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?	**Requires Improvement**
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 1 June 2016. 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.

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. This was the first inspection of the service.

The service had one 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.

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. Two staff were not able to tell us they could 'Whistleblow' to external organisations such as the CQC and local authority. Whistleblowing is when someone who works for an employer raises a concern about a potential risk of harm to people who use the service.

Some risk assessments were not updated to reflect people's current needs and did not take into consideration 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 from risks with choking and falls.

Staff provided support with medicines. Staff were trained in the safe management of medicines. However, staff had not carried out competency assessments to check their understanding of medicines and how to administer them safely.

People's capacity was being assessed and some people were determined to have lacked capacity. However, the assessments did not specify what areas 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.

Quality assurance were not being carried out on people's and staff record to ensure high quality care was being delivered at all time. Questionnaires were completed by people about the service and people's responses were positive. Spot checks were carried out to provide feedback to staff on areas that needed improving.

The number of staff were sufficient to meet people's assessed needs. Staff were employed according to robust recruitment procedures. 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.

People had choices during mealtimes and staff assisted with meals in accordance to people's preferences.

People were encouraged to be independent and their privacy and dignity was maintained.

Staff knew the people they were supporting, their needs and expectations, and provided a personalised service. Care plans were in place detailing how people wished to be supported. People were involved in making decisions about their care.

The registered manager promoted an open culture where staff, relatives and people using the service could raise concerns.

People knew how to complain and felt their complaints would be investigated and responded to and staff were able to tell us how to handle complaints. Complaints were being handled appropriately.

We identified breaches of regulations relating to consent and risk management. You can see what action we have asked the provider to take at the back of the full version of this report.

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

Some aspects of the service were not safe.

Some risk assessments were not updated to reflect people's current circumstances and health needs.

People were supported with medicines. Staff had not received competency assessments following training in medicines to check their understanding of medicines.

People were protected by staff who understood how to identify abuse and who to report to within the organisation. Two staff we spoke to were unaware on who they could report to outside the organisation such as the CQC or the local authority.

Recruitment procedures were in place to ensure staff were fit to undertake their roles and there were sufficient numbers of staff available to meet people's needs.

Is the service effective?

Requires Improvement

Some parts of the service were not effective.

People's rights were not being consistently upheld in line with the Mental Capacity Act 2005 (MCA).

Although training had been provided in safeguarding and MCA, some staff were not aware on how to whistleblow and the principles of the MCA.

Staff received supervision and were supported by the registered manager.

People had choices with their meals when staff supported them with meals.

Is the service caring?

Good

The service was caring.

People and relative told us that people were treated with kindness and compassion in their day-to-day care.

People's privacy and dignity were respected. Staff were aware of the importance of promoting people's independence.

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

Is the service responsive?

Good

The service was responsive.

Care plans included people's care and support needs and staff followed these plans.

There was a complaint system in place. People and relatives knew how to make a complaint and staff were able to tell us how they would respond to complaints.

Is the service well-led?

Requires Improvement

One aspect of the service was not well-led.

Internal audits were not being carried out on records to ensure high quality care was being delivered at all times. Spot checks were carried out and communicated to staff.

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

There was a positive culture within the staff team, which staff felt supported.

Quality monitoring systems were in place for people to provide feedback. The results of the surveys were positive.

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 1 June 2016 and was announced. The inspection was undertaken by a single inspector.

Before the inspection we reviewed relevant information that we had about the provider including any notifications of safeguarding or incidents affecting people's safety and wellbeing.

During the inspection we looked at six care plans, which consisted of people receiving personal care in their own home. We reviewed five staff files and looked at documents linked to the day to day running of the agency including a range of policies and procedures. We also looked at other documents held at the service such as risk assessments, training records and staff meeting minutes. We also spoke with the registered manager.

After the inspection we spoke with one person, three relatives and five staff members.

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. The person we spoke to told us, "I am very happy." A relative told us, "They [staff] are absolutely marvellous, very impressive." Despite these positive comments we found that some aspects of the service were not safe.

Assessments were carried out with people to identify risks and were regularly reviewed. Staff were aware of the risks to people around moving and handling and how to respond to escalating health concerns. For people at risk of diabetes, staff told us that if people were unwell or lost weight, then this would be monitored through a balanced diet and an appointment booked with a GP if required.

Skin integrity was assessed using Braden scale to predict the risk of developing pressure sores. Risk assessments were completed and an action plan was in place for people at risk of developing pressure sores. Some people had pressure sores and there were appropriate risk assessments in place to manage the pressure sores to prevent the risk of serious skin complications.

There were some assessments specific to individual's needs. There were general assessments for everyone such as electrics, fire safety, COSHH and lifestyle. Moving and handling risk assessments were completed for people that required support with mobility. The assessments listed how people should be supported when they were mobile taking into account people's health condition such as skin integrity and weight. □

We found that some risk assessments were not completed in full. In one care plan we saw that a person had trouble swallowing and there was no risk assessment to ensure the risk of harm was minimised and the intervention staff should use if the person was choking. A person was at risk of falling and this was identified in the care plan such as a person found it difficult to walk after a certain distance or a person had difficulties standing up. However, risk assessments were not completed on how to mitigate this risk, such as to ensure that the person was moved safely or supervised when standing up or after walking a certain distance.

Records showed some people had specific health concerns such as epilepsy, dementia, arthritis, diabetes and Parkinson's disease. Risk assessments were not completed to demonstrate the appropriate management of these risks in order to minimise them leading to serious health complications.

People's care plan did not list the medicine's people took. We asked the registered manager why this was not listed and the registered manager told us that most people did not require support with medicines. It is important to identify and list the medicines people take to ascertain if people are on high risk medicines such as warfarin and appropriate control measures are in place to prevent serious health complication especially when delivering personal care.

The above issues related to a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

The staff members we spoke with confirmed that they were confident with managing medicines. Most people managed their own medicines or administered medicines with the support of their family. People and relatives we spoke to confirmed this. The registered manager told us that the service administered medicines for four people. We checked two people's medicine administration chart (MAR), which showed people were given the required medicine at the times prescribed when supported by staff and reasons were recorded if people missed their medicine. We did not find evidence that showed audits in medicines were being carried out to ensure that people were being assisted by staff to take their medicines on time and to identify area's that may require improvement. Staff received appropriate training in medicines. Competency assessments were not carried out after the training to check staff understanding on managing medicines safely. The registered manager told us, this was being reviewed and competency assessments will be implemented.

Staff and the registered manager were aware of their responsibilities in relation to safeguarding people. Staff had undertaken training in understanding and preventing abuse. Training certificates were in staff files. The staff we spoke with were able to explain what abuse is and who to report abuse to within the organisation. Most of the staff also understood how to whistle blow and knew they could report to outside organisations such as the Care Quality Commission (CQC) and the local authority. However, two members of staff were unable to tell us the external organisations they could report to, should they have any concerns.

People and relatives told us that staff were reliable and had no concerns on staff punctuality and the support they received was what they expected. A comment from a person included, 'They [staff] are always on time" and a relative commented, "They [staff], absolutely arrive promptly." The registered manager told us that they had introduced a system for staff to alert them 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. There was a digital system in place to monitor if staff had attended an appointment and the duration of the stay. All of the people we spoke with felt that they had consistency with the staff that provided the care and support. The registered manager said that on occasions such as staff sickness or holidays they had access to a large pool of staff that would be called to provide cover. This meant that people did not go without the care and support they needed.

Records showed the service collected references from previous employers, proof of identity, criminal record checks and information about the experience and skills of the staff. The registered manager told us staff members do not commence employment until pre-employment checks had been completed. This corresponded with the start date recorded on the staff files. This minimised the risk of inappropriate staff being employed by the agency.

Requires Improvement

Is the service effective?

Our findings

People and relatives told us that staff members were skilled and knowledgeable. The person we spoke to told us, "Both [staff] are very good" and a relative commented, "Quality of carers were very impressive." Despite these positive comments we found that some aspects of the service were not effective.

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.

Training in MCA had not been provided. The registered manager told us that staff would be enrolled for this training. Three of the staff we spoke to were not able to explain the principles of the MCA. Staff told us they always asked for consent before providing care and treatment. People and relatives confirmed that staff asked for consent before proceeding with care or treatment.

There was a section within the care plan that covered people's mental state and ability to make judgements. Although the forms listed if people had a health condition, it did not cover the remaining elements of capacity, namely can the person understand, retain, and weigh the information, and make a decision on the information. For people the service determined to have capacity, the form did not include what area's people had capacity in. On one care plan, a person was assessed not to have capacity and a formal assessment was required. We did not find evidence that a formal assessment was carried out. In three care plans, we did not find the section, which assessed people's capacity. The registered manager told us that one of the people had a power of attorney therefore an assessment was not required and a new care plan was being developed that would use the principles of the MCA to determine people's capacity.

This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

Staff received an induction, which involved training in the role of a care worker, these also involved shadowing experienced members of staff and looking at people's care plan. This made sure staff had the basic knowledge needed to begin work. There was a training plan for staff and a record was maintained of the training of each care worker so the registered manager could check when training needed to be updated. Staff had received mandatory training and were supported in more specialist courses such as diabetes awareness and dementia awareness. A staff member told us, "We do get training, helps me a lot."

Records showed staff received regular supervision and appraisal. Staff confirmed they received one to one supervision with their line manager on a regular basis as well as observations of their work with people. Staff felt supported in their work and told us the registered manager was supportive. We saw that staff were able

to discuss any concerns or issues with the registered manager and had a personal development plan that highlighted training and developmental needs.

Where applicable people's care records included details about any dietary needs and support to prepare meals. We saw one person was on a specific diet due to their religious beliefs and the person's relative confirmed this was catered for. The registered manger told us food charts were maintained where people were at risk of malnutrition and required regular support with meals throughout the day, which enabled staff to monitor if people had enough to eat and were on a balanced diet. The registered manager told us how concerns regarding food intake were referred to the person's GP if required. There was a daily routine in people's care plans consisting of breakfast, lunch and dinner that listed staff should support people with their meal according to people's choice. Both staff and relative confirmed people were given choices during meal times. A staff member told us, "I always give [the] person choice."

People and relatives told us that healthcare needs were met. A relative told us, "If [the person] has health appointment, they [staff] will take him." People's care plans listed details of health professionals such as GP and also included their current health condition. The staff we spoke with told us people had access to healthcare professionals particularly if they were unwell. They told us they would know if a person was not well such as looking at their body language, facial expression and response, a staff member told us, "This depends on their reaction or mood." The registered manager told us that most people required limited support with health appointments as they were supported by their family members and relatives confirmed this.

Good

Is the service caring?

Our findings

People and relatives told us that staff were caring and treated people with respect. One person said, "They [staff] are friendly and caring". A relative told us, "Absolutely, they [staff] are friendly" and another relative commented, "They [staff] are very caring and kind." The staff members we talked with spoke fondly of the people and 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.

We found the care plans completed by the service contained information about the needs of people and the care and support they required. This enabled staff to support people in a meaningful way that recognised their individuality and preferences. People and relatives confirmed staff had a thorough knowledge of their needs and preferences. Staff we spoke to were able to describe in detail the needs of people they supported. It was clear staff understood the individual preferences of people they cared for. One member of staff told us, "It is important to have a good rapport with them [people]. Everything you do is for them." Staff told us that they were able to read people's assessments, support plans and risk assessments. This helped staff to gain an understanding of the needs of people using the service and how best to support them.

Staff recognised the importance of ensuring people's private space was not intruded. When people had been first introduced to the service, they were asked how they would like staff to gain access to their homes and this was included on their care plans. The staff we spoke with understood that personal information about people should not be shared with others and told us that when providing particular support or treatment in people's home, it was not done in front of people that would negatively impact on people's dignity. A relative told us, "They [staff] had to support [the person] with shower, they were very sensitive" and a staff member commented, "I always make sure I close the window and door when supporting." Both people and relatives told us that staff respected people's privacy and would always knock and wait for permissions before entering people's room or home. All the staff we spoke to confirmed this. The staff we spoke with told us they always encouraged people to do as much as they could to promote independence. People and relatives confirmed this.

The service had an equality and diversity policy and staff members were trained on equality and diversity. The staff we spoke with told us that they treated people equally; people and relatives had no concerns about staff approach. Cultural and religious beliefs were discussed with people. Their preferences were recorded in care plans. A relative told us that they wanted a male carer for their family member when doing personal care due to their religious beliefs and this was catered for.

People and relatives told us that staff communicated well and took the time to make sure that they were involved in their care. They 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 to identify the types of approach staff should use to communicate with people when providing personal care.

Good

Is the service responsive?

Our findings

People and relative spoken with confirmed the service was responsive and that staff were attentive to their family member's needs. A person told us, "I have no concerns." One relative told us, "Most of them are male carers, that is what we wanted. They [staff] do everything, if we do not want a particular carer, they give new one."

There were complimentary cards and letters from relatives thanking staff. Compliments from one relative included, "[care worker] is an excellent carer for my parents and has been really helpful and we really appreciate it. Another relative compliment included, 'I can recommend ANA Nursing who have had care of my elderly mother for three months in 2015. Their carer's are diligent and maintain daily attendance, which are checked by the agency. ANA nursing works with the requirements of customers rather than seek to impose their own regime."

Care plans included details of people's support needs, communication, mobility, environment, personal hygiene, medical history and nutrition and hydration. There was a social interaction section for people providing information on how people socialised. This helped staff to understand people's preferences and interests and helped develop positive relationships and provide personalised care. There was a daily log, which consisted of daily activities and support needs for each person. These daily logs provided staff with information so they could respond to people positively and in accordance with their needs. Staff were able to tell us in detail about the needs of the individuals they were supporting. A relative told us, "They cater for [the person] preferences very much so."

People's care plans were personalised and person centred to people's needs and preferences. People were asked what they preferred to be called and this was accommodated and recorded on their care plan. We saw evidence that people had requested a care worker that spoke a certain language and this was accommodated by the service. Staff told us they get time to provide person centred care. The registered manager told us that they always provided staff time to provide person centred care and also build good relationship with the people they supported. We found that people had input into the care plans and had choice in the care and support they received. Care plans were signed by people or by their relatives to ensure they agreed with the information in the care plan. There was a section called 'To help us get to know you better, we would like to know a little about your life' that provided information on people's background and family members listing significant events that was important to them. These plans provided staff with information so they could respond to people positively and in accordance with their needs.

The registered manager told us that people's care needs were kept under regular review and the care plans were updated to reflect any changes in people's needs. We saw evidence within the care plans we looked at that some people's needs had been reviewed and relevant changes had been included on the care plans. We saw evidence that people's entire care package was reviewed annually; and people and family members were involved in this process. A relative told us, "[registered manager] went through all [the person] needs, very much catering to [the person] needs."

The registered manager told us that people were assessed before being offered a service in order to ensure the service could cater for their needs. We did not see evidence of pre-assessment sheets that confirmed if people were assessed, which reviewed important aspects such as their level of care needs, communication levels, health condition and if support could be offered. The registered manager told us they speak to people and their relatives in detail about their condition and needs in order to ensure people get the right support and if the service could provide the required support, which is then included in their care plans.

Staff and relatives confirmed people were supported to engage in activities, if required. Staff were able to tell us about the things people liked. A relative told us, "The carer did take [the person] out for walks." One staff member told us, "I play games and take [the person] to the garden" and another staff member commented, "I do reading, [the person] likes reading."

Records showed that 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 relative told us, "No complaints of them [ANA Islington]." We asked staff how they would manage complaint and they told us that they would record the complaint and inform the manager and deal with the complaint as much as possible.

Requires Improvement

Is the service well-led?

Our findings

People and relative spoken with confirmed they were happy with the way the service was managed. One person told us, "I have been very happy with ANA." A relative told us, "It [ANA Islington] is an exceptional service." All the staff we spoke to told us that they enjoyed working at the service and this was due to working with people and the service being well led, one staff member commented, "100% enjoy working for them" and another staff told us, "I enjoy the job."

The registered manager told us spot checks were carried out, which included observing staff when they were caring for people to check that they were providing a good quality service and the results were communicated to staff highlighting best practises and area's for improvement. Records and staff confirmed this. However, we did not see documentary evidence that audits were being carried out on people's and staff records such as care plans, MCA assessments, risk assessments and medicines that would have helped identified the issues we found during the inspection and ensure high quality care was being delivered at all times.

The service had a quality monitoring system which included questionnaires for people who received personal care from the service. We saw the results of the recent questionnaires, which included questions around staffing, punctuality, satisfaction and service. The overall feedback was positive. Comments by people from the survey included, 'I found the staff to be helpful, well-trained, friendly and have a great understanding.' A relative comment on the survey included, 'I feel 100% reassured [the person] is in the best possible hands.'

People and staff benefited from a culture which was open, inclusive and supportive. Staff were motivated and told us that the management of the service was good. One staff member said, "[registered manager] is great." Another member of staff told us, "She [registered manager] is managing very well, she is always there when I need it."

Staff, people and relatives had no concerns about the management and leadership of the service. They expressed the view that the registered manager was very approachable and always listened to their views and concerns. Those who had dealings with the registered managers also described them as approachable and supportive. The registered manager understood the specific needs of individuals using the service and had built up a positive relationship with them and their family members. We saw records of regular staff meetings were staff were encouraged to participate. During these meetings staff discussed availability, training and time keeping. Minutes of the meeting were available for staff that were unable to attend to read, if required.

People and relatives spoke positively about the management of the home. One person told us, "Very good manager." We observed the registered manager speaking to a relative on the phone and the interactions was friendly, caring and supportive. A relative told us, "She is absolutely supportive, kind and supportive."

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent Care and treatment was not always provided with the consent of the relevant person as the registered person was not always acting in accordance with the Mental Capacity Act 2005. (Regulation 11(1)(3))

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The service provider was not providing care in a safe way as they were not doing all that was reasonably practicable to mitigate risks to service users (Regulation 12(1)(2)(a)(b))