

Ana Nursing & Care Services Limited

Ana Nursing & Care Services

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

Ana nursing and care services is a domiciliary care agency providing personal care to 110 younger and older adults in their own homes at the time of the inspection. The service is registered to support people with a range of different support needs, these included people who may be living with dementia and those who have physical health needs.

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

Risks were not always suitably assessed and planned for. For example, where people had diabetes and specific dietary requirements there was no guidance in place for staff to follow. There was no guidance in place for staff to follow when people had 'as and when required medication' and medication administration records were not always fully completed. This is a breach regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Despite what we found people told us they felt safe. There were enough safely recruited staff to meet people's needs and people were protected from the risk of cross infection as staff wore personal protective equipment.

Governance systems were not operated effectively to assess, monitor and mitigate people's risks and the provider did not have suitable oversight of systems in place to monitor assess and improve the quality and safety of the service. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The service did not always provide good outcomes for people due to the inconsistency of staff, however staff told us management were approachable. The nominated individual was aware of their duty of candour and the service engaged people using the service and staff and worked in partnership with others.

People had their needs assessed, however care plans lacked detailed on how to effectively support the person in line with their support needs. Staff received training which they felt enabled them to do their job well. People told us they were supported to eat and drink enough and received access to health care when necessary.

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; however, the policies and systems in the service did not always support this practice.

People did not always receive personalised care that was responsive to their needs this was due to most people not receiving regular carers, so people had to explain to care staff how they liked their care to be delivered on different occasions. People had their communication needs met and felt able to complain. When a complaint or concern was raised it was investigated. We have made a recommendation about end of life wishes.

People were supported by caring staff who respected their privacy and promoted their independence. People were supported to express their views and be involved in making decisions about their care.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 28 August 2018) and there were two breaches of regulation. The service remains rated requires improvement. This service has been rated requires improvement for the last three consecutive inspections. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had not been made and the provider was still in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement

We have identified breaches in relation to safe care and treatment and good 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 meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 ●

Ana Nursing & Care Services

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 completed by one inspector, one assistant inspector and one 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.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to gather information about people who used the service in order to consult them for feedback.

Inspection activity started on 13 August and ended on 15 August 2019. We visited the office location on 13 and 14 August 2019.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. 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. We used all of this information to plan our inspection.

During the inspection

We spoke with 16 people who used the service and four relatives about their experience of the care provided. We spoke with ten members of staff including the provider, operations manager, care coordinators and care workers. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included eight people's care records and multiple medication records. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with one health and social care professional who worked with the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. 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.

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

Assessing risk, safety monitoring and management

- Risks to people were not always suitably assessed and planned for.
- A number of people's assessments stated they had diabetes but there were no specific risk assessments or guidance in place for staff to follow. This meant people were at risk of receiving inconsistent support to manage their health conditions.
- We found one care plan where the GP medication record stated the person had diabetes, but this was not mentioned in the person's care plan. We spoke to staff about this who contacted the GP and confirmed they were diabetic.
- Staff we spoke to were able to tell us people with diabetes needed less sugar and what signs to look out for if somebody was experiencing hypoglycaemia. However, there was a risk that people may not receive safe support in relation to diabetes as staff did not have all the information they needed to manage the risks.
- We saw two care plans which stated people had dietary requirements, however the information detailed in people's care plans for staff to follow was vague. For example, where a person required thickener in their drink it did not say how many scoops per amount of fluid. This meant there was a risk people may not be supported appropriately.

Using medicines safely

- During the last inspection we found medicines were not always managed safely. During this inspection we found this has improved, however further improvement was required in this area.
- People told us they received their medication, with one person telling us, "The carers will pour me a drink and once I have taken them it gets written down in my notes. They are usually very reliable, and I always have them about the same time each day."
- There were no protocols in place for people who were prescribed 'as and when required' medication (PRN). For example, one person was prescribed paracetamol 'as required'. This meant there was a risk of people receiving inconsistent support in relation to the administration of their PRN medication.
- Medication administration records (MARs) were completed but they were not always up to date. For example, we found gaps in MARs and there was no explanation why. This meant the service could not

assure themselves people were receiving their medicines as prescribed.

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 placed people at risk of harm. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We spoke with the nominated individual about this who stated they would put the appropriate risk assessments and PRN guidance in place and contact the relevant health professionals for guidance about the specific dietary requirements.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of potential abuse.
- People told us they felt safe. One person said, "[The carers] usually ring the bell twice before they unlock the door, so I know it's them and I don't have to worry. They always make sure it's properly locked up before they leave. "
- Staff were aware of the different types of abuse, what signs to look out for and who to report their concerns to.
- We saw safeguarding referrals had been made to the local authority when necessary.

Staffing and recruitment

- Staff were safely recruited. The provider had ensured Disclosure and Barring checks (DBS) had been made. DBS checks help employers make safer recruitment choices.
- People told us staff were on time, with one person telling us, "The carers are all very reliable and I've never had a carer any later than 10 or 15 minutes after that due time."
- Staff told us their rotas are manageable and they had enough travel time to get to people between calls.

Preventing and controlling infection

- People were protected from the risk of potential cross infection.
- People told us staff wore gloves when supporting them. One person told us, "I've never once had to remind the carers to wash their hands or use their gloves."
- Staff told us they had access to personal protective equipment and could give us examples of when they would wear it. For example, one carer told us they would wear it, "When administering medication, supporting with personal care and preparing food."

Learning lessons when things go wrong

- The provider had system in place for when things had gone wrong.
- Staff felt able to feedback to management if they felt a call time was not long enough to support the person. One staff member told us a call time had been extended due to this feedback.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People's needs were assessed; however, care plans did not provide sufficient detail for staff to follow on how to best to support people. For example, where people had behaviour which may challenge, there were no effective strategies for staff to follow to minimise people's anxiety such as diversion or distraction techniques.
- Care plans lacked guidance from health and social care professionals where it had been identified the person had a health need. For example, there was no guidance in place from a speech and language therapist despite the care plan saying the person was on a specialist diet.
- Pre-assessments were completed where possible. The nominated individual explained it was not always possible to complete them prior to people starting the service due to hospital discharges, so sometimes it would be the same day. However, the nominated individual felt able to decline support to people if they could not meet their needs.

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 told us staff ask if they would like support with their personal care. One person said, "They always ask if I feel like a shower in the morning."
- Staff told us they ask for people's consent before supporting them and were aware of the MCA. One staff member told us, "It is about people having the ability to make an informed decision."
- Mental capacity assessments had been completed. However, we found one capacity assessment which contradicted information in the person's care plan. Another capacity assessment was completed but was not decision specific. This meant capacity assessments did not always comply with the MCA.

- It had been noted on people's care plans if a Lasting Power of Attorney was in place. However, we found one where there was no copy of LPA in the persons file. This meant the provider could not be assured the appropriate authority was legally in place.

Staff support: induction, training, skills and experience

- Staff told us they received an induction when they started with the service, which included shadowing more experienced members of staff. One staff member told us the induction was, "Brilliant and it was all the things we needed to know when we go out into the community."
- Staff felt they received enough training to enable them to do their job well and received supervisions. Records confirmed these supervisions.
- Spot checks were completed. The registered manager observed staff supporting people to ensure they were competent in their role.

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

- People told us they were happy with the way they were supported to eat and drink.
- One person told us, "Sometimes I just fancy a bit of toast, but other mornings they will make me some cereal or even something like eggs on toast."
- Another person told us, "The carers will usually sort my drink out for me and they are good because I don't really drink as much as I should."
- Where people were monitored for food and fluid intake, charts were in place for this however, there were not always consistently filled in. This issue had been picked up via an audit by the registered manager who had flagged up these issues, however the outcome of the audit was unclear as if these issues had been resolved.

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

- People were supported to access healthcare services when necessary. One relative told us, "[Person's name] carers will always either leave me a note or call me if they are concerned with their health."
- One person we spoke with told us, "They [the carers] will sometimes say that they think I should get in touch with the nurse because they are concerned [about my health]."
- We saw care records where staff had liaised with various agencies including community psychiatric nurses and occupational therapists.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 were treated well when supported by staff.
- The people we spoke with told us staff were kind and caring. One person said, "I have to say that all of the carers I've met have been very kind and they never mind what it is I need help with."
- People's care plans asked about people's preferences when it came to support. For example, we saw one care plan where it had been documented the person did not want to receive care from male carers.
- One person told us, "I really would not be keen to have a male carer looking after me and I am quite happy having the female carers the agency have sent to me."
- Care plans did consider some protected characteristics under the Equality Act such as gender, religion, disability and marital status.

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

- People we spoke with told us they were involved in their care. One person told us, "A lady came from the office a few weeks ago to do a review and to make sure I was happy with everything."
- Another person told us, "The carers will help sort something out from my wardrobe by telling me what I have got so I can choose what I want to wear."
- One relative said, "I am fairly certain that once a year someone comes out from the agency to go through this [the care plan] with us."

Respecting and promoting people's privacy, dignity and independence

- People's privacy was respected, and their dignity promoted.
- One person told us, "They [the carers] are all very patient and never rush me or hurry me up while I am doing what I can for myself."
- A relative we spoke with told us, "I usually hear [person's name] carers go upstairs and then they will always knock on the door before going in and I usually hear them asking how they are is before they close the door behind them."
- Staff could give us examples of how they respected people's privacy and promoted their independence. One carer we spoke with told us, "I encourage people to wash themselves but anything they struggle with I will help."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

End of life care and support

- The service had an end of life policy in place but end of life wishes were not being recorded. This meant people may not be supported in line with their wishes or preferences as there was no guidance in place for staff to follow.

We recommend the provider document end of life wishes.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans did consider people's life histories and likes and dislikes, although there was inconsistency in the way they were completed. This meant people may not receive care which was personalised to them.
- People told us when they received their regular carers their care was personalised to them. For example, one person told us, "When I have my regular carers, they know that I like a nice warm shower, so they will usually go and warm it up while I'm getting undressed in the morning and then they always make sure I've got a nice warm towel when I get out."
- However, the majority of people we spoke with did not receive regular carers. One person told us, "I don't expect the new carers to pick up everything straight away, and that's the frustrating thing, because I know once I've explained it to them I might not then see them for some time, by which time, obviously they've forgotten all about it again. It is a real frustration of not having regular carers as much as I would like to."
- Another person said, "It's one of my concerns at the minute, because of late I've been having so many different carers all the time. It's a bit like a lottery as to who is coming next. Quite often it could be somebody totally new and then you have to go through all of the explaining everything to them which can be quite tiring."
- People told us the service did not let them know which carers would be attending their calls. One person told us, "I don't know from one day to the next who is going to be coming as I never get a list with the details on it for me."
- Due to the inconsistencies of staff and the lack of details in some care plans people did not receive care that was responsive to their needs.

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 was meeting people's communication needs.

- Care plans detailed people's communication needs and preferences. For example, if somebody had a hearing impairment it was documented when talking to the person to stand on one particular side to aid hearing.

Improving care quality in response to complaints or concerns

- People told us they knew how to complain. One person told us, "I've not made any official complaint as such, because most of the time the service is alright for my needs. When I do have a concern, I just phone the office and ask to speak to one of the managers."
- Another person told us, "I think there is a leaflet all about complaints in the folder."
- Where concerns and complaints had been raised the provider had investigated and responded as necessary with outcomes.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. 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.

At our last inspection the providers systems and processes were not established or operated effectively to ensure people received a good quality safe service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Systems were not operated effectively to assess, monitor and mitigate people's risks. Audits had not identified issues that we had found on the last inspection, such as guidance and risk assessments missing from people's files. A care plan had been recently reviewed but it had not picked up a person had diabetes. Medicine audits had not picked up there was no PRN guidance in place, as identified in the previous inspection.
- The registered manager completed regular analysis of incidents of medicines errors; however, these audits did not effectively identify issues and therefore had not driven improvement forward. This showed that systems were not operated effectively to assess the quality and safety of the services provided.
- The provider did not have suitable oversight of the systems in place to monitor, assess and improve the quality and safety of the service. This meant that they were unaware of the issues until we identified them during the inspection. When we spoke to the operations manager about this they acknowledged they needed to do more auditing.
- The service sent out satisfaction surveys to both people and staff.
- Whilst the staff survey had largely positive results, the people and relative survey had mixed results. Some were happy with the care they received, and others had mentioned about continuity of carers.

The above evidence demonstrates a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had their rating displayed as required.
- Staff were aware of what whistle blowing meant and felt able to report any issues if necessary. One staff member told us, "I would feel confident to report something that I thought wasn't right."

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

- The provider did not have systems in place to ensure people received consistent care from staff members who knew them and their preferences.
- People told us this was due to the inconsistency with the carers. One person told us, "If they were able to do this [provide regular carers], then I probably would say they were well-managed, but whilst I'm constantly getting different carers all the while, I don't think I can say that they are."
- Staff told us management were approachable, with one staff member telling us, "It is a really nice company to work for."

Continuous learning and improving care

- The provider did seek to improve care by continuous learning; however, they did not always use the information to target improvements. For example, the results of the people's satisfaction survey.
- The service had accessed funding to put some of its staff through health and social care qualifications. One staff member told me they had just started on the course and they hoped to progress onto the next level.
- The PIR stated the service accessed information from the Skills for Care organisation. This was confirmed by the operations manager who stated they also used it for guidance with training.
- The provider had plans in place to strengthen this area, which included implementing a reporting system around the administration of mediation.

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 nominated individual was aware of their duty of candour, which is to be open, honest and transparent when things go wrong for people using the service.
- The service had a duty of candour policy in place.

Working in partnership with others

- The service worked in partnership with other professionals.
- One health and social care professional told us the service had, "Communicated well with them and did a number of joint visits with them."
- Records confirmed the service worked with other professionals.

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 People's risks were not always suitably planned for and monitored. People's medicines were not always safely managed.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Suitable systems were not in place to effectively monitor the quality and safety of the services provided.