

Ana Nursing & Care Services Limited

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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

Our inspection took place on 9 and 17 November 2016 and was announced.

The service provides personal care to people who live in their own homes. At the time of the inspection there were 88 people using the service. There was a registered manager in post. 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.

People's risks had been identified, but were not consistently reviewed. People were supported by staff who had been recruited safely, but we had mixed reviews from people and their relatives about the punctuality and consistency of staff.

The principles of the Mental Capacity Act 2005 (MCA) were not consistently followed as records we viewed did not contain evidence that people's capacity had been assessed, or if relatives were legally able to consent to care on behalf of their relations.

Some people and their relatives felt involved in the assessment, planning and review of their care and support, however records for some people were not always kept up to date. People and their relatives told us they knew how to raise a concern or complaint and we saw that the provider took action to address and resolve complaints.

People said they were cared for by staff who had the required skills to support them and to carry out personal care tasks. People received their medicines safely by trained staff. There were systems in place to check people received their medicines safely.

People told us they were given choices about what they ate and drank and were happy with the level of support provided around meals. People were supported to maintain good health and had access to healthcare when required.

People were supported by staff who treated them with kindness. People were involved in making decisions about how their care and support was provided, and staff provided support in a way that maintained people's privacy and dignity and promoted their independence.

Staff felt supported by the registered manager and the provider through supervision, appraisal and spot checks. There were systems in place for monitoring and checking the quality of the service, however some of these were not effective in identifying areas for improvement. The registered manager demonstrated a commitment to the continuous development of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not consistently safe.

People's risks had not been consistently assessed or monitored effectively to keep people safe.

People were not consistently receiving their care as planned.

Staff knew how to recognise and report suspected abuse.

People's medicines were administered safely.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

The provider did not always complete assessments on people who may lack capacity, and check that people's relatives were legally able to make decisions on their behalf in line with the Mental Capacity Act 2005.

People's nutritional needs were met and they were supported to maintain a healthy diet. People received health care support when they needed it.

Staff received training and support to enable them to fulfil their role effectively.

Is the service caring?

Good ●

The service was caring.

People told us they were treated with dignity and respect, by staff that were kind and caring.

People were supported to feedback their views on the service.

People's privacy and dignity was maintained.

Is the service responsive?

Requires Improvement ●

The service was not consistently responsive.

People told us that they did not always get consistent staff attending their calls.

People and their relatives told us they were involved in the assessment and planning of their care; however records for some people had not been kept up to date.

Where complaints had been received we saw that these were managed, responded to and acted upon.

Is the service well-led?

The service was not consistently well led.

Records about people's care were not always accurate and up to date.

Principles of MCA were not consistently followed.

There were systems in place to monitor the quality of service being provided, but some of these had not been effective in highlighting areas for improvement.

There was a registered manager in post.

Requires Improvement 

Ana Nursing & Care Services

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 9 and 17 November 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 that someone would be available to speak with us.

This inspection was undertaken by one 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.

We asked the provider to complete 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 reviewed the information included in the PIR along with information we held about the home.

We spoke with 13 people who used the service and two relatives. We spoke with the registered manager, the regional manager, the providers, seven care staff and professionals who commissioned the service.

We looked at the care records for seven people who used the service. This included their daily and medicines records. We did this to ensure that they were accurate, clear and comprehensive.

We looked at the systems the provider had in place to monitor the quality of service. We did this to ensure there was a continuous drive for improvement

Is the service safe?

Our findings

Risks to people had been identified, however some records showed that risks were not always reviewed or updated to keep people safe from harm. For example; some people experienced behaviour that may challenge and we found that these people's care records did not contain specific guidance for staff to follow when they supported these people. We also saw that where people had specific health conditions, there was no guidance or risk assessments in place for staff to follow. We saw that some risk assessments had not been reviewed since 2014, and for one person whose health had recently deteriorated, their risk assessment hadn't been updated to reflect recent changes in equipment.

Staff we spoke with were able to tell us the ways that they supported people and what actions they would take if a person's health deteriorated. Staff told us the ways they supported these people and told us they gained this knowledge through shadowing more experienced staff, training and also by getting to know the people. This meant that although regular staff knew people well, people were at risk of inconsistent support if new staff were not aware of their care needs.

People we spoke with told us they felt safe with the staff that supported them. One person told us, "My [relative] needs a hoist to get up and it can only be used when two carers are here. They did what's called a risk assessment before they started using it to make sure everyone was safe". And another person told us, "Yes, I always feel safe with the staff, they read my plan and I know they are busy and have lots of other people to go to but they always take their time with me".

People told us that staff were often late getting to them, but they got the support they needed and hadn't had any of their care calls missed. One person told us, "They always do what I need them too but they are always rushing because they are so busy and they need to be in two places at once". And another person said, "Yes, they do often get to me late, but it's not their fault and they always ring to tell me and always apologise". Staff we spoke with told us they felt at times there was not sufficient staff as they were often late getting to care calls and sometimes had to rush. Despite this staff told us that people's care needs were always met. One staff member told us, "I always make sure people get the support they need; it's just really hard sometimes when I'm running late, but I manage. It would just be nice to be able to spend a bit more time chatting to people for longer".

We saw staff schedules that showed staff were often arriving late, or leaving care calls early and not staying for the agreed times. People we spoke with said that the staff did sometimes leave their calls early, however they understood that it was because of low staff levels. One person said, "I feel if the company had more staff, my carers wouldn't have to rush so much". Another person said, "We know they struggle to get staff, and staff go off due to sickness, but they always do what I want them to do even if they leave a bit earlier". And another person said, "Yes, they do leave earlier than they should do sometimes, but as long as I've had everything I want doing then that's ok, and sometimes they do stay longer with me as well if I need them". We asked staff about this and they said although they obviously did not want this to be happening, that it was unavoidable due to staffing levels. One staff member said, "We don't like getting to people late, or leaving early but we always apologise and explain, and people usually understand". This meant that staff

were not always able get to people to deliver their care at the agreed time. We spoke to the provider and the registered manager about staffing levels, and they acknowledged they were having problems with recruiting staff and had spoken to the commissioners of the service about this.

People we spoke with told us that they felt safe when they were supported by staff. One person told us, "The staff look after me well and yes, I feel safe with them". Staff we spoke with told us how they made sure they kept people safe. One staff member told us, "I always make sure that people are safe when I'm supporting them. We have training to use any equipment we need to use, and we've had training on how to look out for signs of abuse, and if I suspected abuse I would tell the manager who then reports this to the local authority. If I thought that my concerns were not acted on I would get in touch with the local authority myself". We saw that where any concerns had been raised that the registered manager had been referred these to the Local Safeguarding Authority.

Staff told us and records confirmed that safe recruitment practices were followed. Staff files included application forms, records of an interview and appropriate references. We also saw records that confirmed that criminal records checks had been made with the Disclosure and Barring Service (DBS) to make sure staff were suitable and safe to work with people who used the service. The DBS is a national agency that keeps records of criminal convictions.

People who needed support with their medicines told us they got them as prescribed, and records we checked confirmed this. One person said, "The care staff give me my medicines, I do get them when I am supposed to". And another person said, "Staff have to remind me sometimes to take my pills else I would forget, and they always make sure I have my creams put on". Staff told us they had been trained to administer people's medicines, but for some people they only had to prompt people and observe they had taken them.

Is the service effective?

Our findings

The service did not always act in accordance with 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We found that the principles of the MCA were not being applied consistently. For some people there was no documentation that showed whether they were able to make their own decisions, and capacity assessments had not been completed where there was a reason to believe they may lack capacity, for example for people living with dementia. We found some care plans stated that a relative had legal responsibility for making decisions on their relations behalf, however there was no evidence that these relatives had the correct legal decision making powers under the MCA. This meant that there was a risk that inappropriate and unsafe decisions could be made on people's behalf.

People we spoke with told us they were happy with the support they received from the staff, and stated that the staff always sought their consent before supporting them or carrying out tasks. One person said, "Yes, they always ask me what I want doing, even though they know what I usually like". Staff we spoke with told us that they sought consent from the people before they supported them. One staff member told us, "You always ask people, and accept that they may not always want what they usually have on that day. I would never force anyone to do something they don't want to just because it's in their care plan". Another staff member told us, " MCA is all about asking what they [people being supported] want. If I was administering medication and the person said no at first, I might leave it a few minutes and try again and explain why it was important they take them. If they still refused then I would record it, and report this to the office". Staff told us they had received MCA training during their induction and had an understanding of the basic principles and of the MCA.

Staff told us they had received an induction and training before they provided support to people. One member of staff said, "I completed a week of training before I started and then shadowed an experienced member of staff for a couple of days also". And another staff member said, "The training you get is really good here, we do E-Learning, shadowing and get hands on training for manual handling". This meant that staff received on-going training and support to ensure they were effective in their roles.

People told us that staff supported them with their food and drink in a way that met their preferences. One person told us that staff offered them choices and knew what they liked to eat and drink. They said, " We decide between us what I am having for dinner that day during my breakfast call, and the carer gets it out of the freezer". And another person said, "I always have a drink left for me when the carers goes, they always make sure I have everything I need before leaving me". Staff told us how they supported people to have access to sufficient amounts to eat and drink. One staff member said, "I always make sure I prepare what people have asked for and leave drinks for them before I leave".

People told us that they were supported to access health professionals when they needed to. One person

said, "The staff are good, they contact my family if I'm not feeling well so they can get me a GP appointment". Staff told us the actions they would take if they thought that a persons' health had deteriorated. One staff member told us, "I noticed that a person was losing weight, so I told their family member, recorded it in their care notes and reported it to the office". The records we viewed showed that staff had reported concerns and action had been taken to ensure people were supported to maintain their health and wellbeing.

Is the service caring?

Our findings

People told us they developed positive relationships with staff and found staff to be supportive, and treated them with kindness. One person said, "All the staff are very kind and caring, I am treated with respect at all times, I couldn't have better carers". Another person said, "I look forward to the carers coming, they really are lovely girls". One relative told us, "Yes, all the staff are lovely and always very helpful". Staff told us that they enjoyed their job and supporting people was rewarding, and that building relationships with the people they supported was important to them. One staff member told us, "I love helping people, you get to know them and it's good to know we're making a difference and helping people to be able to stay in their own homes". Another staff member told us, "You get to really care for the people you support and it's important we get it right and they feel looked after".

People told us they were involved in making choices and decisions about the care they received. One person told us, "They always ask me what I want". Staff told us how they supported people to make choices about the care and support they received. One staff member said, "We ask people what they want, you just have to be patient and sometimes it's about showing people their options as it makes it easier for them". This meant people's independence was promoted and their choices were respected.

People told us that they had received visits from the staff to discuss their care and ensure that they were still happy with it. We saw that telephone reviews took place and we saw when a request or issue had been recorded that action was taken.

People told us that staff respected their dignity when supporting them with personal care. One person told us, "They always make sure my curtains are shut, and use a towel to keep me covered if they can". Staff had a good understanding of the need to maintain people's privacy and dignity and gave us examples of how they did this. One staff member said, "You try where you can to keep people covered up, and I always make sure I explain everything as I go along so that they feel comfortable and know what to expect next". People also told us that staff helped them remain independent where they could be. One person said, "The staff remind me to eat sometimes as I tend to forget, and also to take my pills as they know I would get ill if I didn't".

Is the service responsive?

Our findings

We received mixed views from the people we spoke with about consistent staff attending their calls. One person said, "We just seem to get used to the carers and then they stop coming. I have rang the office and asked them why, and they can't really give me a real reason, I don't know what is going on". And another person said, "I usually have the same carers, but when they are short staffed you do get different ones, but that can't be helped". Another person told us that although they had regularly been getting different staff they realised it was down to recruitment issues and they were not concerned about it, they told us, "Even if I don't know the carers they are all lovely". And another person said they didn't like it when different staff provided their care, they told us, "I don't like it when somebody I don't know comes, I suppose I don't like change". Staff told us that they regularly had to attend different packages to their usual ones to ensure people received their care as planned. One staff member told us, "We are having to pick up extra packages due to low staffing, this is difficult and does mean people are having carers that they are not used to, but people seem to understand and we know that the manager and providers are trying to sort this out". This meant people did not consistently receive care from people that knew them well.

People told us that they received their care in a way they preferred. However, we found that improvements were needed as the records we viewed did not match what staff had told us and did not always contain up to date information or guidance, and some had not been updated since 2014. For example; staff told us how they supported one person with behaviours that may challenge, but the records did not reflect this. This meant that people were at risk of receiving inconsistent care that did not meet their needs if different or new staff provided support to these people. Some people and their relatives told us they were involved in the assessment and planning of their care. One person told us, "I think they look at [relatives] care plan every six months. If any things changed to do with their care it's altered straight away and it means that if somebody who has never been before knows what is going on". One relative said, "Before the carers started coming, someone came from the office and we sat together and we planned what care my [relative] needed, they were there even though they can't really understand what is going on".

People and their relatives told us they knew how to raise a concern or complaint and were confident their concerns would be listened to and acted on. One person told us that they had raised an issue about a carer and this was dealt with promptly. They said, "At the beginning I had a problem with a carer who didn't always do what was asked, so I rang the office and it was dealt with straight away". A relative said, "I have not had to make a complaint, but I would know how to, they gave us the details and ring us every now and again to check everything is ok". We saw that where complaints had been raised these were recorded, investigated and any actions taken to resolve the issues were also documented. We saw that letters had been sent to the complainants and either courtesy home visits or a telephone call was undertaken to check the complainant was happy with the resolution to the issue.

Is the service well-led?

Our findings

Although we saw that the registered manager had systems in place to monitor the quality of the service and drive improvements, we found that some of these were not effective. A system was not in place to regularly check care records to ensure they were up to date. We found that some people's care records had not been reviewed when their needs had changed and did not always record how people's risks should be managed. This meant that service users were at risk of inconsistent care because the provider did not keep an accurate and complete record of people's care needs.

We found the provider had not always acted in accordance with the MCA. Some people's ability to consent to their care had not been taken into account, and the provider could not evidence that relatives had the correct legal decision making powers to make decisions on behalf of their relatives. This meant that the manager was unaware of their responsibilities to protect people from the risk of inappropriate and unsafe care.

We saw that checks were completed on other areas of the service, which included safeguarding referrals, medication records and complaints. We saw that where missed staff signatures had been identified on MAR sheets, these had been discussed with staff and documented in their personnel files. We saw that where staffing issues had been identified the provider had contacted the local authority to be transparent about their current situation. We saw that telephone reviews with people that used the service had been carried out and a survey had been sent out to people and relatives to gather their opinions of the care they were receiving. As all responses had not yet been received back no action had been taken, however the registered manager had started an analysis of the results of the concerns and was planning individual responses to people to ask if they wanted to raise formal complaints. This meant that the improvements to the service based on feedback from people was encouraged.

Staff told us that they received supervision and appraisals from the registered manager and also spot checks of their work were carried out. Staff told us that following a spot check they were informed of any issues arising from these checks and any actions that needed to be taken to improve the quality of the care being delivered. One staff member said, "The manager tells you if anything was picked up during a spot check, then this is also discussed in your next supervision". Staff told us that they felt supported both by the registered manager and the providers. One staff member told us, "The manager and the owners are all really approachable. They have explained to us about the staffing levels and how they are trying to get more people, and are always asking if we are ok". Another staff member told us the registered manager was available to offer guidance and support when needed, they told us, "The manager has always got time for you, she understands the pressures of the job and is always around if you need to discuss anything and always tried her best to sort any issues you might have".

People we spoke with told us that they felt the service was well led and had stated that they could see that issues with staffing levels were trying to be sorted out. One person said, "I really feel that there is a really good team of people in the office and they are constantly trying to ensure that each person is given the best care they can be with the resources available. We constantly see adverts in the local newspaper advertising for staff". Another person told us, "No company is perfect is it, and we can see they are trying their best and I would recommend them to anyone".

We spoke with the registered manager and the providers about the issues highlighted during the inspection. They said that issues around recruitment and retention of new staff was an on-going issue, and despite using newspaper adverts and social media to try to recruit that this wasn't proving very successful. The registered manager stated that some interviews were planned for the near future and they would continue to try to address this issue. The provider also stated that they had already identified that work needed to be done on the paperwork around MCA and this was something they were already looking at for ways to improve.