

Ansa Care Limited

Ansa Care

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

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

About the service

Ansa Care is a domiciliary care agency that provides personal care to people in their own homes. At the time of our inspection there were eight people using the service who had various health needs, including dementia. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

Records relating to people's risk assessments and specific health conditions did not always provide detailed information and guidance for staff to mitigate the risk of harm to people. Incidences of abuse or alleged abuse had not been notified to CQC as required. People and their relatives were positive about the care they received and of the kind, caring nature of the staff who supported them.

People felt safe receiving their care and support from staff, and staff had completed safeguarding training. Risks to people were identified and assessed. People received their medicines from trained staff.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People were supported by staff to access healthcare professionals and services if needed. Their dietary needs were identified and staff encouraged and supported people with their meals.

Staff were kind and caring with people. A relative said, "The care provider before Ansa Care were not good at all. The staff have a very good relationship with my sister and they work very well together". People were encouraged to be as independent as possible, and they were treated with dignity and respect.

Personalised care was provided and care plans reflected people's choices, preferences and cultural needs which staff followed. Staff communicated with people in the way they needed and preferred. Some complaints had been logged and these were managed in line with the provider's policy.

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

Rating at last inspection

This service was registered with us on 14 April 2021 and this is the first inspection.

Why we inspected

The service was inspected because it is a new service and had not yet been rated.

We have found evidence that the provider needs to make improvements. Please see the Well Led section of this full report.

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

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified a breach in relation to the assessment, monitoring and mitigation of risks relating to the health, safety and welfare of people using the service.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good 

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement 

Ansa Care

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was undertaken by an 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.

Service and service type

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

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 28 June 2022 and ended on 1 July 2022. We visited the location's office on 28 June 2022.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information

providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We reviewed information we had received about the service, including statutory notifications, which the provider is required to send to us by law. We used all this information to plan our inspection.

During the inspection

We spoke with one person who used the service and five relatives to ask for their feedback. We spoke with the registered manager, two staff who worked in the provider's office and a carer.

We reviewed a range of records including three care plans. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe with the support they received from carers. A relative said, "The carers are respectful of my home, my mother is safe, and my home is safe".
- Staff completed safeguarding training and demonstrated how they would keep people safe from harm. One carer said, "I would have to raise any concerns with the team leader, and if it wasn't resolved, I would contact the manager. They would have to do a full investigation and talk to the client. They might contact the head of operations or they might contact CQC. They will also contact the local authority".
- The registered manager demonstrated their understanding of following the provider's safeguarding policy and practices.

Assessing risk, safety monitoring and management

- People's risks were identified, assessed and managed safely.
- A relative told us, "Sometimes Mum wants to do unsafe things, but [named carer] is close by. Mum walks with a frame but only when the carer is around, she is not good on her legs".
- Risk assessments were reviewed in relation to falls, and for people's specific health conditions. We have written about this further under the Well Led section of this report.

Staffing and recruitment

- There were sufficient trained staff to meet people's care and support needs. People and their relatives gave us mixed feedback with regard to the punctuality of carers when they came to their homes. A relative said, "Some of the carers don't have a car and they come at different times. I have to ring to find out where they are. They apologise in the office and say it won't happen again, but it does". One person told us, "I have found them fantastic. They come on time pretty much. Sometimes when they are going to be a bit late, I get a call letting me know and it's not been a problem so far".
- The provider was in the process of developing an app that would record when carers arrived at people's homes, and when they left; this would provide them with accurate data and identify if carers arrived late to calls.
- New staff were recruited safely. Records showed an application form was completed, references obtained and potential new staff had their employment histories verified. Disclosure and Barring Service (DBS) checks were completed. These provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The registered manager explained that any vacancies for carers could be covered by staff from the provider's own recruitment agency, which was run as a separate enterprise.

Using medicines safely

- Medicines were managed safely. Staff were trained to administer medicines as required. Some people just needed to be prompted to take their medicines.
- A relative told us, "No problems with medication. It comes from the pharmacy prepared in blister pack boxes and care staff give them to my wife".
- Staff competency to administer medicines was undertaken and recorded.
- Medicines management was undertaken in line with the provider's policy.

Preventing and controlling infection

- People were protected from the risk of infection.
- Staff completed training in infection prevention and control.
- All care staff undertook regular lateral flow device tests to test for COVID-19.
- Staff had access to personal protective equipment which they used when providing personal care to people in their homes.

Learning lessons when things go wrong

- Lessons were learned when things went wrong.
- The registered manager explained how they had responded when a person who received care had complained about seeing the same carer. The registered manager acknowledged a change of carer might just be what was needed, to provide a change of face and personality for the person. This had been implemented and the change of care staff had worked well for the person.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before they started to receive a service.
- People were referred to the service by healthcare professionals or commissioning authorities.
- Information about people which was received by the provider formed the basis of the care plans. Training was organised for staff based on people's care and support needs.

Staff support: induction, training, skills and experience

- Staff completed an induction programme and mandatory training based on their skills and experience. Staff who had no previous experience of working in care completed the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff were introduced to people before commencing any care or support needs. The registered manager told us, "Induction is very important. I like to meet with new staff with the clients. We have monthly meetings. We talk about their working, how they feel about us, and we obtain feedback about the company, training and any suggestions for training".
- Staff completed a rolling programme of training which was delivered either online or face to face.
- One staff member said, "I have all the training. I've learned basic first aid and manual handling recently. My induction included delivering calls and I shadowed staff".
- A matrix kept by the registered manager showed when carers had completed their training and when training was due.

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

- People were supported to eat and drink enough to maintain a balanced diet.
- A relative said, "[Named carer] cooks meals that my sister will eat as she knows what she likes and dislikes. She has adapted meals to accommodate my sister's preferences".
- A staff member told us, "I help with meal preparation, like for breakfast, porridge and a cup of tea for one person".
- Care records included how staff should support people with their meals. For some people, staff would prompt them to eat their meals; other people required their meals to be prepared for them. People's preferences and daily routines with meals and drinks were also recorded in their care records.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- The service worked with a range of agencies and people were referred to the provider when they required support in their own homes.
- A relative told us they would normally take their family member to any health appointments and added, "But if there was no-one in the family who could help, then Ansa Care would sort something out".
- Some carers provided live-in support to people and had regular contact with healthcare professionals, social services and the mental health team.
- Care records provided information about people's medical history and current health conditions, with guidance for staff.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA

- Consent to care and support was gained lawfully.
- Capacity assessments had been completed for two people which identified both had capacity to make specific decisions relating to their care.
- Staff completed training on mental capacity. One carer said, "It was online training. You need to be aware of the person you are working with. As some people grow older they may lose their memory, like with dementia. You can't assume anything, you work with people to help them understand".

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were looked after by kind and caring staff who knew them well; their diverse needs were acknowledged and catered for.
- A relative said, "The carer was absolutely amazing. She was really caring and had to do lots of things that were above and beyond what she was asked to do. [Named family member] can be very difficult and could shout at the carer, but she continued to help and care".
- Any cultural or religious beliefs were recorded in people's care plans. For example, one person followed a particular religion and their native language was not English. Information was provided about the religion and that they were happy to communicate in English, with no interpreter needed.

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

- People were supported by staff to be involved in all aspects of their care.
- A relative said, "Mum is a lot of work and it has been very difficult; all the carers involved have worked really hard and they have all been very kind, thoughtful and caring". Another relative told us, "When one of the carers was off, we had another carer. [Named family member] can get anxious when there is a change and likes her specific routines. She struggles with new carers. The original carer came back and she is a perfect fit; I can't praise her highly enough".
- A carer told us, "There's always something you have to know and everything is in the care plan. We find out from that and support people according to their care plan".

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect and their independence was promoted.
- A carer told us, "We are support workers, so we always encourage people to do things for themselves. If people live on their own, we might help them make their tea. If it's personal care, we might encourage them to wash parts of their body and we do the rest. I ask people before I do anything and we give people the privacy they need".

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

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

- People received personalised care in line with their needs and preferences.
- A relative told us, "We have had meetings with Ansa Care about when replacement carers came to look after her. Some of them were older and perhaps set in their ways a bit, but the office have reassured my sister and the manager is very quick to respond".
- The registered manager explained their understanding of personalised care and said, "I would describe it as, 'this is me'. The care has to be centred to the person, not general. We try to know the person and put information about them in their care plan".
- Care records provided staff with information about what was important to each person, and included their preferences and choices. For example, one care plan recorded the person had lived in a country in Asia before moving and settling in the UK. The care plan described their cultural beliefs and what was important to them.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's preferred methods of communication were recorded within their care plans.
- In addition to any language differences, care plans noted how staff should communicate with the person. For example, in one care plan we read the staff should communicate with the person, 'gently and subtly', and the person could communicate verbally. Any visual or hearing impairments were noted, so staff could adjust the way they communicated with people.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to stay in touch with family and friends.
- Staff supported people to participate in activities to maintain their mental wellbeing. A relative said, "My sister needs lots of stimulation and [named carer] gives her that. They play games and they both like to watch the wrestling on the TV. They also bake scones together. [Named carer] will take my sister out and is very careful as my sister can get easily distracted and wander off".

Improving care quality in response to complaints or concerns

- Complaints were managed in line with the provider's policy.
- A relative told us, "We had a replacement carer for a week and she left the house in a terrible mess. The oven was dirty and there was rubbish all over the kitchen ... the bathroom was filthy. When our carer returned, she was appalled and she complained to the manager, as did I. It hasn't happened again".
- We discussed the complaints that had been received with the registered manager. Some complaints related to staff running late. Each complaint was logged and the outcome recorded.

End of life care and support

- At the time of the inspection, no-one was receiving end of life care.
- Staff completed end of life training, and all staff had been trained on resuscitation techniques, should these be required.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Regulatory requirements were not fully understood or followed by the provider.
- An incidence of abuse had been reported to the local safeguarding authority, but not notified to CQC in line with regulatory requirements. We discussed this with the registered manager, who had not understood the need to notify CQC of any alleged abuse, even if the local safeguarding authority decided not to investigate. We asked the registered manager to send us the appropriate notification retrospectively and this has since been received.
- Risks to people had been identified and assessed, but records provided a lack of detail or information for staff on how to protect people from harm. For example, one person lived with diabetes and their care plan stated staff should prepare the person's breakfast quickly as their blood sugar was low in the morning. There was no specific information for staff about diabetes, how this affected the person, and actions staff should take in the event they had low (or high) blood sugar levels.
- Another person had been identified as at risk of falls, but their assessment was unclear as to whether the risk was high, medium or low, as there was no explanation of how the final score had been calculated. In a third care plan, it stated that topical cream should be administered 'all over the body'. There was no body map to guide staff on where exactly the cream should be applied.

The provider had failed to fully assess, monitor and mitigate risks relating to the health, safety and welfare of people using the service. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We discussed the concerns found at inspection with the registered manager. During the inspection, they agreed that the method for assessing and quantifying people's risks was unclear and took immediate steps to update the risk assessments.
- After the inspection, care plans were reviewed and updated to provide information and guidance for staff on people's specific health conditions.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People received personalised care that achieved good outcomes and promoted their independence.
- A relative said, "Carers interact with me and my wife, make her a cup of tea and have a chat. They are

respectful of my home, leaving it tidy and secure". Another relative told us, "I have no problems with anything to do with the company or with the carer; I am very pleased".

- The registered manager described the culture of the service and said, "We put all the service users at the heart of what we do. Utmost care is our priority and I think we actually achieve what we stand for. If we are talking about caring, there are so many times I go out just to support. I enjoy visiting people and stopping to have a chat".
- The registered manager understood their responsibilities under duty of candour and described the importance of open, honest communication with people and their families if things went wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and staff were encouraged to be involved in all aspects of the service.
- A relative said, "I can't recommend Ansa Care and the carers highly enough".
- The registered manager told us of one person who had to be admitted into a care home and how a carer supported their relative during this stressful time. Written compliments had been received and were kept on file. One read, 'Thank you very much for all our support. We really appreciate the love and support you extended to us when our Mum was unwell'.
- A member of staff commented, "It's a good place to work. They send you to different places and you learn different experiences. We have staff meetings and we can talk about any problems we encounter at work, the people we support, and what kind of training we need".
- For some staff, the use of alcohol hand gel was counter to their religious beliefs. The provider's IPC policy included that hand gel used contained synthetic alcohol, and therefore was not prohibited in religions such as Muslim.

Continuous learning and improving care

- Audits to monitor and measure the care people received and the service overall had been implemented.
- We reviewed the provider's business continuity plan and COVID-19 contingency plan. The latter showed how people were prioritised according to their needs in the event there was a lack of support staff because of COVID-19.
- Call times and when support staff arrived and left people's homes were documented and reviewed by office staff. The registered manager explained that people were always given the names of staff who would be providing care in advance of any calls.
- The provider maintained regular contact with people and their relatives through emails and telephone calls.

Working in partnership with others

- The service worked with a variety of health, social care and commissioning agencies.
- Referrals were received from these agencies and the service was under contract to deliver personal care and support to people who had been assessed as needing this in their own homes.
- The registered manager was a member of various professional support organisations.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to fully assess, monitor and mitigate risks relating to the health, safety and welfare of people using the service. Regulation 17(1) (2)(b)(c)