ANA Homecare Limited

ANA Nursing

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?	Requires improvement
Is the service responsive?	Requires improvement
Is the service well-led?	Requires improvement

Overall summary

We undertook an announced inspection on 10 September 2015 of ANA Nursing. ANA nursing is registered to provide the regulated activity nursing care/personal care and provides personal care, housework and assistance with medicines in people's homes.

At the time of the inspection, the service was providing care and supporting 35 people and had 60 care workers working for them.

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.

At our last inspection on 29 September 2014, the service did not meet Regulations 21 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which correspond to Regulation 19 of the Health and Social care

Summary of findings

Act 2008 (Regulated Activities) Regulations 2014. At this inspection the registered manager was able to demonstrate that measures had been put in place since the last inspection to respond to the issues identified.

However, we found people experienced a lack of consistency in the care they received. Some people did not have regular care workers and were also not aware of which care worker was coming to support them.

Risks to people were identified. Although the risk assessments were specific to people's individual needs, it was sometimes unclear as to whether identified risks were being managed appropriately and what measures were in place.

Records showed and staff told us they received regular training and received support from the registered manager. Appropriate checks were carried out when staff were recruited. However, people using the service and relatives told us they felt the care workers were not sufficiently trained to provide the care and support people needed.

There were some arrangements in place to obtain, and act in accordance with the consent of people using the service. People's care plans contained an agreement section which indicated they had given their consent for the care to be provided. However care plans did not contain any information about a person's mental capacity and levels of comprehension.

Some people spoke positively about the care workers, however we found instances where people experienced a lack of consistency in the care demonstrated by staff and there were instances where people were not treated with dignity and respect.

People's plans consisted of a care needs assessment, a support plan and risk assessments. However the care plans were difficult to follow as information was duplicated at times and were tasked focused. Information was not clear about people's nutritional and hydration needs.

We have made one recommendation abut managing risks and safeguarding people

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

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

There were aspects of the service were not safe. There was a lack of consistency in the level of care being received by people.

There were not always sufficient and competent staff deployed to meet people's needs.

Risks to people were identified and managed however risk assessments did not clearly reflect the potential risks to people which could mean risks not being appropriately managed which would result in people receiving unsafe care.

There were recruitment and selection procedures in place to help ensure suitable staff were employed.

Requires improvement

Is the service effective?

There were aspects of the service were not effective. Care workers received relevant training however people using the service felt care workers were not sufficiently trained.

There were some arrangements in place to obtain, and act in accordance with the consent of people using the service. However there was no information in people's care plan about their mental capacity.

.Information was not clear about people's nutritional and hydration needs.

People's health care needs were detailed in their care plans.

Requires improvement

Is the service caring?

There were aspects of the service which were not caring. There was a lack of consistency in the caring approach of staff.

No formal review of care meetings had been conducted with people in which aspects of their care was discussed.

Some positive caring relationships had developed between people using the service and staff.

Requires improvement

Is the service responsive?

There were aspects of the service which were not responsive. There were instances where people received care that was inappropriate.

People's care needs assessments were detailed and person centred however support plans were difficult to follow as information was duplicated at times and task focused.

The service had clear procedures for receiving, handling and responding to comments and complaints.

Requires improvement

Summary of findings

Is the service well-led?

There were aspects of the service which were not well led. There were systems in place to monitor the quality of the service however we found some deficiencies in the service had not been identified.

Records did show the service had obtained feedback from people from surveys. However there were no records to show that areas that had been identified as possible areas of improvement had been actioned.

Care workers spoke positively about working for the service and the management.

Requires improvement 

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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 provide a rating for the service under the Care Act 2014.

This inspection was carried out by one inspector and was supported by 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 provider was given 48 hours' notice because the location provides a domiciliary care service. We wanted to make sure they would be available for our inspection.

Before we visited the service we checked the information that we held about the service and the provider including notifications and incidents affecting the safety and well-being of people.

Some of the people being cared for were elderly people who had dementia or a specific medical condition and could not always communicate with us and tell us what they thought about the service. Because of this we spoke to family carers and asked for their views about the service and how they thought their relatives were being cared for.

We spoke with six people using the service, four family carers, six staff, the care manager and registered manager. We reviewed five people's plans, eight staff files, training records and records relating to the management of the service such as audits, policies and procedures.

Requires improvement

Is the service safe?

Our findings

At our last inspection on 29 September 2014, we found staff members had started working for the agency before their Disclosure and Barring Service [DBS] checks and/or two written references had been received and there were some gaps in staff interview records. This was a breach of Regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. An action plan was received from the registered manager to show what actions would be taken to resolve the issues raised at the last inspection. At this inspection we found action had been taken as per the action plan and the regulation was met.

A recruitment administrator was in post who processed the applications of all new care workers and was responsible for checking their references. Records showed a database had been established of all new care workers where information received such as criminal records checks, two written references and proof of identify were recorded.

We looked at eight staff files and saw staff had commenced work after all the appropriate documentation had been obtained. There were notes of the interview that had taken place although some of the information was limited. Staff also completed an interview assessment to assess their knowledge as part of the recruitment process.

Records showed that new staff undertook an induction and were under a probationary period of three months. Spot checks and home care observations by the care manager had been undertaken to assess the performance of staff and a probationary review was carried out to assess whether staff were competent to undertake their role. We noted that feedback about the staff was also sought from people using the service and saw the feedback was positive.

People using the service and relatives told us they felt safe with their care worker. One person using the service told us "Absolutely. I trust them 100%". However during this inspection, we found people experienced a lack of consistency in the care they received. We asked people using the service and relatives whether they had the same care workers on a regular basis and received varying feedback from people. Some people told us “Yes, more or less”, “At the beginning, when we had all different carers. My parents complained after the first month. It’s improved since then”, “Not at the beginning but I have the same carer now”, “They have changed a couple of times, now it’s more settled” and “Yes and if I had to give them a mark I’d give them 10/10.” However, some people using the service told us they did not have regular care workers. They said, “I had a regular one but she has left, since then it’s been different ones”, “No- they chop and change” and “None of them are regular so they don’t know about my needs.”

Some people were not aware of which care worker was coming to support them and were not routinely informed. One person using the service told us the office had phoned to notify them that there was a change in care worker however some people and relatives told us they had not been notified and told us “Sometimes they do but not always” and “No we haven’t really been told anything.”

People using the service also told us “My previous care worker has gone. The last couple of days I have been more that a bit anxious. Since yesterday, it’s been even worse - not knowing who is coming and thinking that they (care workers) won’t know what to do- where everything is- and I will have to keep explaining and it isn’t just once a day. It’s really difficult, tiring”, “I think it would be better if people had the same carers then the person could get used to them. They should phone and let you know if carers need to change so you know who is coming” and “I think it would be better to have things in place like someone to let you know who would be coming to maybe bring the new carer, shadowing of the previous carer so people felt more confident.”

We asked people and their relatives whether the care workers arrived on time if they appeared to be rushed and once again received varying feedback. Generally most people told us their care workers arrived on time and comments included “Fairly punctual, yes”, “Yes, more or less”, Yes, some are, not too bad”, “They may be a bit late but it’s okay”, “Normally on time” and “Yes they come on time , or they ring to let me know if they are going to be late.” However some people and their relatives told us “Time keeping is a bit of a problem they are late at times. Sometimes they might be half hour to an hour late” and “I think the timekeeping is a real problem.”

We asked people and relatives if care workers stayed the allocated time. People using the service told us “Yes they come on time and stay until it is all done”, “Yes, they seem to have enough time”, “Yes, they wash me and do things

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like that for me. They don't seem rushed" and "They are ok, not too rushed." One relative told us "Never seems rushed." However some people did tell us "They have time to be pleasant and that but sometimes they might say "Oh I'm sorry, I can't do that and finish that job, I have to get to the next call", "Some of them can't wait to get out of here, they just rush out" and "They are often not here the full hour, just does what is necessary before going off to the next visit."

When asked about double ups, this is when two care workers are required to support a person, one person using the service told us "I have two care workers at a time, they usually arrive about the same time- maybe 5 minutes difference. However, two relatives told us "When there are supposed to be two there are not always two" and "Sometimes only the one comes instead of the two and when that happens they will usually ask another family member or me to help!" This is could place people at risk of receiving care and support which is inappropriate and unsafe.

When speaking to care workers about staffing levels, they told us they received their rotas on time and visits were planned well. Care workers told us "Yes, we get enough time", "Yes it gets planned well", I work by where I live. I am able to pick the jobs I want", "Yes I do double ups, they are planned well. Things do go wrong, but we communicate good. They(the other worker) usually say we will be there in 15mins and then I wait for them" and "We are always on time, we are told 'this is somebody's life not just a job' if something happens I have to ring the office so they can make other arrangements."

We spoke with the care manager and registered manager and discussed with them about the varying feedback we had received from people about the care they received. The care manager told us the service had installed an electronic call monitoring system in January 2015 to monitor the delivery of care. The care manager told us the system would flag up if a care worker had not logged a call to indicate they had arrived at the person's home or that they were running late. If this was the case then they would call the care worker to establish what had happened and inform the person straight away. The system was also accessible to the local authority that also carried out checks on the system and monitored to ensure care workers were on time. There was one care supervisor recruited to help with the planning and scheduling of visits.

However we found the electronic call monitoring system was being not being used effectively to monitor lateness and timekeeping of care workers. We asked if the service carried out any monitoring and if any monitoring reports had been produced, the care manager was unable to show us any evidence of monitoring taking place and told us they had not yet conducted such monitoring as they still needed to get a better grasp of the system. The care manager also told us there were some issues around people not allowing their phones to be used to log a call and care workers were still completing timesheets and not logged onto to the system. The care manager did tell us however that the service was continually recruiting care workers to ensure there was enough care workers to provide the necessary care and support people needed.

Although the service had an electronic call monitoring system in place, there were no effective checks or monitoring being conducted. As a result of this some people did not experience regular care workers and experienced a lack of consistency with their care. Some people were also not being notified when there was a change with their care workers and there were some issues with double ups where the second care worker has not turned up.

The provide had not ensured there were sufficient numbers of suitable staff deployed to keep people safe and meet their needs as there was a lack of consistency and continuity with people's care.

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

There were safeguarding and whistleblowing policies and procedures in place. Training records showed and staff confirmed they undertook training in how to safeguard adults. However, when speaking to staff we found that staffs' understanding of safeguarding and whistleblowing was limited. The term 'Safeguarding' means protecting people's health, wellbeing and human rights and enabling them to live free from harm, abuse and neglect. When we asked care workers what safeguarding was, care workers told us it means "I should be safe – for the work", "I can't remember, I tend to forget", "Safeguarding to my knowledge is where you work under rules or regulations. Protecting yourself and using gloves and aprons", "Yes that's about equipment, the things you work with like equipment have to be checked regularly."

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Is the service safe?

We needed to prompt the care workers and asked what were are the different types of abuse and what sort of signs would you look for which would indicate that something was wrong. Care workers demonstrated some understanding but once again it was quite limited. They told us "We were told something, we had some training, a week at the start and we watched a video. We should think if they look scared", "Well there's bullying and I can't really remember, there are others but I can't remember" and "Maybe a bruise?" However some care workers were able to show some understanding and told us "There is sexual and mental abuse", "If I go to my client and I see bruises I record and tell management", "Some signs might be, not wanting to be touched, some may talk about money being taken, all sorts of things really. I would always call the manager" and "Mental, physical, financial, and medication and I know how to report and would tell Social Services".

When asked about whistleblowing, which is when an employee reports suspected wrongdoing at their work place, care workers told us "I don't know that word – can you explain please", "Yes, if there was something completely wrong you would get a call from me" and "That's when if you see something that is really not right. You can call someone and they won't tell anyone who you are."

Risks to people were identified and managed so that people were safe and their freedom supported and protected. Individual risk assessments were completed for each person using the service. Although the risk assessments were specific to people's individual needs, we noted the assessments could have been more detailed and it was sometimes unclear as to whether identified risks were being managed appropriately. For example, in one person's care plan it stated the person had a tremor in their hands and weakness in their right hand. However there was no risk assessment in place which identified the risks to this person in areas such as with their eating and dressing. The needs assessment completed by the service stated the person was 'independent' with their eating but there was no information as to whether the person was able to hold a knife or fork or whether any specialised cutlery would be needed. We noted in the assessment done by the local authority it stated 'Due to person's weakness and tremors in their hand, [person] needs assistance to dress as [person] is unable to do buttons or use a zip' and 'struggles to turn the tap on and off'. In the person's care plan, it stated 'I would like my carer to help me get dressed' but did not mention anything about the person not being able to do their buttons or use a zip and this was also not mentioned in their risk assessment.

There was moving and handling risk assessments in place for people who were bed bound or who had limited mobility and used a walking frame or walking stick which identified risks such as repositioning, weight bearing, falls and toileting. There were also pressure sore risk assessments for people however the information was limited and sometimes unclear. For example in one moving and handling assessment, it stated the person was not able to stand or walk but no further information was provided as to what the risks were to the person and what was needed to keep the person safe from falls. We noted the pressure sore risk assessments identified areas of concerns but did not outline any measures or actions care workers needed to support people to minimise that particular risk. For example, in one person's pressure sore risk assessment it stated the person was 'confined' to their bed', 'very limited mobility', 'nutrition was probably inadequate' and 'friction was a potential problem however there were no measures listed to minimise the risks to these particular areas that had been identified.

Although support that was required from care workers was detailed in people's needs assessments, the risk assessments did not clearly reflect the potential risks to people which could mean risks not being appropriately managed which would result in people receiving unsafe care.

We recommend that the service seek advice from a reputable source about managing risks and safeguarding people.

There were arrangements to manage medicines safely and appropriately. Records showed and care workers confirmed they had received medicines training and policies and procedures were in place. There were people who could self-administer their own medicines or were given to them by the family carer. Where people needed support by the care workers, the appropriate support for that person was outlined in their support plans. Care workers we spoke to understood their role to ensure people took their medicines safely and completed medicines administration records. Care workers told us "I just remind them, see they have taken it and write it down", "I do record what they have taken" and "If the person

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refuses medication, I have to report it. I record it on the log book and tell the office." The care manager told us the care workers completed medicines administration records (MAR) which she would check on a monthly basis to ensure they were completed by care workers accurately.

Requires improvement

Is the service effective?

Our findings

We asked people and relatives about the care workers and if they felt they had enough knowledge and skills to provide the care and support they needed. Some people using the service and relatives told us "Yes", "Yes, they are very good" and "Yes, no problem there."

We looked at eight staff files and found staff had received supervision, spot checks and annual appraisals to monitor their performance. Training records showed that care workers had undertaken an induction when they started work and completed training in areas that helped them to provide the support people needed which included moving and handling, medicines, safeguarding, end of life care, diabetes and dementia awareness. Care workers told us "I did my induction and my manual handling", "We did shadowing before we started, I did other training too with the hoist and things" and "I've got manual handling, health and safety, first aid, fire safety".

We asked staff if they thought the training they received was adequate and prepared them to do their job effectively, some care workers told us yes it did and told us "Before I started working they sent me for shadowing [which is to follow and observe another care worker] so I know exactly what the job entailed" and "Oh yes, more than enough."

However some care workers did also tell us "In most things yes, a few little things that they could improve but then nobody is perfect, "Yes – but it is still different for real. So I am still learning" and "The theory side of it yes, legislation etc, but the practical side of it no".

We found there were no staff meetings in place and effective processes from management to communicate to staff about any issues, concerns and best practice in relation to the service. The care manager told us they did not hold staff meetings as it was not practical to do so but when care workers came into the office they would be told of anything they needed at that time.

When speaking to people and relatives, we found they felt care workers were not sufficiently trained to meet their needs. They told us "Some do –yes. They all try", "Well they do what they have to do. In the beginning we had to be shown how to use the equipment, the slide and stuff and there is some difference in the way they [care workers] use the equipment. They [care workers] don't do it the way we were shown so perhaps they are not properly trained", "At the moment they don't. I have to teach them", "They do it their own way", "Not with using equipment- no", "Not really", "It's the equipment thing as far as I know that they don't seem trained in", "One of them, who comes in the morning does, [care worker] everything for me but not all of them do. The trouble is I get used to them and then they go-then there are two other people coming and I don't know who they are and it's just more persons [care workers] who don't know what they are doing!"

Records showed spot checks had been conducted by the care manager to monitor care workers performance and effectiveness of the training they received however feedback from people suggested that the training provided to care workers had not been fully understood or consistently applied by staff in their behaviours and best practice when providing care and support for people using the service.

Care workers performance had not been assessed effectively by management to ensure staff were suitably competent and experienced enough to provide the level of care and support to meet people's needs effectively. Care workers had not received the appropriate training necessary to enable them to carry out the duties they are employed to perform.

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

There were some arrangements in place to obtain, and act in accordance with the consent of people using the service. The service had a Mental Capacity Act 2005 (MCA) policy in place and people's care plans contained an agreement section to show that they had been involved in the drawing up of their plan of care and gave their consent for the care to be provided as outlined in the care plan. However care plans did not contain any information about a person's mental capacity and levels of comprehension so it was unclear as to whether a person had capacity or not to make every decision about their care and other needs. The care plans did not state why the person would require support and whether it was because of the person's level of mental capacity, a particular health need, safety reasons or was the person's choice to want such support provided for them.

When speaking to the registered manager and care workers, they demonstrated a limited understanding of MCA and the issues relating to consent. The registered

Is the service effective?

manager told us people using the service had capacity. However we noted that some people using the service had dementia and had suffered from serious medical conditions which may have an impact on a person's level of comprehension. The registered manager told us he would review the care plans and ensure clearer information was included about people's levels of capacity and levels of comprehension

Training records showed that care workers had received Mental Capacity Act 2005 (MCA) training. However when speaking with care workers, they were not able to explain what mental capacity was but showed an understanding of issues relating to consent. Care workers told us "I encourage them [people using the service] as much as possible to be independent. I give them time to make their choices, and let them choose things for themselves", "The people I have worked for, have all had their understanding, I take them shopping, they say what they want. They have their own choices ", "If somebody can, I ask them, what they want to wear today and then they say. I don't just do it I have to ask" and "As I work I always ask first." One person using the service told us "I am satisfied with how they involve me and the level of choice I have."

Care plans contained detailed information about people's medical history and how it may have an impact on their life and day to day living. Information was also listed as to whether they required any particular support such as mobility and continence needs. Relatives dealt with the day to day care and arranged all health care appointments for people using the service.

People were mainly supported with their nutritional and hydration needs by their relatives or received pre cooked meals to their home. In some cases people were able to eat and drink independently or their lunches/dinners were prepared by their relatives. Areas in which people needed support, were highlighted in their care needs assessments including their likes and dislikes. However, we found the information in the person's support plan was not detailed and clear as to what food/drink the person needed to prevent the risk of a lack of nutrition and dehydration. For example, for one person in their care plan it stated the person "Would like carers to prepare white coffee, no sugar….I don't like eating breakfast. Carer needs to encourage me to eat something. It can be rice pudding or something light. My [relative] prepares all my cooked meals." However their support plan for the afternoon and evening mentions "Give me something to eat" and "Give me something to drink" but did not detail whether the care worker would have to prepare or assist the person with the meal or whether it a pre cooked meal that just needed to be heated. The support plan also mentions that the carer should "Suggest something for me to drink" but did not provide any further detail as to which drinks the person should be offered.

The lack of detailed information about people's dietary requirements and support needed could lead to inappropriate support being provided to people as we found when speaking to some people and relatives using the service. One person using the service told us "Some don't know how to use a cooker or microwave and then I have to microwave food myself. Some can't cook and that's ok because I can have a sandwich anyone can make a sandwich can't they" and one relative told us "Some don't seem to know [person's] drinks have to be thickened and things like that." This could indicate that the person would be at risk of possible choking if food was given to them that did not meet their dietary requirements.

We also noted feedback from a survey conducted by the service in which people were asked if care workers left a drink which people could reach before they left the visit. 37% of the people who responded said yes however 25% said no. This could indicate a risk of possible dehydration for people using the service especially those who have limited mobility.

The care manager told us she would review the care plans and ensure they detailed clearer information about people's nutritional and hydration needs.

Due to the lack of clear information about people's nutritional and hydration needs, there is a risk that people's nutritional and hydration needs were not being met according to people's needs and preferences.

This was a breach of regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Requires improvement

Is the service caring?

Our findings

People using the service and relatives told us "I like the care worker who comes", "I have no issues whatsoever. I am just very grateful to be getting the excellent service I am getting" and "They do what they can and I am grateful for them."

However, we found there was a lack of consistency in the care approach of staff. People felt the interaction and communication skills of care workers could be better and there were some instances where people were not treated with dignity and respect.

Feedback from people using the service and relatives showed some positive caring relationships had developed between people using the service and staff. Person using the service told us "They are caring, they show care, you only have to ask if you need something and they will do it for you", "They are kind, very helpful" and "Not bad". Relatives told us "Gentle, patient, they care about [person], on time, professional" and "Very pleasant-very friendly." However people using the service and relatives told us "I don't know what to say really, Some of them don't even understand English so you can ask them to do something and they do something different", "Well they are okish. Maybe [person] can be difficult but [person] does say they are rough", "They are nice, but it is very hard to understand some of them. English is a problem" and "Some are more bubbly, speak up well and are encouraging but some just do what they have to."

We also asked whether care workers communicated well and took the time to understand people. Some people and relatives told us care workers did and one relative told us "Definitely- even with the one who doesn't speak good English [care worker] tries to make sure they have understood." However people and relatives did also tell us "One [care worker], their English is not good and [person] has English as a second language, so it can be difficult for them to manage to communicate", "Yes some do. Well sometimes they just seem to want to run away quickly", They don't all speak English which makes it difficult sometimes" and "I get frustrated if they don't understand me or I can't understand them. It gets worse because when they 'chop and change' and it's more difficult to explain things to them. It is easier if they speak English or if you are used to them."

Some people told us they were treated with respect. People using the service told us "Yes they treat me with respect and dignity" and "They try their best to keep me private. They are reassuring when I get upset because I need to be helped and cleaned. They say "Don't worry, it is ok it's what we do we don't mind" and relatives told us "When getting changed, they close the door and tell the family not to enter" and "They put things on the radiator to keep warm and that kind of thing." However one person using the service told us "Some of the carers, they are very nice but won't come near me because I am a male not a female. They will give me a wash but not a bath or a shower- because they don't do that for a man. It is alright having a wash but I think I should have a shower really."

We discussed this with the care manager and she told us that the care workers had been changed for this person. However this was highlighted by the person during our inspection which would indicate that the appropriate care workers had not yet been provided for this person.

Another person using the service told us "One of them don't do the bathroom properly and is really rough when they give me a shower, [care worker] just grabs my arm and it feels like my arm is coming off."

These were instances where people had not been treated with dignity and respect which is a breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were some arrangements in place to ensure people were involved in expressing their views. People using the service were involved in an initial assessment about their needs when people started with the service. Records showed that the care manager also conducted telephone reviews with people using the service. The telephone reviews included feedback about the care and quality of service being provided to them. We saw positive comments had been made by people using the service which included "Very happy with the main care worker", "Care worker comes on time" and "Care worker is nice and a good worker."

People's plans were reviewed on a yearly basis by the care manager and the office staff told us that if there were any changes, there would be a reassessment and the care plan would be changed accordingly.

However, there had been no formal review meetings with people using the service and relatives in which people's

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Is the service caring?

care was discussed and reviewed to ensure people's needs were still being met and to assess and monitor whether there had been any changes. When speaking to people and relatives, they confirmed reviews had not taken place which could indicate that some people's needs were not being identified and met when they changed or that some people were not being involved in decisions about their care. People and relatives told us "They came a while ago", "One woman from the office has been to see me but that's all", "No, they have only sent the questionnaire thing" and "No not really", "No regular reviews" and "Not sure at the beginning maybe but nothing regular since then."

In one person's plan we noted that their son was involved with aspects of the person care however, there were no records which showed that their feedback or involvement had been sought by the service

We raised this with the care manager and she told us there were no regular review meetings with people using the service and their relatives however they always spoke with people over the phone and would ask if everything was okay and any changes would normally be communicated with them. .

There was a lack of arrangements in place to enable and support relevant persons to make, or participate in making, decisions relating to the person's care or treatment to the maximum extent possible.

This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Requires improvement

Is the service responsive?

Our findings

People's plans consisted of a care needs assessment, a support plan and risk assessments. The care needs assessments were very detailed and person centred and provided information about people's life history, medical background, previous occupations, things people liked to do and people who were important to them in their lives.

The care needs assessment also clearly outlined what support people wanted and how they wanted the service to provide the support for them with various aspects of their daily life such as personal care, continence, eating and drinking, communication, mobility and medicines. The language used was centred around the person's needs and preferences for example in one person's it stated "I am unable to manage the stairs without assistance and do not go out of my own. When walking at home, I am very slow and get breathless. I would like my carer to supervise me when walking and assist me if needed."

However the support plans were difficult to follow and information about people's support was not clear. Information was also duplicated at times. For example in the support plan it would state the person would like the carer to "Assist with my personal care. I need help getting myself dressed" however this information was already detailed in the person's care needs assessment that the person required this support and how they wanted it to be done.

People's support plans were not person centred and very task focused. The support plans contained information about the tasks care workers needed to do during each visit and sometimes unclear how the task was to be completed. For example, in one person's support plan it would read "Give me something to eat. Suggest to [person] something to drink" however there was no information what drinks could be suggested for that person". In another support plan "I would like my carer to make sure I am comfortable for the night" however there was no information detailing what needed to be done to ensure the person was comfortable and how was this to be done. Statements such as "Make hot/cold drink" and "Give me something to drink" were also used.

We also noted that the risk assessments were not person centred and used the term 'client' to refer to people using the service for example "Carer might need to help client to turn in bed", "Client is able to stand up" and "Client is not able to weight bear."

Information which is task focused and not person centred could put people at risk of receiving care that is inappropriate to their individual needs as we found when speaking to people and their relatives. One relative told us "I sometimes have to tell them that [person] is supposed to have soft food in small mouthfuls and one care worker who had not read the care plan, I came into the room just to see [care worker] trying to shuffle in a great mouthful of stuff. And they don't wear gloves, which I think they should and they don't always wash their hands either."

We discussed this with the care manager and office staff and they told us the care workers would read the care needs assessment and the support plan together. We reminded the care manager that people's plans should be used to make sure that people receive care that is centred on them as an individual and not referred to as a client in their own care plans. The care manager told us she would review the care plans and ensure they were person centred.

Support plans were not person centred and complete records had not been kept about people's care and support they needed. Risk assessments lacked detailed which could place people at risk of receiving inappropriate care which is not safe.

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

People's plans contained information to encourage people to continue to do tasks they were able to do by themselves and prompt people's independence. For example, in one person's plan, it stated "I like preparing meals for myself but I need assistance from my carer to get products from the fridge". People using the service told us "They do encourage my independence, they tell me to get up, they are not bossy, they motivate me", "They tell me "try- if you can" and "They encourage me to do what I can for myself, if I can manage things". Relatives also told us "They take [person] out for walks, [person] was nervous at first but they never forced it just encouraged [person]" and "[Person] was not keen to walk and initially used a stick. They have encouraged [Person] to hold a hand and regain their balance."

Requires improvement

Is the service responsive?

When speaking with care workers they had a good understanding of how to promote people's independence and were able to give us examples of how they did this. Care workers told us "Sometimes I let them do things if they can. I ask 'do you want me to do this, or get this for you' but they can do it if they want", "If a client can feed themselves I encourage them to do it, or if they can I try to get them to stand instead of using the hoist. Some they can't. The weak ones you have to do it. But I do always try to get them to do what they can", "I ask them shall I help you or do you want to try for yourself, I always try to get them to try if they are capable" and "I ask them if they can do it, like can you wash your own face or do you want me to do it."

The service had procedures for receiving, handling and responding to comments and complaints.

Records showed that seven complaints had been received which were responded to and resolved promptly. Most of the people using the service and relatives we spoke with told us that they felt comfortable to raise anything they were are not happy about. We asked them if they knew how to make a complaint and whether they had needed to make a complaint, if so how was it dealt with and was it resolved satisfactorily. People and their relatives told us "Yes, we know how to complain and have manager's mobile number". "I can ring if I need to complain, "I thought something was not right I would say there and then", "I have mentioned things to the managers and they try to do their best to sort things out" and "Yes I have made a complaint. It was dealt with effectively and to the family's satisfaction."

Requires improvement

Is the service well-led?

Our findings

There was a management structure in place with a team of care workers, three office staff which included a recruitment administrator and care co-ordinator, a care manager and the registered manager

During this inspection, we found the service was not well led. We received varied feedback from people using the service and relatives about the service and its management. We asked people and relatives if they thought the service was well managed and organised, some people told us yes it was and would recommend the service. However, others told us "I'm not sure! There have been lots of changes of carers but it has improved a bit in the last 2 – 3 months", "I can't say really, the carers who come are good" and "It is better than the service we used to have but there seems a problem about the timekeeping and I think they should have a better way of saying when they are here. They could have a time sheet that is signed every day or something- not just one they bring every three or four weeks when you can't remember." One relative also told us "There are changes of staff, concern about staff lack of knowledge and they seem to just do the bare minimum."

We also asked people and relatives whether the management of the service kept in touch and asked for feedback. They told us "Yes, with the questionnaire, you can say what you think" however some people told us "Not sure, they have my parents mobile number so they might get in touch that way. We heard from the manager initially but not since and the one from the office has come round a couple of times when they have been short-staffed to help out but not really to find out how things are going "and "Not really"

We found the registered manager was able to demonstrate some improvements had been made since the last inspection. The care manager did also tell us they were seeking advice from an external agency about effective quality assurance and audit processes to ensure they assessed and monitored the performance of the service more effectively

However during this inspection, we found there were concerns about care workers' levels of competency and the lack of reviews of care being provided. We also found issues around the allocation of care workers, the quality of care being received by people using the service and instances in which people were not treated with respect and dignity which had not been identified by the service.

Records did show the service had obtained feedback from people received through surveys. The care manager showed us an audit report which showed a summary of the findings of the survey and records showed there was some positive feedback. From the people that responded to the survey 81% felt they were involved in the preparation of their care plan and 80% felt they were given enough information to make informed choices and 81% felt care workers showed a caring attitude.

However, there were no records to show that some areas that had been identified as possible areas of improvement had been actioned. For example, people were asked, do carers wash their hands before starting to assist you 44% said yes but 31% said no. People were asked do you believe care workers are well trained. Although 63% said yes, 25% said no and there was an additional comment stating "We had to train them to use the hoist and the peg feeding PEG [Percutaneous Endoscopic Gastrostomy-tube feeding via the stomach].They need more training in personal care areas." People were also asked were they asked by the care provider to tell them what you thought about the service 31% said yes but 25% said no. There was no action plan in place to address these areas.

The care manager also showed us completed audits of the service. We noted the audit contained comments such as "It was found that some care plans need to be updated" and "….some care needs assessments were lacking information and some details which could be useful to know to ensure quality services." Although the audit stated there was action needed, there was no further information which showed how they would address these issues and what measures would be place to drive improvement in these areas.

This demonstrated the current systems in place were not robust enough to assess, monitor and improve the quality and safety of the services being provided to people.

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

Care workers spoke positively about working for the service and the management. Care workers told us "ANA is very good, I don't have much any problems with them, "Actually

Requires improvement

Is the service well-led?

I like working for them. I think they are very good", "They are nice people" and "I like it, it is very good, caring and the training is brilliant." Care workers also told us they thought the management were very approachable, they told us "The manager is a good listener, he is great", "Yes I can talk to them whenever I need, they are open I can always ask", "Yes, any problems and they sort it out" and "Yes they are fantastic, very approachable" and "The care manager, she is very good. She will always try to sort something and always promises to call if she has to find something and always does."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Nursing care Personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing **There were insufficient numbers of suitably qualified, competent, skilled and experienced persons deployed to keep people safe and meet their needs.** **Regulation 18 (1)**

Regulated activity	Regulation
Nursing care Personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing **Care workers had not received the appropriate training necessary to enable them to carry out the duties they are employed to perform.** **Regulation 18 (2) (a)**

Regulated activity	Regulation
Nursing care Personal care	Regulation 14 HSCA (RA) Regulations 2014 Meeting nutritional and hydration needs **Due to the lack of clear information about people's nutritional and hydration needs, there is a risk that people's nutritional and hydration needs were not being met.** **Regulation 14 (1)**

Regulated activity	Regulation
Nursing care Personal care	Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect **Service users must be treated with dignity and respect.** **Regulation 10 (1)**

This section is primarily information for the provider

Action we have told the provider to take

Regulated activity	Regulation
Nursing care Personal care	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care There was a lack of arrangements in place to enable and support relevant persons to make, or participate in making, decisions relating to the person's care or treatment to the maximum extent possible. Regulation 9 (3) (d)

Regulated activity	Regulation
Nursing care Personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance The current systems in place were not robust enough to assess, monitor and improve the quality and safety of the services being provided to people. Regulation 17 (2) (a) (b) (c)