ANA Homecare Limited

ANA Islington

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We carried out an inspection of ANA Islington on 4 July 2017. This was an announced inspection where we gave the provider 48 hours' notice because we needed to ensure someone would be available to speak with us.

At our last inspection on 1 June 2016, the service was in breach of Regulations 11 and 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found risk assessments had not been updated to reflect people's current circumstances and did not take into account people's health needs. Capacity assessments to determine people's ability to make certain decisions were not being completed in line with the Mental Capacity Act 2005 (MCA). During this inspection we found improvements had been made and the service was compliant with the breaches.

ANA Islington is a domiciliary care service providing personal care to people in their own home. At the time of our inspection there were 23 people who received personal care from the agency. People that received a service were mainly older people that required support and care due to deteriorating health.

The service had a registered manager in place. 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.

The provider had not displayed the rating of the last CQC inspection carried out on 1 June 2016 at their site and website. This is a requirement under Regulation 20A of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014. After the inspection, the registered manager confirmed that the ratings had been displayed on the website and at their site.

Pre-recruitment checks had been made to ensure that new staff were suitable to support people in their own homes and maintain people's safety. However, the provider's recruitment policy did not include processes if a criminal record check came back as positive.

People were protected from abuse and avoidable harm. Staff knew how to report alleged abuse and were able to describe the different types of abuse.

Risks had been identified and assessed that provided information on how to mitigate risks to keep people safe.

Medicines were managed safely. Staff had been trained in medicines and people and relatives had no concerns with medicine management.

Mental Capacity Act 2005 (MCA) assessments had been carried out using the MCA principles. Staff had

received training in MCA and were able to tell us the principles of the MCA.

Staff had completed an induction and essential training to perform their roles effectively.

There were systems in place for quality assurance. Spot checks were carried out, which observing staff performance and outcomes were communicated to staff.

There were systems in place for quality monitoring. Feedback had been sought from people and their relative. Results were analysed to make improvements to the service.

Systems were in place to monitor staff attendance.

People told us they were encouraged to be independent and their privacy and dignity was respected. Staff knew how to protect people's privacy and dignity.

Care plans listed people's support needs and were person centred. People's care needs had been reviewed and the care plans were updated to reflect any changes in people's needs.

Complaints were recorded and investigated with a response sent to the complainant.

Staff told us that they were supported in their role, the service was well-led and there was an open and transparent culture where they could raise concerns with management and felt this would be addressed promptly

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

One aspect of the service was not safe.

Pre-employment checks were being carried out. However, procedures were not in place if a criminal record check came back as positive.

Risk assessments reflected people's current circumstances and health needs and provided information on how to mitigate risks.

Medicines were being managed safely.

People were protected by staff who understood how to identify abuse and who to report to within the organisation. Staff also knew who to report abuse to outside the organisation.

Is the service effective?

Good

The service was effective.

People's rights were upheld in line with the Mental Capacity Act 2005 (MCA).

Staff had received induction and essential training required to perform their roles effectively.

Staff received regular supervision and felt supported by the registered manager.

Staff knew the signs if people were unwell and who to report concerns to.

Is the service caring?

Good

The service was caring.

People and relative told us that staff were caring and respected their privacy and dignity.

Staff knew the people they were supporting and knew people's preferences and background.

Care plans provided information on people's ability to communicate.

Is the service responsive?

Good

The service was responsive.

Care plans included people's care and support needs and were person centred.

Complaints had been investigated and appropriate action taken.

Is the service well-led?

Requires Improvement

One aspect of the service was not well-led.

Ratings of the last CQC inspection had not been displayed on the provider's website and at the location. After the inspection, the registered manager confirmed that the ratings had been displayed on the website and at the location.

Spot checks were carried out, which included observing medicines management. Results were communicated to staff.

People, relatives and staff told us the service was well managed.

There remained a positive culture within the staff team, and staff told us they felt supported.

Quality monitoring systems were in place for people to provide feedback. The results of the surveys were positive and had been analysed to make improvements.

ANA Islington

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 is 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.

The inspection was carried out on 4 July 2017 and was announced. The inspection was undertaken by a single 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.

Before the inspection we reviewed relevant information that we had about the provider including any notifications of safeguarding or incidents affecting the safety and wellbeing of people. We also received a provider information return (PIR) from the service. A PIR 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.

During the inspection we looked at six care plans, which consisted of people receiving personal care in their own home. We reviewed six staff files and looked at documents linked to the day to day running of the agency such as training records, medicine administration records and staff quality assurance records. We also spoke with the registered manager and care coordinator.

After the inspection we spoke with 15 people, five relatives and seven staff.

Requires Improvement

Is the service safe?

Our findings

People and relatives we spoke to told us people were safe when supported by the service and had no concerns. Comments from people included, "Yes I think so. I like the ones [care staff] I have, they do everything I need", "Yes of course. I get very good care", "I have nothing bad to say about anything" and "They [care staff] know what they are doing. I have nothing to worry about." Comments from relatives included, "All the carers I have met have been pretty good and know what they are doing. They seem to care and I have no problem with them looking after him" and "Just the little things like someone will call if there has been a fall, if my mum is not feeling well and just having someone visit her and making sure she is alright helps ease my mind." A health professional told us, "They [staff] are pleasant, good mannered and very very patient." A staff member told us, "I love my clients [people], I try to do the best for them to make sure they feel the best."

Despite these positive comments we found that some aspects of the service were not safe.

Pre-employment checks had been carried out for new staff that had been recruited since the last inspection. The service collected references from previous employers, proof of identity, criminal record checks and information about the experience and skills of the staff. Staff did not start work with people until pre-employment checks had been completed. However, we saw evidence that the provider did not appropriately follow up or risk assess when a Disclosure and Barring Service (DBS) check contained significant information to ensure if the staff member can provide care and support safely.

The providers DBS policy did not include the process for when a criminal record contained information. The registered manager told us that this had been investigated but was unable to locate the records of the investigation and what control measures were put in place. She informed that the staff member had been under probation, which included carrying out spot checks and supervision. The probation also included carrying out quality assurance visits and speaking to people and that positive comments had been received from people that the staff cared for. Records confirmed this. The registered manager told us the recruitment policy would be updated to reflect the process when a criminal record check came back as positive.

During our last inspection the service was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found that some risk assessments were not updated to reflect people's current needs and did not take into consideration of people's health needs. When a risk was identified it did not provide clear guidance to staff on the actions they needed to take to mitigate risks in protecting people such as with choking and falls.

During this inspection we found improvements had been made. Risk assessments were completed for each person and these covered risks in areas of diabetes, dysphagia and falls. Assessments had been made when people required support with moving and handling which assessed people's mobility needs. Risk assessments listed the actions that staff should take to manage or reduce risks in order to ensure people were safe. Records showed that the risks assessments had been reviewed and were current. There were some assessments specific to individual's needs. There were general assessments for everyone such as

electrics, fire safety, COSHH and lifestyle.

Skin integrity was assessed using Braden Scale to predict the risk of developing pressure sores. Braden Scale is a clinical tool that is used to assess risk of a person developing pressure sores. Risk assessments were completed and an action plan was in place for people at risk of developing pressure sores such as applying creams and repositioning. One person had pressure sores and there were appropriate risk assessments in place to manage the pressure sores to prevent the risk of serious skin complications.

Medicines were being managed safely. Records showed that staff had been trained with medicines. Staff we spoke with confirmed that they were confident with managing medicines and knew what to do if an error was made. Medicines and recording sheets showed people that were supported with medicines were given the required medicine at the times prescribed when supported by staff. There was a 'support to make my own medicines' that detailed the level of support people required with medicines. During our last inspection we found the service had not listed the types of medicines people were on to identify if people took high risk medicines that may impact on their health. During this inspection this had been completed and people's care plans included a list of medicines that people took with dosages.

Staff understood how to keep people safe. Staff had received training to protect people from abuse. Staff were aware on how to whistle blow and knew that they could report to outside organisations such as the police or CQC if they had concerns. A whistle blower is a person who discloses any kind of information or activity that is deemed illegal, unethical, or not correct within an organisation.

There was system in place for staff to alert the service if they were going to be late or not able to come into work. This enabled alternative arrangements to be quickly made to ensure that the required support could be provided. The registered manager told us that if emergency cover was needed, then staff were available to provide cover. Staff told us that they had no concerns with attending appointments and cover was in place if they needed time off. Staff had to electronically log in and out through telephone. We saw systems that showed the management team was able to monitor if staff had carried out care visits and at what time. The system also alerted management if staff had not attended a care visit, was late or did not log in so a member of the management team could then make checks. One person told us, "Always on time and they are never rushed. I couldn't ask for more" and another person told us, "I don't think I have ever noticed them not coming around." A relative told us, "As far as I am aware there is no missed calls" and another relative commented, "Yes, they are on time. No missed calls so far." Staff told us that they were not rushed in their job and were provided with enough time to complete tasks and engage with people.

Good

Is the service effective?

Our findings

People and relatives told us that staff members were skilled and knowledgeable. One person told us, "They know what they are doing anyway." A relative told us, "Yes, they do a really good job" and another relative told us, "As I said before the carers are pretty good they do everything we need them to do."

Staff had received an induction on commencement of employment. Staff we spoke to told us that induction involved shadowing experienced care staff, meeting people, looking at care plans and was helpful. A staff member told us, "Induction was very helpful." Records showed staff recruited since the last inspection completed training on the Care Certificate. The Care Certificate is a set of standards that social care and health workers abide by in their working role. Standards cover duty of care, equality, person centred care, safeguarding, basic life support, health and safety and infection control. As well as the Care Certificate, staff were supported in more specialist courses such as diabetes, dementia, oxygen monitoring and PEG feeding.

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. We checked whether the service was working within the principles of the MCA.

During our last inspection the service was in breach of Regulation 11of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found where people were identified not to have capacity, the assessments did not specify what area's people did not have capacity and we did not find evidence of best interests meeting being held to make a decision on the person's behalf. Assessments were not being completed in accordance to the Mental Capacity Act 2005 (MCA). Staff had not been trained in MCA and three staff were unable to tell us the principles of the MCA.

During this inspection we found improvements had been made. Capacity assessments were being carried out using the MCA principles. People's relatives were involved in the best interest process where it was identified people did not have capacity to make particular decisions.

Staff had been trained on MCA and the staff we spoke to where able to tell us the principles of the MCA. Staff also told us that they always asked for consent and would involve people in decisions about their care and support as much as they can. People and relatives we spoke to confirmed this. A staff member told us, "Of course, we have to ask for consent" and another staff member commented, "Everything I ask for consent and permission from them." People confirmed that staff sought consent before carrying out tasks and they were involved in decisions about their care.

The service maintained a system of appraisals and supervision. Staff confirmed that they received supervision and support from management. Records confirmed this. A staff member told us, "She [registered manager] is supportive" and another staff commented, "[Registered manager] is nice, she supports me." Individual one-to-one supervisions were provided recently. Appraisals were scheduled

annually and we saw that staff had received a recent annual appraisal.

Records showed some people received support with meals as part of their care package. Care plans listed the types of food people liked and disliked. For a person at risk of malnourishment, there was food intake charts in place completed by the service to identify if the person was eating regular nutritious meals. Staff told us if they supported people with making meals and always offered choices to people on what they would prefer during meals. People we spoke to that received support with meals confirmed this. A staff member told us, "We give them choices with food, definitely" and another staff member commented, "They will tell you what they want, you have to give them a choice." A person told us, "Yes, I can eat whatever I like."

People and relatives told us that healthcare needs were met. One relative told us, "There was a time when the agency called me saying that mum is looking unwell and asked us to take her to the doctors. We did and found out that she had a Urinary Tract Infection." Care plans listed details of health professionals such as GP and also included their current health condition. Staff were able to tell us if people were not well such as a change in body languages, communication, staying in bed or refusing to eat. Staff told us if people were not well, then they would contact family members, report to manager or in case of emergency then call emergency services.

Good

Is the service caring?

Our findings

People and relatives told us that staff were caring and treated people with respect. One person told us, "They are really caring" and another person commented, "I think they are very kind and caring and very friendly." A relative told us, "They are friendly, caring and really helpful." The staff members we talked with told us they build positive relationship with people by spending time and talking to them regularly. People and relatives confirmed that staff had good relationships with people. A person told us, "I think we get on really well" and another person commented, "We are always joking around and they really make me smile." A relative told us, "Always joking around and help us as best they can. They really do try their best." A social professional told us, "The staff are professional and polite." A health professional told us, "I have found the carers from ANA who I have dealt with to be excellent. They have built good relationships with the patients and despite the difficulties are fond of the patients."

The staff we spoke to demonstrated a detailed knowledge of people as individuals and knew what their personal likes and dislikes were. They were able to tell us about the background of people and the support each person required. They also told us that the care plans helped them to get to know people better and were updated regularly.

The registered manager sent us evidence to show that a staff member had been nominated for the Dignity in Care award held by a local authority for 2017. The nomination was sent from a relative of a person the staff member provided care and support to. The Dignity in Care award recognises the quality of support provided to people with care needs, with a particular focus on ensuring that anyone receiving care is able to retain their dignity at a vulnerable time in their lives. We were informed that the staff member had won the award.

Staff ensured people's privacy and dignity were respected. They told us that they would always knock on people's door and wait for an answer before entering to ensure people's privacy was respected. People and relatives confirmed this. One person told us, "They will shut the door and curtains when I am getting changed" and another person told us, "When I have a shower they will cover up most of my body and have the part they are washing uncovered." A third person told us, "They will knock on the door and wait before using the key." A relative told us, "When I am around they will take mum up to her bedroom or ask me to leave the room if they wanted to change her" and another relative told us, "They have access to a keybox outside the flat to come in. But they will always knock and wait. They also close the doors and curtains when getting changed or having a shower." Staff told us that when providing particular support or treatment, it was done in private. A staff member told us, "When we give personal care, we cover them and close the curtains for privacy."

Staff supported people to be independent as much as possible. They told us they always encouraged people to carry out tasks independently providing support when required. A staff member told us, "We ask him to feed himself but we do not rush him." People confirmed that they were encouraged to be independent.

The service considered people's communication needs and ensured staff understood these. People and

relatives felt that staff explained clearly before going ahead and carrying out any care tasks. People's ability to communicate and how staff should communicate with people were recorded in people's care plan which focused on people's sights, hearing, body language and speech. For example one person's care plan included for staff to speak in a respectful way and to ask simple questions to the person.

People were protected from discrimination within the service. Staff understood that racism, homophobia, transphobia or ageism were forms of abuse. They told us people should not be discriminated against on the basis of their race, gender, age and sexual status and all people were treated equally. People we spoke to had no concerns about staff approach towards them.

Good

Is the service responsive?

Our findings

People and relative spoken with told us the service was responsive to people's needs. A person told us, "If I asked them to do something they will do it. I really have no issues" and another person commented, "They do anything I ask them without repeating." A relative told us, "They take the time out to understand our problems and try and help us." A health professional told us, "We have found them [staff] to be extremely responsive and have provided person centred packages of care that have met patients' needs very well."

People's needs were assessed and care delivered to meet those needs. Care plans included details of people's support needs and medical history. There was a personal profile that included people's personal details such as address, next of kin, special requirements and type of care required. There was a 'What is important to me' section that provided background information about people's lives, social interaction, how to keep people safe, how people liked to live their life and important events in people's lives. These plans provided staff with information so they could respond to people positively and in accordance with their needs. People's care needs had been reviewed and the care plans were updated to reflect any changes in people's needs. Staff told us they get time to provide person centred care and were able to tell us in detail about the needs of the individuals they were supporting.

Staff told us that care plans were available in people's homes and it was helpful. A staff member told us, "Before I start, I read the care plan and follow it. It is very good." Care staff completed daily notes which recorded the person's mood, condition and the one to one support that they received. This method of communication exchange ensured that each staff member, at the start of a new shift, referred to these recordings to be aware of how the person was and any actions that needed to be followed up as a result of any issues or concerns.

Records showed complaints were investigated and appropriate action had been taken. People and relatives told us that they did not have any complaints about the service and felt they could raise concerns if they needed to. A health professional told us, "There have not been any concerns." Staff were able to tell us how they would manage complaints. A person told us, "I am really happy here." A relative told us, "I have no concerns." `

Requires Improvement

Is the service well-led?

Our findings

Staff told us that they were supported in their role, the service was well-led and there was an open and transparent culture where they could raise concerns with management and felt this would be addressed promptly. Comments from staff about the registered manager included, "She is very good", "She is a good manager", "She is good, very good, she understands when you have an issue" and "[Registered manager] is a good manager."

Staff also told us that they enjoyed working for the service. Comments included, "I like my job, I want to make a difference in somebodies life", "I enjoy working for them", "I enjoy working here" and "I love my job."

People and relative spoken with were positive about the management of the service. One person told us, "This service is so much better than my last one" and another person commented, "Very friendly, nice and easy to get on with [registered manager]." A relative told us, "Yes, I have contacted them a few times. I don't have any problems with any of them."

A health professional told us, "The Manager of ANA and I have worked closely together in facilitating any new approaches and I have always found her to receptive. Overall I have been very pleased with the care they provide as we have had other agencies before them involved with these patients and things have failed." Another health professional told us, "[Registered manager] has always communicated well with the team and we have a good working relationship."

Despite these positive comments, one aspect of the service was not well-led.

The service had been last inspected on 1 June 2016 and the report had been published on the CQC website on 6 July 2016. A letter was sent to the provider and registered manager with the final report informing the provider was required to display their rating. It is a legal requirement for providers to display the CQC performance ratings. Providers must ensure that their rating(s) are displayed conspicuously and legibly at the location delivering a regulated service and also the website. During this inspection, we did not find evidence that showed the ratings had been displayed at the location. The registered manager told us that she was not aware that the rating had to be displayed at the location. The rating had not been displayed during the inspection. The ratings had not been displayed on the provider's website. After the inspection, the registered manager confirmed the rating had been displayed on the site where the service provides the regulated activity from and also on the providers website. The website showed the ratings from the last inspection had been displayed.

There were systems in place for quality assurance. Records showed that spot checks were being carried out, which included observing staff when they were caring for people to check that they were delivering appropriate care and support to people. Observations were also completed when staff administered medicines. This focused on recording, consent and communication. Results of the spot checks were then communicated to staff. The registered manager told us that outcomes and developmental areas identified through spot checks were also included and discussed at appraisals and supervisions.

The service had a quality monitoring system which included questionnaires for people who received personal care from the service and their family members through correspondence and telephone surveys. We saw the results of the recent survey, which included questions around time keeping, support and care, staff approach and privacy and dignity. The overall feedback was positive. Comments by people from the survey included, 'Carers are very reliable, good manners and are good at their jobs', 'ANA is by far the best agency [person] has had' and 'All staff who come to look after [person] were very professional and friendly. They are very gentle with [person]. Very happy with service.'

Staff meeting were taking place regularly for staff to be kept updated on people's care needs and discuss any concerns as a team. Staff meetings minutes showed staff discussed people that receive a service such as end of life, MCA, time keeping, staffing and incidents. Minutes of the meeting were available for staff that were unable to attend to read, if required. The provider also sent newsletters to staff, which included topics on end of life and dementia.