

ANA Homecare Limited

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Willesden

Inspection report

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Ratings

Overall rating for this service	Good ●
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?	Good ●

Summary of findings

Overall summary

About the service:

ANA Homecare Limited Willesden is a small homecare agency in the London Borough of Brent. During the day of our inspection 26 people received the regulated activity personal care and were supported by 28 care workers. 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:

People were supported by care workers that were caring, compassionate and treated them with dignity and respect.

Concerns or complaints were listened and responded to and used as opportunities to improve the service provided.

People received person centred care and support based on their individual needs and preferences. Care workers knew people well and had a good understanding of their life stories and communication needs. They used this information to develop positive and meaningful relationships with people.

People told us they felt well cared for by care workers who treated them with respect.

The registered manager ensured people had regular staff supporting them to ensure consistency and enable people and care workers to build positive relationships.

People were supported by care workers who had the skills and knowledge to meet their needs. Care workers understood what was required of them and felt confident in their role.

Care workers liaised with other health care professionals to ensure people's safety and ensure that their healthcare needs were met.

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.

Care workers spoke positively about working for the agency and the registered manager. They felt well supported and that they could talk with management at any time, feeling confident any concerns would be acted on promptly. They felt valued and happy in their work.

Regular audits were completed by the registered manager to check the quality and safety of the service. This information was shared with the wider staff team.

The registered manager managed and supported the staff team in their roles to ensure people received a good service.

Rating at last inspection: This was the first inspection of ANA Homecare Services Limited Willesden since being registered with the CQC in June 2018.

Why we inspected: This was a planned inspection based on the date ANA Homecare Services Limited Willesden was registered with the CQC.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received, we may inspect sooner.

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

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 well-led

Details are in our Well-Led findings below.

Good ●

ANA Homecare Ltd Willesden

Detailed findings

Background to this 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 Care Act 2014.

Inspection team:

The inspection was carried out by one adult social care inspector and one Expert by Experience (ExE) who telephoned people who used the service and relatives on 7 June 2019. An ExE 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. It provides a service to older adults and some younger adults with disabilities.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection:

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

We visited the office location on 29 May 2019 to see the registered manager and office staff; and to review care records and policies and procedures.

What we did before the inspection:

We used information the provider sent us in the Provider Information Return. This is information providers

are required to send us to give some key information about the service, what the service does well and improvements they plan to make. This information helps support our inspections. We reviewed information we held about the service such as statutory notifications. A statutory notification is information about important events, which the provider is required to send us by law. We asked the local authority for any information they had which would assist our inspection. We used this information as part of our planning.

During the inspection:

We spoke with four people who used the service, one relative, three care workers and received written feedback from two care workers. We spoke with one care co-ordinator, one partner and the registered manager. We looked at five care plans and risk assessments. We looked at records relating to the management of medicine, staff training, complaints and quality assurance monitoring.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The service had systems in place to check care practices and ensure staff safeguarded people.
- Care workers received training about safeguarding adults.
- People and relatives told us they felt safe. One relative said, "I have been in the room when they care for my relative and I have no complaints." One person told us, "Yes, I feel safe. They do a good quality job and they are very professional."
- Care workers and office staff were aware of how to keep people safe. One care worker said, "I had training and I would report it to the office if I would see or notice anything."

Assessing risk, safety monitoring and management

- We saw a wide range of detailed risk assessments and risk management plans. These risk management plans covered most aspects of how to support people's physical, medical, environmental and personal needs. People's preferences relating to risk were also recorded.
- However, we found that information was not as detailed for 'how' staff should safely manage the risk if a person had diabetes and recommended the risk assessments had more detailed information added in this area.
- The registered manager told us during the inspection that they had updated and reviewed the diabetes risk assessment, which we found had been amended and was then now of a good standard.

Staffing and recruitment

- Care workers were issued with a weekly rota and the care coordinator advised us that she would ensure that the same care workers were allocated to ensure consistency. This was confirmed by care workers and people who used the service.
- Care workers told us that there were enough staff available to meet people's needs. They also advised us that they were usually given enough traveling time between care calls. People told us that staff are generally on time but would always call if they run late.
- The service was undertaking checks to ensure that the recruitment of staff was safe and only staff suitable to work with people who used the service were employed.
- Care workers had their suitability to work with vulnerable people checked. This was done through obtaining references and conducting criminal record checks.

Using medicines safely

- People's medicines were managed safely. People received their calls at the right time to ensure medicines were given at the correct intervals. Administration of medication records indicated people received their medicines regularly. This was confirmed by the people we spoke with.

- Care workers completed training to administer medicines and their competency was checked regularly.
- The registered manager completed monthly audits of medicines to ensure policies and procedures were followed and any errors or concerns were identified. We saw in these audits that where issues were identified appropriate action was taken, including learning opportunities for staff.

Preventing and controlling infection

- Care workers had completed infection control training and followed good infection control practices. They used protective clothing such as disposable gloves and aprons during personal care, to help prevent the spread of infections.
- Care workers were able to pick up gloves and shoe covers at the agency's office. We also noted one instance where a relative raised a concern that care workers did not wear gloves. In response to this the registered manager discussed the issue during the next staff meeting reminding care workers of the importance to wear gloves when supporting people with their personal care.

Learning lessons when things go wrong

- There was a system in place for recording accidents and incidents, should they arise, and this included a trend analysis assessment and preventative action. We saw that any such events were followed up by the registered manager and discussed with care workers to minimise the risk of such incidents and accidents happening again.

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

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 were assessed before they were provided with care by the service. This ensured their needs could be met. Assessments covered people's health and social care needs.
- People's cultural needs were identified so staff could meet these. Assessments gave a brief overview of a person's religion or beliefs, so care workers understood what it meant to people and how they could respect their beliefs.

Staff support: induction, training, skills and experience

- People said the staff were skilled and competent. One person said, "The carers are very good they know what they are doing, I am very happy."
- Care workers confirmed they completed a wide range of certificated training courses including the Care Certificate [a nationally-recognised introduction to care course], health and safety, food hygiene, first aid, the Mental Capacity Act 2005, and safeguarding. Staff also had access to mental health training.
- We saw that care workers had regular opportunities to meet with their line manager and were able to discuss day to day work and personal development. One care worker said, "I meet with [person's name] every other month and we discuss whatever we need to. I feel well supported."

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

- Care workers understood people's individual dietary needs and made sure people who required support with their nutritional needs had sufficient amounts to eat and drink. For example, one person required assistance to eat their food. Staff said they had time to sit and assist the person to eat and ensure their meal was eaten at the person's own pace.
- Risks associated with people's eating and drinking were assessed, and how to manage identified risks was recorded in care plans for care staff to follow. People who used the service told us that they were satisfied with the care staff who supported them to eat and drink and felt they had a choice. One person said, "I tell them [staff] what I want, and they do it for me with a cup of tea."

Staff working with other agencies to provide consistent, effective, timely care

- The service worked closely with local commissioning groups, GP's and other relevant health care professionals. We saw in records that the service responded to peoples changing needs, by contacting the social worker and asking for a reassessment to ensure that the person received the correct care package.

Supporting people to live healthier lives, access healthcare services and support

- People we spoke with made their own health care appointments or had family who supported them to arrange these.

- Care workers monitored people's wellbeing, such as their general health, and informed families or referred people to health care professionals if they identified any concerns. Relatives told us, "They will tell me if there is anything wrong, but they also went with her to the GP in the past."

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 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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

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

- The managers understood their responsibilities under the MCA.
- People using the service made daily decisions for themselves, or with the support from relatives and staff. Staff had completed training in MCA and understood how this affected their practice. One care worker us, "Never presume people cannot make decisions for themselves, always ask people before you do something. That is common sense."
- Records demonstrated people's consent to care was sought and people's rights with regards to consent and making decisions were respected by staff.
- Where relatives, or others involved in people's care, had the authority to make decisions on people's behalf. This was recorded in their care plan.

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

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 said they were always treated with respect. One person said when we asked them if they felt they were well treated, "Yes, they [staff] are very good and serious people and helpful. This is a good quality agency."

- People were helped to develop and maintain their independence. We asked people if they were encouraged to do things for themselves. One person said, "Yes, of course they help me with things I can't do and encourage me to do the things I can do by myself."

- A member of staff spoke affectionately about a person they were supporting to take part in more activities. They said, "I like visiting people and help them, it's nice to see them smile when I leave."

- Care workers respected people's diverse needs and lifestyle choices and were non-judgemental in their work. One care worker said, "I treat everyone the way they want to be treated and make sure I respect the culture where they come from. For example, I wear shoe protectors in some homes."

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

- People and relatives told us that they were fully involved in planning their care and how their needs should be met. One person told us, "The agency set up the assessment, they spoke to me and I showed them my papers from the hospital and doctors." Another person said, "Yes, they [staff] do listen to me, we have a chat and I tell them what I need and want."

- Each person had a care plan which had been written with them. Care plans were signed by people or their relative to state they understood and agreed with the plan of care. One person said, "Someone from the office comes and we talk about my care plan."

- The care co-ordinator regularly met with people to seek their views and ensure they remained happy with the service provided to them.

Respecting and promoting people's privacy, dignity and independence

- People had built trusting relationships with the care workers who supported them. People and relatives told us that staff were kind and caring and that they ensured that their dignity and privacy was maintained. One person told us, "They always close the door and cover me up when I have shower. Despite me living on my own."

- Where people had specific wishes about who supported them this was respected. One person commented, "I told them that I only want female carers and that was done. This makes me more comfortable."

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People who used the service had their support needs, health and social care needs were assessed. This was done prior to, or right at, the start of the agency in providing personal care. This information then formed part of people's care plans. People who used the service and relatives told that they had been involved in the assessment and care planning process. One person said, "[Name] came and we talked about what I need and who is going to help me."
- People and their family members were fully involved in the assessment process to make sure the registered manager had all the information they needed. People had support plans in place, which reflected their current needs.
- Care workers completed daily records which included personal care given, information if medicines had been given and the person's well-being.
- People were offered individual support according to their needs and choices. One person said, "I am very happy with ANA, they are a good agency and the carers do really care and do what I need them to do."

Improving care quality in response to complaints or concerns

- People told us they felt confident in raising any concerns or complaints to their staff or through the office; and felt these would be dealt with appropriately. One person said, "Well, you have to go to the office to speak to them." A relative said, "I would speak to the carers or speak to my sister who is a social worker."
- The policy included information about other organisations that could be approached if someone wished to raise a concern outside of the service such as the social services and local government ombudsman.
- There had been ten complaints recorded in the complaints folder in the last twelve months. All were resolved satisfactorily.

Meeting people's communication needs

- Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.
- The service was working according to the Accessible Information Standard (AIS) and its requirements during our inspection.

End of life care and support

- The service was not supporting anyone at the end of their life.
- Care plans showed that there had been conversations with people and their relatives about end of life plans and some people had these plans in place.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- There was a positive, caring and supportive culture amongst staff at the service and this was encouraged by the registered provider's leadership of the service.
- All the people and relatives told us they thought the service was well-organised and well-led. People commented, "I am happy with the care and the communication from the office" and "The carers are brilliant and [care co-ordinator name] is so easy to talk to."
- Care workers told us they felt valued and well-supported by the registered provider. They also said that they could contact their line manager for support or advice at any time. One care worker said, "I can call [name] for help, but if she is not around I can ask anybody in the office."
- The service recognised the importance of continuity of care, ensuring that people were supported by small consistent teams of staff who knew them well.

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

- There was a wide range of policies and procedures available to help guide staff. Policies we looked at were up to date and had been reviewed.
- Registered providers are required to inform the Care Quality Commission (CQC) of certain incidents and events that happen whilst providing its service. The registered provider was aware of this responsibility and was prepared to do so when required.

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

- The service had systems in place to gather feedback about the quality of service it was providing from the people it supported and their relatives. It also sought feedback from staff.
- All of the feedback about the service from people supported, their relatives and staff was positive. One person said, "I am very happy with care and the carers, lovely service."
- The service fully considered and met people's equality and diversity needs. For example, some people requested care workers from the same or similar cultural background. Records showed that this request had been responded to positively and ensured that people's religious and cultural preferences were taken into consideration when providing care.

Continuous learning and improving care

- Quality assurance systems were in place and used effectively to monitor the quality and safety of the

service and make improvements.

- Regular spot checks were carried out by the registered provider to assess staff performance and their learning and development needs.
- Meetings with staff were used as a constructive opportunity to share learning and ways of improving the service.

Working in partnership with others

- The service maintained good working relationships with partner agencies. This included working with other health and social care professionals, such as GPs and social workers.