

Mrs Donna Cooper

Anna Rosa Care

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

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

About the service

Anna Rosa Care is a domiciliary care service 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 the inspection there were 21 people receiving personal care support.

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

Staff were not provided with clear guidance on how to reduce risks to people's safety. Strategies which were put in place were not always recorded.

Medicine management required improvement. Medicine administration records were not always fully completed, and there were no medicine profiles or controls for overseeing stock.

Incidents were not always identified and reviewed in a systematic way to reduce the likelihood of a reoccurrence.

While some training for staff was provided, there were no competency assessments to check staff's understanding or spot checks to review care delivery.

Assessments and care plans did not always contain sufficient information. We have made a recommendation about the assessment process.

The management oversight of the service needed improvement and audits developed to monitor the quality of care.

Staff were clear about escalating safeguarding concerns but were less clear about the role of the Local Authority.

The agency had recently experienced a challenging period with staff sickness. People told us the agency had been stretched but things were improving, and they were supported by a consistent team of care staff who stayed for the allocated time.

We identified some shortfalls in recruitment processes, but improvements to processes were actioned during the inspection.

Infection control procedures were in place and staff wore personal protective equipment and undertook testing. Screening of visitors to the office needed improvement.

Support was provided to people with eating and drinking as outlined in their assessment, but staff required further guidance in relation to the management of specific health conditions.

The recording of best interests decisions needed improvement and we have made a recommendation regarding this.

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 spoke highly of the care staff describing them as friendly and kind. People were enabled to be independent as they were able, and their privacy was respected. Although there was a lack of detail in care plans, staff demonstrated that they knew people well.

There was a complaints procedure in place but was not always followed and complaints were not always recorded in a way that enabled learning. We received contradictory information about how complaints were managed.

The registered manager responded to our inspection in a positive way and was open about the shortfalls. However, duty of candour was not well understood, and incidents had not always been reported to CQC as required.

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

Why we inspected

This service was registered with us on 24 September 2019 and this was the first inspection.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to risk, staff training and 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.

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 not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Anna Rosa Care

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 team consisted of an 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.

The inspector visited the office and made telephone calls to staff. The Expert by Experience made calls to people and their relatives about their experience of using the agency.

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.

The service had a manager registered with the Care Quality Commission who was also the provider and legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 72 hours' notice of the inspection. This was because we needed to be sure the provider would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service and sought feedback from professionals who commissioned a service from this provider. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection-

We spoke with five people who used the service and five relatives about their experience of the care provided. We spoke with five staff including the registered manager.

We reviewed a range of records. This included three people's care records and three staff files in relation to recruitment and training. A variety of records relating to the management of the service such as complaints and surveys were reviewed.

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.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The systems in place to manage risk were not effective and staff were not provided with clear guidance as to how to reduce risks to people's safety.
- The care plans we reviewed contained a lack of information to guide staff in managing the risks in relation to people at risk of harm from risks such as falls, pressure ulcers and diabetes.
- The care plan, for example, for a person with diabetes, did not outline how it should be managed and how the risks such as hypoglycaemia should be identified and managed to reduce the risk of harm.
- The guidance provided to staff on assisting people with their mobility and using moving and handling equipment was not sufficiently detailed to guide care staff in the specific support people needed and keep them safe.
- Where equipment was in place such as bed rails there were no guidance for staff to follow regarding its use and we could not see who was responsible for checking the equipment was working effectively and was safe.
- Accidents were logged but we found there had been a number of incidents such as medicine errors and missed calls, but these had not been identified as an incident and reviewed in a systematic way to consider any lessons learnt and reduce the likelihood of reoccurrence.

Using medicines safely

- The systems in place to oversee medicines were not sufficiently robust. The provider did not have a system in place to audit medicines and had not identified the shortfalls we found at this inspection.
- Medicine administration records (MAR), did not always list the medicines people were prescribed and there was no system for stock control. This meant people were at risk of not receiving their medicines.
- Medicine administration records did not record how and when people should be supported with creams and lotions.
- There were no medicines profiles which would describe for staff what conditions medicines had been prescribed for, how people wished to receive their medicines and any side effects they should be aware of. It was not clear from care plans who was responsible for the collection and disposal of medicines.
- Where people were prescribed as and when needed medicines [PRN], protocols were not in place. This meant staff did not always have guidance as to how and when these medicines should be administered to ensure people received their medicines as prescribed.
- Staff received on-line training in medicines management. However, staff competency to administer medicines safely had not been assessed.

There was no evidence that the shortfalls in the management of risk and medicines had impacted on people however the systems in place were not robust and placed people at risk of harm. These shortfalls are a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- The agency had recently experienced a period where there was a high level of sickness amongst staff and they told us this had impacted on the delivery of care. They also had difficulties recruiting staff but told us that things were improving.
- People told us they received a good level of care and support from a consistent team of staff and while the agency had been stretched, due to a recent COVID 19 outbreak, things had started to improve and care staff arrived on time and stayed for the allotted time. Problems with staff arriving late for calls had been improved.
- One person told us, "It is now good care and support, after a blip about a month ago. But it is getting back on the track. We are working together. Now we have continuity [of service] seven mornings a week." Another told us, "There's only 6-7 carers and we know them all. They are all very good."
- Recruitment checks on staff to ensure they were suitable were undertaken but they were not always robust. We identified one member of staff had been employed before references and another had started work before the Disclosure and Barring Service checks were in place.
- The deputy manager had started to review the recruitment records and had identified some of the areas we found. They immediately put a checklist into place to prevent a similar situation arising.
- Staff confirmed there was a call system which worked outside of office hours and this provided them with the support and back up that they needed to protect them and people from harm.

Systems and processes to safeguard people from the risk of abuse

- Staff had completed safeguarding training and told us they would not hesitate to raise any concerns with the registered manager. They were not however clear about the role of the Local Authority in investigating matters of concern.
- The registered manager gave us examples where they had escalated concerns and assisted with investigations to establish what had happened. Records however were not maintained in a clear way to enable the monitoring of trends, but this was addressed during the inspection.
- People and their relatives did not raise any concerns and told us they felt safe with the carers who they described as caring and observant. One person told us, "The carers notice if anything is different. I had a bleed on my finger and the carer asked me how it happened and wrote it in the book. It was just a scratch."

Preventing and controlling infection

- We were not assured that the provider was preventing visitors from catching and spreading infections. There was no system in place for screening visitors to the office.
 - Care staff had received training in infection control. This helped them to follow good hygiene practices and prevent the risk of cross infection when providing people with care and support.
 - People confirmed staff always wore Personal Protective Equipment.
 - There was a system in place to ensure staff received regular COVID-19 swab testing.
- We have also signposted the provider to resources to develop their approach.

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 Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- The provider had employed a trainer when they had started the agency who had undertaken some initial training, but they had left and had not been replaced.
- Some staff had undertaken practical training in moving and handling, but newly appointed staff had not. There were no competency assessments in place to ascertain their understanding of the eLearning and overall competency. The registered manager told us they intended to train their own trainer to provide moving and handling training to new staff.
- A training matrix was in place which listed the training staff had completed. Staff files had certificates to show what training they had undertaken. We saw the majority of the training was undertaken online and most had been completed in the weeks leading up to the inspection.
- New staff completed an induction before supporting people who used the service. As part of the induction new staff shadowed more experienced staff to learn about people and their needs.
- People and their relatives expressed confidence in the skills of care staff and told us they were confident, although some told us that they would benefit from more training in dementia care. One person told us, "The carers are definitely experienced. I don't have to tell them what to do. We feel safe." Another said, "New carers come with a main carer who explains needs to them. We are comfortable with the arrangement."
- Some supervisions had been undertaken by the management with staff to discuss their performance and identify any training support needs, but there were gaps and not all staff had a formal supervision. Staff were positive however about the levels of support, one member of staff told us, "The manager is very supportive and has a good heart."
- The registered manager told us they worked alongside staff and observed their practice. Spot checks to monitor staff performance were not being undertaken for staff.

The shortfalls in training and appraisal were a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Support was provided with meal preparation as outlined in people's assessment. Most meals prepared were either sandwiches or heated microwave meals.
- Care plans contained only brief information where staff provided support to people with food preparation and eating and drinking. The care plan for one person who was a diabetic stated, 'please provide [the person] with a meal of their choice' and did not provide sufficient guidance to staff about what was suitable or safe.

- People however told us that they were offered choice, one person told us, "The carer does the cooking. I buy my own meals. The carer asks what I want to eat."

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

- People told us they had been involved in their assessment and in care planning.
- Care plans were in place but lacked detail. Staff had a good understanding of people's needs but without written guidance there was a risk that people's needs may not be met.

We recommend the provider seeks guidance and support from a reputable source in relation to recording of assessments.

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

- Care plans outlined the professionals who were involved in the wider care and support of the person. These included GP, community nursing support and any other clinicians.
- Staff told us they would report any concerns in relation to the person's health to the management team and gave examples of when they had contacted emergency services.
- Relatives told us the carers communicated with them and raised issues appropriately. One told us, "The carers told me about the back problem, and I contacted the GP. They [carers] will tell me if my relative has had a bad day. They told me to check out with the GP about a water infection."

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People told us they were offered choice and enabled to make decisions about their care. Records noted people's consent and agreement for the delivery of care.
- Staff received training in MCA and were clear about the importance of ascertaining consent.
- The recording of best interest decisions would benefit from improvement.

We recommend that assessment processes are strengthened to identify whether people have capacity and whether best interest decisions are required.

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

- People were supported by a small group of carers who were thought to be friendly and kind. They showed interest in people and got to know their interests and backgrounds. One relative told us, "The carers are experienced, considerate and treat my family member like their own relative. If I ask them a question, then they listen. I said my relative was going to a health appointment and they came early to get them ready." Another said, "They [carers] are like friends."
- Staff had completed training on equality and diversity and people felt that they were well treated and respected. One person told us, "Our conversations are confidential as far as I'm concerned. They never discuss any other clients with me." Another said, "I think they keep things private and they don't gossip."
- People told us they were involved in their care and had a say in how their care and support was delivered. One person told us, "All of them [carers] are very nice and helpful. They ask me what I need." A relative told us, "The [carers] are friendly, kind and gentle. They are so good. They take good care and don't speak over my relative."

Respecting and promoting people's privacy, dignity and independence

- Care staff enabled people to be as independent as they were able. One relative told us, "Sometimes, my relative can cook and clean. But not always. The carers ask what they want first, before helping."
- People's privacy and dignity was respected. One person told us, "We respect each other. They knock on my relative's door first and call out who they are. They always talk to him to say what they are doing. The door is always shut, and they cover my relative's privacy with a towel." A relative told us, "They [carers] explain what they are going to do first after greeting my relative. They ask if that is OK. They knock before they come in and the curtains are closed before any washing."

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 Requires Improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- Care plans were in place but required more detail to ensure staff had access to information on how to meet people's individual needs, and manage risks.
- Although there was a lack of detail in people's care plan, staff demonstrated they knew people well. People confirmed this and told us the care was person centred. One person told us, "If my relative is having a bad day then I let the carers know. They will pick it up. They will just listen and go with the flow. They won't force a shower. They will leave food nearby if my relative doesn't want it then."
- Staff maintained daily records which summarised the care they had provided on each visit and any changes to the person's wellbeing. Staff however did not always evidence the actions they took when they noted a deterioration in people's wellbeing and therefore it was not possible to ascertain whether issues of concern had always been escalated. The registered manager told us that they intended to introduce a new system of reviewing records to enable recording shortfalls to be identified.
- The registered manager told us where people had a Do Not Attempt Resuscitation (DNAR) form this was kept in their home. However, there was little information included in people's care plans as to people's wishes in relation to end of life care.
- Staff knew which health and care professionals would need to be involved to support people at the end of their life.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place to receive and respond to complaints however we could not see this was always followed.
- We received contradictory information about how complaints were managed. Some people were not clear on how to raise issues and others expressed concern about potential conflicts of interest as the registered manager provided care but would also be the person who would investigate.
- Some relatives told us they had raised issues, and these had been satisfactorily resolved but there was no record of these, having been received or investigated. One person told us, "I almost made a complaint to the Local Authority, but I was listened to and my complaint was resolved within the company." Another said, "I complained about a day when no one visited. I got an apology. We sorted it and have a plan to reduce the risk in the future."
- There was no matrix in use which looked at common issues to identify learning, but we did see examples where the registered manager had worked with the Local Authority to try and resolve issues.

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.

- Some information was included in care plans on people's communication needs. This identified if the person was living with a hearing or visual impairment and or had difficulty communicating verbally. However key details were not always documented such as, whether people wore glasses or hearing aids and the arrangements for example, for changing the batteries in hearing aids.

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

- The provider supported people to maintain relationships that were important to them. People maintained relationships with family members and friends who took an active role in their care.
- People were supported by people with whom they had relationships. One relative told us, "They know my relatives' preferences. They talk to my relative about their interests like the family, gardening or trains. They will talk about themselves also."

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; Continuous learning and improving care

- The registered manager did not have effective systems and processes in place to ensure they had a good oversight of the service. There were no quality assurance audits or staff performance checks.
- We identified shortfalls to areas such as assessments, care planning and complaints. The documentation which staff completed in people's homes was not reviewed on a regular basis to identify risks.
- Risks to people's wellbeing had not always been identified or mitigated. While staff assured us matters of concern and risks were escalated to the registered manager there was not always documentation in place to evidence this had taken place. While we did not find people experienced harm the lack of a coherent governance system placed people at risk.
- The registered manager acknowledged improvements were needed but there were no documented action plans to demonstrate how they planned to improve the service. They told us their focus had been on care delivery during the pandemic and they received assurance from working alongside their staff. We saw they were providing care to people on a day to day basis and undertaking on call at evening and weekends.
- A new deputy manager had been appointed and they had started to introduce new processes. Both they and the registered manager responded positively to the inspection and immediately made some changes to the systems in place.
- Feedback from people, relatives and staff was generally positive and they all knew the registered manager well. People told us they would recommend the agency to others and, after a difficult recent period, it was running more smoothly. The manager and deputy were considered easy to talk to and approachable. One person told us, "The manager will ask me about the carers and if I have any problems. They said to get in touch with them."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 registered manager responded to our inspection in an open and transparent way. They told us the management changes, staffing shortfalls and sickness due to COVID 19 had impacted on how the service had been delivered. However, the duty of candour was not well understood and some of the gaps in documentation regarding the oversight of complaints did not provide adequate level of assurance that matters had always been dealt with in a transparent way.
- The registered manager had not always reported to CQC all incidents as required by law. This included notifications of deaths and safeguarding incidents with investigation outcomes. This meant there was

reduced external oversight of risk. We are looking at potential failures to notify and will report on our findings once completed

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

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and relatives were provided with opportunities to provide feedback to the management of the service through surveys.
- Staff meetings were held on a regular basis and staff said these were useful, providing reminders and updating them on changes.
- Staff told us they felt valued by the management team, One member of staff told us, " I love my job, the managers are very approachable , it's like a family.....It is a good little company to work for."
- The registered manager and staff gave us examples where they had worked with other agencies to promote people's needs.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The systems in place to mitigate risk and support people with their medicines were not robust and placed people at risk of harm.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered manager did not have effective systems and processes in place to ensure they had a good oversight of the service. There were no quality assurance audits or staff performance checks.
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing We identified shortfalls in staff training and appraisal