needs. They did not contain accurate information for staff to follow in relation to delivering personalised care to people. One person's care plan had not been reviewed since June 2013. This person had the same care staff most of the time who knew them well. However, the care staff told us the person's needs had changed. The care staff had contacted the office to let them know about any changes. However, the manager confirmed that these changes had not been recorded.

Another person was living with dementia. The care plan did not contain any information to indicate the extent to which their dementia impacted on the person and their life. This would have helped staff to understand the person in the context of the life they had lived.

Following our inspection, the manager confirmed that a further two care plans had been reviewed. They had a plan in place to review the remaining four care plans.

We found examples of staff responding to people's needs to improve outcomes for them. For example, one person was getting out of bed on a number of occasions during the night. This person had two regular care staff who knew them well. The staff supported and encouraged the person to learn about and take part in their catheter care. This resulted in the person getting up less during the night.

People and their relatives felt able to raise concerns or make a complaint. They were confident their concerns would be taken seriously. People had a copy of the service's complaints policy in their care plan file. This provided information on how to make a complaint. The manager was aware that the policy was out of date and told us they planned to update it. People told us they didn't have any complaints. Comments included "Nothing could be better" and "We would contact them if we did have any concerns". One relative told us when there had been an issue in the past it had been dealt with promptly. The service had not received any complaints in the past 12 months.

Is the service well-led?

Our findings

The service had a registered manager. They were planning to retire and were not available at the time of our inspection. The registered manager visited the service once a week. They were on call at all times. There was a new manager in post who had worked at the service for around three months. They planned to register with the CQC. They were working towards a Level 5 diploma in leadership and management. This showed the manager was keen to develop their knowledge and improve the service.

People told us the management were approachable and they were happy with the service. Comments included "I'm very happy with it" and "I can call the office if I need to". Staff told us there was an open culture. Staff said "Really approachable" and "We talk on the phone". When one staff member experienced a problem, their feedback was "(manager's name) really listened to me and supported the issues".

People who used this agency benefitted from staff who knew them well, and from a management team who were committed to providing a personal service. However, we found that systems for auditing practice had not been in place or were not robust enough. The systems for staff training and support needed improvement to ensure people's needs could be met safely. Records were not always being well maintained. Policies and procedures were out of date and did not always follow current guidance.

The manager had recently carried out an audit which included staff files, training, supervision and appraisal, policies, incidents and accidents, and surveys. During our inspection, the manager told us they had identified a number of shortfalls in the service. They gave us an action plan with details of how they planned to address these. However, staff training had not been completed within the timescale given to us at inspection. We found some records in relation to people's care were not up to date and did not give all the information needed by staff to provide person centred care. Systems in place had not identified this, over a long period of time.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were asked to give their opinions about the service and a questionnaire had been sent out in May 2016. We saw that three people had responded and were happy with the service.

The manager was keen to develop and improve the service. They told us they kept up-to-date with best practice by accessing care magazines and professional websites.

This section is primarily information for the provider

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not have systems in place to identify when quality and safety was compromised and did not respond without delay.</p> <p>17(1)(2)(a)(b)(c)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>Staff have not received training, supervision and appraisals to enable them to carry out their role.</p> <p>18(2)(a)</p>