

ANK Solutions Ltd

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Inspection report

Flat 16
Gavin House, 25 Plumstead High Street
London
SE18 1SP

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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

ANK Solutions Ltd is a domiciliary care agency. It provides personal and nursing care to people living within their own homes. Not everyone using the service may receive a regulated activity. CQC only inspects the service being received by people provided with personal care; that is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

At the time of our inspection the service was providing personal and nursing care to one person. The provider was working on growing and expanding the service to provide personal and nursing care to adults and children with learning disabilities.

People's experience of using this service

People were protected from the risk of abuse as the provider had safeguarding policies and procedures in place and staff had a good understanding of them. Recruitment checks took place before staff started work. There were enough staff to meet people's needs safely.

Risks to people were assessed and management plans were developed to reduce identified risks. People received their medicines safely. Procedures were in place to reduce the risk of infections and staff had enough personal protective equipment.

People's needs were assessed appropriately before they started using the service. People received support from staff to maintain good health and to access services they required. People were supported with their nutritional needs in line with their care plan. Staff were supported and trained to be effective in their roles. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were cared by staff who were kind and compassionate. Staff provided care and support to people to meet their individual needs and requirements. Staff promoted people's cultural and religious beliefs and supported them to follow these.

People's communication needs were met. People knew how to make a complaint if they were unhappy with the service.

The quality of the service was regularly reviewed and monitored. Staff received the direction and leadership they needed. The views of people and staff were sought in the running of the service. The service worked in partnership with other organisation to improve the service.

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 the CQC June 2021 and this was the first inspection.

Why we inspected

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

Follow up

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

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 ●

ANK Solutions Ltd

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

ANK Solutions is a domiciliary care agency. It provides personal and nursing care to people with varying needs living within their own homes.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was announced. We gave the service 48 hours' notice of the inspection to ensure the registered manager and staff would be present and available to support the inspection. Inspection activity started on 23 September 2022 and ended on 27 September 2022. We visited the location's office on 27 September 2022.

What we did before the inspection

We checked information we had about the service including notifications they had sent us. We reviewed 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 used all this information to help plan our inspection.

During the inspection

We met and spoke with the registered manager and the contracts manager, we reviewed a range of records including one care plan, two staff recruitment records and staff training records. We also reviewed records used in managing the service for example, policies and procedures, monitoring tools and audits. Following the office visit we spoke with a relative of a person using the service to seek their feedback on the service they received; and we spoke with two staff members supporting the person using the service.

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 for this 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

- There were systems available to protect people from the risk of abuse or harm. The provider had safeguarding policies and procedures in place to promote people's safety. The relative we spoke with told us they felt their loved one was safe with staff and in the way they carried out their duties.
- Staff had received training in safeguarding adults and were aware of their responsibilities to report any concerns. The registered manager and contracts manager knew how to report allegations of abuse to the local authority and CQC where required. There had not been any safeguarding allegations since the service started.

Assessing risk, safety monitoring and management

- People were kept safe from the risk of avoidable harm. Risks associated with people's health conditions, behaviour and care needs had been appropriately assessed.
- Care plans documented actions to take to mitigate identified risks and staff were trained and experienced in supporting people in a safe way.
- There was a risk management plan for reducing the risk associated with percutaneous endoscopic gastrostomy (PEG) tube for one person. A percutaneous endoscopic gastrostomy (PEG) feeding tube is a way to give food, fluids and medicines directly into the stomach by passing a thin tube through the skin and into the stomach. The plan included how to keep the PEG site clean and maintain the equipment. Only qualified nurses undertook this task.
- Risks to people were regularly reviewed to ensure any changes to their needs were safely managed and met.

Using medicines safely

- People received their medicines safely. Staff administering medicines were trained and experienced. They followed the care plan and instructions from the prescriber and the risk associated with administering medicines through a PEG had been assessed.
- Medicines Administration Records (MAR) were completed showing when medicines had been administered. There was PRN (as required) protocols in place on medicines that were administered on when required basis. The relative told us staff always checked with them to confirm symptoms before administering PRN medicines.
- The registered manager carried out regular audits to check MARs were signed.

Staffing and recruitment

- There were enough staff employed to meet people's needs when required. A relative told us, "They [nurses] are here on shift basis day and night looking after my [loved one]. They do a very good job."
- The rota showed shifts were adequately covered with regular and consistent nursing staff. The registered manager covered vacant shifts.
- Staff were safely recruited, and pre-employment checks were completed before staff started work. Checks included employment history, identification, references, right to work in the United Kingdom and criminal records checks through the Disclosure and Baring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. The provider also checked that nurses employed had the appropriate qualifications and their professional registration was up to date and continued to be valid.

Preventing and controlling infection

- People were protected from the risk of infection. Staff had completed training on infection control and COVID-19. There was an infection control policy and procedure available and staff understood how to reduce the risk of infection.
- Personal protective equipment (PPE) such as facemasks, aprons and gloves were made available to staff and they used them appropriately.

Learning lessons when things go wrong

- There were systems in place to report incidents and accidents and when things go wrong. Staff knew to report any incident to the registered manager. There had not been any incident since the service started. The registered manager told us they checked communication logs, and daily reports to ensure staff had not missed reporting an incident.

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 to ensure they could be appropriately met. People, their relatives, and relevant professionals were involved in the assessment process to ensure their individual needs were considered and planned for.
- People's needs assessment covered their physical, social and mental health needs; including their personal care, nutrition, behaviours, mobility, skin integrity and the home environment. Assessments also included people's culture, religion, disability; and other protected characteristics.

Staff support: induction, training, skills and experience

- Staff had the knowledge and skills to meet people's needs. A relative told us, "My [loved one's] needs are met. They [nursing staff] know how to look after [my loved one] which gives me confidence and peace of mind."
- Staff confirmed they completed an induction when they started work at the service. As part of the induction they spent time with people and their relatives if they wished and went through what and how they want care provided to them.
- Records showed and staff confirmed they had received appropriate training to meet people's needs and to enhance their skills in the job. Staff were also supported through regular supervisions where they discussed any concerns they may be experiencing. Annual appraisals had also been completed.

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

- People's nutrition and hydration needs were met. Care plans documented people's nutritional needs including any allergies and choking risks.
- Where people received their food through specific means such as PEG tube, there was clear guidelines from the dietician available which staff followed. Training record showed staff undertaking this task had been trained and had the experience to do this.

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

- People received support to access healthcare services to maintain good health and their well-being when required. Staff supported people where required, to attend medical appointments and to liaise with health care professionals to maintain their physical and mental well-being.
- Staff knew the people they supported well and discussed any concerns with their relatives and other health professionals. Staff knew how to respond in a medical emergency if they had any concerns about a

person's health and wellbeing.

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.

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.

- People were consulted and supported to make choices and decisions for themselves. Staff promoted people's rights and worked within the principles of the MCA to ensure these were upheld. Staff received training on the MCA and understood the principles and application of these in practice.
- Care plans documented people's choices and who supported them to make decisions about their care.

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; Respecting and promoting people's privacy, dignity and independence

- People were cared for and treated with kindness, respect and compassion. A relative told us, "They [staff] are brilliant! They are understanding, considerate to [my loved one] and to us as a family. They are attentive to [my loved one's] needs which means a lot to us."
- Staff had built trusting and respectful relationships with people and their relatives. They understood the importance of working within the principles of the Equality Act and supported people in meeting their diverse needs in relation to race, culture, religion and disability. A relative told us, staff respected their religion and culture; and supported their loved one to maintain and observe their religious practices. The relative said staff also put them into consideration and gave them time and space to carry out their religious obligations.
- People were supported by staff that promoted and supported their independence and treated them with dignity. Staff were aware of how to promote people's dignity and they gave us examples of how they did this. For example, they didn't expose people unduly.
- Staff knew the importance of maintaining confidentiality. Information about people was treated sensitively and shared only on a need to know basis only.

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

- People and their relatives were consulted and involved in making decisions and choices about their care and support. Staff listened to people and followed their verbal and non-verbal expressions in responding to their needs and wishes.
- People's views and choices were sought and documented within their plan of care. Care plans were reviewed on a regular basis to ensure individual needs and wishes were met and respected.

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; end of life care and support

- People's individual care needs were planned, documented and delivered to meet their needs.
- Care plans contained information about people's physical, emotional and mental health needs. People's likes, dislikes, things that are important to the person, their routines and backgrounds were also noted in their care plans. This enabled staff gain knowledge about the person and how to support them.
- A relative told us that staff worked closely with them and followed the care plan agreed to ensure people's needs were met. Record showed staff supported people with their individual needs including supporting them with personal care, administering medicines and maintaining their health and well-being in line with their plan of care.
- At the time of our inspection no one using the service required end of life care and support. The care planning process provided an avenue to discuss this if people and their relatives were comfortable to discuss this.
- Staff had received end of life care training to ensure they had the knowledge and skills to support people appropriately where required. The registered manager told us that if required, they would work in partnership with people, their relatives, health and social care professionals and local palliative care teams to ensure people's end of life care needs and wishes were met.

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.

- People's communication and sensory needs were assessed and documented in their plan of care to ensure staff had relevant information on how best to communicate and support them.
- Staff understood the ways people they supported to communicate and expressed themselves and they promoted effective communication using these methods.
- The registered manager told us they would provide information in different formats if required to meet people's needs.

Improving care quality in response to complaints or concerns.

- There were systems in place to manage and respond to complaints appropriately in line with the providers policy. A relative told us they knew the procedure to express their concerns or complaint about the service as they were informed of the procedure when they started using the service. They told us they had

been happy with the service so have had no reason to make a complaint.

- Records showed there had not been any complaint made about the service since it started. The registered manager showed they understood their responsibility to address complaints appropriately and ensure lessons were learnt from them.

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

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff supported people with their needs in a person-centred, inclusive and positive manner. A relative told us, "The registered manager runs the service very well. We are happy with the care and support our [loved one] is getting from them."
- Staff told us they were well supported and trained to carry out their jobs effectively. The registered manager explained that they carefully selected staff who were skilled and experienced in the job and can meet people's individual needs and situations.
- The provider had operational policies and procedures that supported them in managing the service. There was business continuity plan in place that catered for unforeseeable emergencies. This ensured people could still receive the care they needed in emergencies.

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

- The registered provider was actively involved in the day to day running and delivery of care and promoted a well-led service. The registered manager was aware of their responsibilities under the Duty of Candour and understood the importance of being open and transparency when things go wrong. The Duty of Candour is a regulation that all providers must adhere to.
- The registered manager was experienced in their role and they understood the requirement of their registration to notify CQC of significant events. The registered provider had a contracts manager and operational manager who worked with them to run the service and improve the service quality, adhere to the requirements of their registration and manage risks.
- The registered manager provided leadership to staff and ensured they understood their roles and delivered their roles effectively. Staff told us they could call the registered manager for support anytime and she would answer and support them as needed.

Continuous learning and improving care; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There were systems in place to monitor the quality and safety of the service on a regular basis. Checks and audits conducted monitored areas such as, care plans and records, medicines management, accidents and incidents, staffing, recruitment and staff training and supervisions.
- The registered manager regularly sought the feedback of people and their relatives about the service so

improvements can be made. They held review meetings and carried out spot checks and observations on staff practices. Where they identified areas of improvement, they implemented this immediately. For example, they had included a new code on the MAR for staff to enter when relatives administer medicines to their [loved one] instead of leaving the space blank.

- The management of the service held regular meetings to discuss how to grow, develop and improve the service. They reviewed the effectiveness of the business strategy regularly. They were looking at ways to expand the service to support people with a range of personal and nursing care needs.
- The provider had explored ways to recruit, train and retain experienced nursing and care staff so they are ready to work when they have an increased demand for the service.

Working in partnership with others

- The service worked effectively with health and social care professionals to ensure people received care that met their needs.
- The provider liaised with local commissioners, Clinical Commissioning Group and other agencies to develop the service. The registered manager attended care providers forum where they share their experience and learn from others.