

Andrea Healthcare Limited

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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

About the service

Andrea Healthcare Limited is a domiciliary care service providing personal care to people living in their own houses, flats and specialist housing. Andrea Healthcare Limited primarily supports older people and people who are judged to be at the end of their life. At the time of inspection there were eight people using the service, of which all were receiving the regulated activity of 'personal care'.

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

Improvements were required to ensure the proper and safe use of medicines. Staff recruitment practices and procedures were not as robust as they should be, we have made a recommendation about this within the report. The service understood staff require training, but improvements are required to ensure staff are appropriately trained, are skilled and competent to undertake their role. Staff did not routinely receive formal supervision. The provider's governance arrangements had failed to identify the above shortfalls.

People and those acting on their behalf told us they or their family member was safe, and they had no concerns about their safety. Suitable arrangements were in place to protect people from abuse and avoidable harm. Staff understood how to raise concerns and knew what to do to safeguard people. Risks for people were identified and recorded in relation to their care and support needs. People confirmed they had not experienced any occasions whereby they had not received support from the domiciliary care service, for example, missed calls.

Staff made sure people were involved in making decisions about their care and support. People were supported to have maximum choice and control of their lives and staff supported people in the least restrictive way possible and in their best interests; the policies and systems in the service supported did not support this practice. People were supported to eat and drink enough to maintain their health and wellbeing. The service monitored people's health, care and support needs to promote positive outcomes and to ensure people were supported at the end of their life.

People told us they were treated with care and kindness. Overall people were very happy with the domiciliary care service provided. People confirmed care and support was provided by regular staff and they were always treated with respect and dignity.

People's care and support needs were identified and recorded. Staff confirmed they had all of the information required to meet people's needs. People and those acting on their behalf were confident that if they complained, this would be taken seriously and acted on.

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 in November 2020 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Enforcement and Recommendations

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 breaches in relation to medicines management, staff training and governance arrangements at this inspection.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was 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 ●

Andrea Healthcare Limited

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 completed by one inspector.

Service and service type

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

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 14 June 2022 and ended on 24 June 2022. We visited the location's office on 14 June 2022.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well

and improvements they plan to make. We sought feedback from the Local Authority and professionals who work with the service. We used all this information to plan our inspection.

During the inspection

During the inspection we spoke with the registered manager. We reviewed a range of records including three people's care and support plans, risk assessments and daily care notes. We reviewed two people's medication administration records. We also reviewed four staff personnel files, staff training and supervision records. We reviewed records used in managing the service, for example, satisfaction surveys.

After the inspection

We contacted and spoke with three members of staff and spoke with two people who use the service and one relative.

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 Requires Improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely; Learning lessons when things go wrong

- Medication Administration Records [MAR] did not provide assurance people using the service received their medicines as they should.
- We found unexplained gaps on the MAR forms for two people, giving no indication of whether they had received their medicines or not, and if not, the reason why was not recorded.
- Records showed staff on occasions left medication out for one person to take later in the day. However, staff did not use the correct MAR code 'M=make available' and recorded their initials, indicating they had witnessed the person taking their medicine when they had not. Where a variable dose of medication was to be administered, the specific dosage given was not recorded.
- Staff had received medication training but had not had their competency assessed through direct observation to ensure their practice was safe.
- Medication audits were not robust to make sure MAR forms were completed to a good standard or to identify errors and lessons learned. This was discussed with the registered manager and they confirmed going forward that actions would be taken to have a more robust system in place to identify where improvements were required.

The provider did not ensure the proper and safe use of medicines. This demonstrated a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Staffing and recruitment

- Recruitment practices were not as robust as they should be, and improvements were required.
- A full employment history was not recorded for two out of four staff personnel files viewed. Evidence of conduct from their most recent employer, in the form of a written reference, was not sought or considered for three members of staff. This was not in line with the provider's recruitment policy and procedure.
- A written record was not completed or retained for all staff newly employed, to demonstrate the discussion taken place as part of the interview process and the rationale for staff's appointment. This showed robust measures had not been undertaken to make an initial assessment as to the applicant's relevant skills, competence, experience for the role and to narrow down if they were suitable. The registered manager confirmed interviews were completed but not documented.

We recommend the provider consider current guidance relating to recruitment practices and act to update their practice and knowledge.

- The service did not use an automated checking system that enabled the provider and registered manager to monitor people's call times. The registered manager told us this was planned to enable them to routinely monitor 'missed' and 'late' calls. Currently, the service was reliant on information being relayed to them by people using the service, those acting on their behalf or by staff.
- People confirmed they had not experienced any occasions whereby they had not received support from the domiciliary care service [missed calls]. One relative told us, "We have had no missed calls. Staff have been late on a couple of occasions, but this is very rare." One person who uses the service told us, "We have never had a missed call and we are always notified if staff are running late." Completed satisfaction surveys confirmed the above and recorded staff stayed for the allocated time in line with people's support plan.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and had no concerns about their safety or wellbeing when staff visited them. One person told us when asked if they felt safe, "Safe, absolutely." One relative told us, "[Relative] and I have no concerns about our safety when staff visit."
- Staff understood what to do to make sure people were protected from harm or abuse. Staff confirmed they would escalate concerns to the registered manager and external agencies, such as the Local Authority, police or Care Quality Commission.
- The registered manager was aware of their responsibilities for reporting safeguarding concerns to the Local Authority and to the Care Quality Commission.

Assessing risk, safety monitoring and management

- Risks to people were assessed, recorded and managed to enable people to live in their own homes safely.
- The registered manager confirmed during the COVID-19 pandemic and prior to people's discharge from hospital and acceptance of the domiciliary care package, their COVID-19 status was checked.
- Risks presented by the pandemic had not been identified for staff at Andrea Healthcare Limited. This meant staff who may be at increased risk of contracting COVID-19, for example, those with underlying health conditions and including staff from black, Asian and ethnic minority groups were not identified.

Preventing and controlling infection

- Staff had received infection, prevention and control training.
- Staff had access to Personal Protective Equipment [PPE, including face masks, aprons, gloves and hand sanitiser, and confirmed adequate supplies were routinely available.
- Relatives told us staff always wore PPE when undertaking visits to them at their home. One person told us, "Staff always wear the correct PPE, there are no concerns."
- Staff confirmed they were undertaking COVID-19 testing in line with government guidance.

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 Requires Improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff had completed the 'Care Certificate'. The 'Care Certificate' is a set of minimum standards that social care and health workers should adhere to in their daily working life and complete at the start of their employment in care as part of their induction.
- We found not all staff had completed additional online training in key areas. One member of staff who commenced in post in March 2022, had only completed hand hygiene training. A further five courses were between 80%-90% complete. The 'Care Certificate' is not a substitute for key training subjects.
- The registered manager confirmed they facilitated specific training for staff relating to moving and handling. However, they could not provide evidence of when their 'train the trainer' course had been completed. This meant we could not be assured that their knowledge and practice remained up to date and in line with current guidance and legislation.
- Staff spoken with confirmed they had not received 'practical' moving and handling training but were supporting people to mobilise. Although we found no impact for people using the service, this lack of appropriate training potentially places people at risk of harm.
- Evidence of supervision and 'spot visit' checks were viewed for three members of staff. The latter is where a representative of the organisation can observe the member of staff as they go about their duties and check they are meeting the organisation's standards and expectations. We found supervisions were not undertaken at regular intervals. For example, since commencing in post in February 2021 and May 2021, two members of staff had only received one supervision, 11 and eight months respectively after being employed.

We were not assured staff employed at the service received sufficient training to deliver effective care and support. This demonstrated a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People's needs were assessed prior to the commencement of their care package with Andrea Healthcare Limited and included an assessment by the local Clinical Commissioning Group [CCG].
- The registered manager stated during the COVID-19 pandemic, assessments were completed over the telephone with the CCG and included the person requiring a domiciliary care service and their next of kin.
- People's protected characteristics under the Equalities Act 2010, such as age, disability, religion and

ethnicity were identified as part of their need's assessment.

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

- People's nutritional support needs were assessed and recorded.
- Information from people's daily journals demonstrated staff supported them as needed with the provision of meals, snacks, and drinks to ensure their nutritional and hydration needs were met.

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

- People had access to healthcare professionals as required. Information viewed showed this could include access to district nurse services, GP, Speech and Language Team [SALT] and Occupational Therapy.
- If staff were concerned about a person's health and wellbeing, they relayed these concerns to the domiciliary care office and registered manager for escalation and action. For example, a member of staff had recently noted that one person had limited supplies of medication and continence products. The domiciliary care office and the person's next of kin contacted to make them aware of the issues. The local continence service was contacted and both issues were resolved.

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.

- We found the service was working within the principles of the MCA.
- People told us staff sought their consent prior to providing care and support and enabled them to make their own decisions and choices. One person told us, "Staff always tell me what is happening and ask me prior to doing anything."
- People's capacity and ability to make decisions was not assessed and recorded but staff demonstrated and awareness and understanding of people's needs.

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 positive about the care and support provided. One relative told us, "My overall impression of the service is generally very good, and we have regular carers." They told us where some members of staff had not initially understood the care and support to be provided for their relative, this was discussed with the registered manager. The relative confirmed their family member's care and support had subsequently improved. One person using the service told us, "The staff are absolutely marvellous. I have received excellent support. I have a core group of three members of staff, and they are very caring, our relationship is very positive.

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

- The registered manager told us people and their relatives were given the opportunity to provide feedback about the service through the completion of a satisfaction questionnaire. Feedback from 10 people for the period 2021 to 2022 were viewed and all comments were positive. Comments included, "Excellent service", "Very kind and caring. Nothing was too much trouble which was much appreciated."
- People and their relatives had been involved in the pre-assessment process prior to the commencement of their care package with Andrea Healthcare Limited.

Respecting and promoting people's privacy, dignity and independence

- People told us they were always treated with dignity and respect by staff and where possible staff helped them to maintain their independence. One person told us, "The staff absolutely treat me with dignity and respect."
- Staff told us how they supported people and respected their privacy and dignity. Staff explained the steps they took to support and maintain people's privacy and dignity, for example, by ensuring the curtains were pulled and doors closed when providing personal care.

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 services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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; End of life care and support

- People and those acting on their behalf, told us they and/or their relative received good personalised care that met their needs.
- Each person using the service had a care plan in place detailing, the level of support required, the number of staff required to provide support and the length of time for each visit.
- Staff were knowledgeable and understood the care needs of the people they supported. Staff confirmed they had sight of a person's 'pen profile' prior to providing care and support. The registered manager confirmed information for staff was provided via the WhatsApp messaging platform and this was confirmed as accurate by staff spoken with. One member of staff told us, "We always have information about the person before we visit."
- The domiciliary care service specialises in supporting people who are at the end of their life. The registered manager confirmed information relating to people's end of life care needs were provided by the CCG as they were commissioning the service. Staff had received end of life training.

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 communication needs were assessed, and this was recorded in care plans, so staff knew the preferred way to communicate with people.
- The registered manager told us every effort would and could be made to ensure information was supplied to people in a format they could understand if required. Currently, no one using the service had specific communication difficulties.

Improving care quality in response to complaints or concerns

- Effective arrangements were in place to monitor complaints and concerns made about the quality of the service provided. The complaints log demonstrated there was a low incidence of complaints at the service.
- A record of compliments was maintained to evidence the service's achievements. Comments included,

"Thank you very much for all the wonderful care you gave [Name of person using the service]. Your kindness and compassion were greatly appreciated" and, "I would just like to say a big thank you for the care you gave [relative]. As you know [relative] thought the world of [staff member] and had a little friendship going with them. They cheered [relative] up most days when they were feeling lonely or upset."

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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The quality assurance and governance arrangements in place were not effective in identifying shortfalls in the service. Specific information relating to the improvements required is cited within this report and demonstrated the arrangements for identifying and managing the above were not robust and required improvement.
- A system was in place to make sure staff's recruitment files were audited to ensure these were in line with regulatory requirements, but these had not picked up what we found. A record of people's MAR confirmed these had been viewed and returned to the domiciliary care service. However, these had not picked up what we found during this inspection. No information had highlighted improvements were required to staff training.

The provider's quality assurance arrangements were not robust in identifying shortfalls in the service. This demonstrated a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Despite the above people considered the service to be well run and were happy with the care and support provided.
- Staff told us they were clear on their roles and responsibilities and enjoyed working at the domiciliary care service. Staff were complimentary of the registered manager and told us they felt supported. Comments included, "I do feel supported by [name of registered manager] and they are very flexible with my shifts. If I am unable to speak to the manager by telephone, I leave a message and they always come back to me" and, "[Name of registered manager] is very supportive, they are very good."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The culture of the service was positive. People told us they would be happy to recommend Andrea Healthcare Limited to others. Comments included, "I would 100% recommend them [Andrea Healthcare Limited]" and, "Yes, I would recommend the service."

- The service engaged with people and their relatives through reviews and the completion of satisfaction surveys. Feedback from people for the period 2021 to 2022 were viewed and all comments were positive, as recorded within the 'Caring' section of this report.
- People told us communication with the domiciliary care service was good. One person told us, "The manager is very helpful and gets back to you."
- The management team of the service met regularly, with minutes of the meetings recorded. Staff received key information via the WhatsApp messaging platform.

Working in partnership with others

- The service was able to demonstrate they were working in partnership with others, such as the CCG and other healthcare professionals.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Suitable arrangements were not in place to ensure the proper and safe use of medicines.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider's quality assurance arrangements were not robust in identifying shortfalls in the service.
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing We were not assured staff employed at the service received sufficient training to deliver effective care and support.