Anglian Care and Domestic Support Services 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?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

Anglian Care and Domestic Support Services Limited is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It is registered to provide a service to older people, people living with dementia and people with mental health needs. Not everyone using Anglian Care and Domestic Support Services Limited received a regulated activity; the Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided.

This announced inspection was carried out between 25 and 29 June 2018. This is the first inspection of the service under its current registration. At the time of our inspection there were 58 people using the service.

The service had a registered manager. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service was not consistently Well Led. This was because governance, quality assurance and audits were not as effective as they should have been. Records, risk assessments and guidance for staff were not up-to-date. The registered manager had not identified all incidents that needed to be reported to us. This put people at risk of receiving unsafe care or care that was inappropriate.

The service was not always safe. Risks to people were not always identified or managed well. Not all incidents were acted upon and this increased the potential for them to happen again.

People were valued and they had a say in how the service was run. The registered manager supported their staff team in various ways including observations and supervisions both in people's homes and at the head office. Staff were supported in their roles in an open and honest manner. People, relatives and staff had a say in how the service was run. The registered manager worked with external stakeholders to help ensure people's care was coordinated.

Staff followed the provider's safeguarding procedures and were knowledgeable about recognising any signs of harm. The provider's recruitment process was robust. Necessary checks were completed before new staff commenced their employment to ensure their suitability for the role. Sufficient staff with the right skills were deployed in a way that ensured people's needs were met safely and appropriately. People were supported to receive their medicines safely and as prescribed by trained staff. Staff adhered to the provider's policies about maintaining good hygiene standards.

People received an effective service. The assessment of people's needs helped the management to consider the different level of skill and competency required of staff to meet those needs. People benefited from care provided by staff who received regular training and support.

Staff supported people to access health care services and have sufficient quantities to eat and drink. People had maximum choice and control of their lives was promoted and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People received a caring service. Staff knew people they cared for well and as a result they had developed a caring rapport with each person. People were supported to express their views and where they lacked capacity to make decisions for themselves they were supported to access advocacy services to speak on their behalf.

Staff respected people's privacy and dignity. Staff were given the time they needed for people's care and this was separate from when they undertook their training. This meant that people's care was unaffected by staff's training needs. Staff understood what good care was and supported people in an equal way no matter what their abilities or disabilities were.

People received a responsive service. People, and or their relatives, were involved in the care planning process and contributed to how their care was to be provided. Concerns were used to drive improvement and compliments were used to recognise what worked well. Staff used their skills to communicate with people effectively and assistive technology helped people to be more or totally independent. People could be assured that they would be able to have a dignified and pain free death.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have told the provider to take at the back of this report.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Not all risks had been identified, updated or recorded in detail. This put people at risk of receiving care that was not as safe as it could have been.

Sufficient staff had been recruited safely and they had the skills to promote each person's safety.

Medicines were administered and managed safely by trained and competent staff.

Is the service effective?

Good

The service was effective.

People's care and support was provided by trained staff who used their up-to-date skills to meet each person's care needs well.

People were enabled to access health care services when required. This was by staff who knew when to request health care professional's support.

People had the encouragement and support they needed to eat and drink sufficiently.

Staff supported people to make decisions about their everyday living as well as respecting any decision that could appear to be unwise.

Is the service caring?

Good

The service was caring.

Staff knew the people they cared for well. As a result of this people's care was caring, kind and compassionate.

People made decisions about their care. If required, advocacy

was put in place so that people's views were listened to.

People's privacy and dignity was promoted by staff who understood how to promote their independence in a respectful manner.

Is the service responsive?

Good

The service was responsive.

People's care and support needs were met by staff who ensured people's care was as individual as practicable.

A complaints process was in place and people were given information on how to access this.

Systems, policies and procedures were in place to support people. relatives and staff with end of life care. This helped to ensure that people could have a dignified and comfortable death.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Governance, quality assurance and audits were not as effective as they should have been.

People had a say in how the service was run.

The registered manager supported the staff team in their role to be open honest and respect the provider's values to provide a good standard of service.

Anglian Care and Domestic Support Services Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This announced inspection took place between 25 and 29 June 2018. It was undertaken by one inspector.

We gave the provider five days' notice as the service is small and we needed to be sure they were in. This was also because some of the people using the service could not consent to a home visit or phone call from an inspector, which meant that we had to make alternative arrangements about this.

Before the inspection the provider completed a Provider Information Return (PIR). This is information we require providers to send us at least annually. This provides us with information about the service, what the service does well and improvements they plan to make. We used this information to assist us with the planning of this inspection. We also looked at other information we held about the service. This included information from notifications the provider sent to us. A notification is information about important events, which the provider is required to send to us by law, such as incidents or allegations of harm.

Prior to our inspection we contacted the local safeguarding authority to ask them about their views of the service. This organisation's views helped us to plan our inspection.

On the 25 and 26 June 2018 we spoke with seven people and four relatives of people who were not able to speak with us. We also contacted other relatives by e-mail to ask them for their views.

On 28 June 2018 we visited the provider's office and we spoke with the registered manager, assistant manager and a new staff member who was supporting the registered manager.

We looked at care documentation for four people using the service and their medicines' administration records. We also looked at one new staff file, staff training and supervision planning records and other records relating to the management of the service. These included records associated with audit and quality assurance, accidents and incidents, compliments and complaints. On the 29 June 2018 we spoke with four care staff.

Requires Improvement

Is the service safe?

Our findings

Improvement was needed to ensure people received consistent care that was appropriate and current to their needs. Whilst staff told us they were knowledgeable about risks associated with people's individual care and support needs, not all risk assessments and risk management plans had been reviewed and revised to accurately reflect current information and guidance for staff This placed people at risk of receiving care that may be inappropriate or unsafe.

One person had recently sustained a serious injury from a fall and required treatment in hospital. Their risk of falls was not reassessed following their discharge from hospital. Their risk management strategy was not reviewed and revised accordingly to include any further action that may need to be taken to mitigate the risk and prevent any reoccurrence. One staff member told us, "I wasn't aware that I had to update the risk assessment after every single incident." We found that records to support the person to be safe were out of date and were not accurate.

In another instance where a person required the assistance of a hoist to move , their care and support plans did not explain the type and level of support they needed to move safely. Although staff told us they knew how to move the person safely, a lack of correct guidance specific to the person's moving and handling needs put them at risk of harm from incorrect moving and handling.

A relative told us that staff always ensured their family member had their walking aid in reach for support when mobilising. The relative said, "[Staff] are very understanding and encourage them to use it. [Family member] can walk short distances independently but for anything else they must use the walking aid."

The provider's safeguarding policies and procedures supported staff to understand risks. For example, risks associated with bed rails or security of people's homes were discussed with health professionals, staff, relatives and social workers. People were given information about safeguarding as well as to whom they could report any concerns. This was to make sure people were safe. One person said, "[Staff] make sure they lock my door when leaving. I need the assurance they have done this. They have never left it open. I would report this if it ever happened." A relative told us, "I know [family member] is safe. Any equipment that [family member] needs such as the hoist is always used by [staff]."

Staff were given training and guidance to help their understanding of how to recognise and report any risk of, or potential, harm. This included supervision sessions where this subject was discussed to check staff's understanding. People told us that staff knew how to keep them safe. One said, "[Staff] always turn up on time. They stay with me until everything I needed doing has been done. [Office staff] ring to let me know if care [staff] are running a bit late due to traffic or being delayed for emergency reasons." One relative said, "We haven't ever had a missed call. [Family member] is not the easiest person to care for and they can be quite difficult. Staff show real empathy without getting in physical contact. They are very good at predicting [family member's] moods which helps things from escalating."

Staff reported incidents or a change in a person's needs as they occurred to ensure they were managed and

followed up appropriately. For example, where a person's skin was found to be at risk of breaking down staff reported it to the registered manager. The registered manager promptly liaised with community nurses for further support and guidance.
The registered manager was able to demonstrate they had worked jointly with external agencies to support and safeguard people. Allegation of theft was promptly reported to the local safeguarding authority and police. Matters were addressed in an open and transparent way and improvements made to tighten checks on individuals finance records. This helped to improve accountability and recording of people's known finances, as well as any family involvement.

The service had robust recruitment processes that helped to ensure new staff employed were suitable for the role. Required checks were carried out to ensure new staff were of good character and fit to work with people who are vulnerable. There were sufficient numbers of staff to meet people's needs. People told us that their care needs were met and staff were mostly on time. One person told us that both of their care staff usually arrived on time. If ever they were running a little late, such as a delay at the previous visit the office staff informed them of an estimated time of arrival or alternative arrangements. A relative told us, "[Family member] relies on two staff to help them to get up, wash, and dress. There are always two staff as I see them when I visit." One staff member told us, "We do get enough time to meet people's care needs. Unless there is an emergency in which case we call the office and other staff can cover my remaining care calls."

People's medicines were administered and managed safely. For example, ordering medicines and the security of these in people's homes. Staff were trained and their competence assessed to manage medicines safely and administer them correctly. One person said, "I need to have my medicines every four hours and this is what happens. Staff wash their hands and make sure they write on the medicines administration record (MAR)." The MARs showed people were administered their medicines as prescribed. One staff member said, "Some people need their medicines 30 minutes before food, with water and to remain sat upright. I always make sure I do this and record on their MAR sheet.".

Staff were trained in the prevention and control of infection and food handling and hygiene standards. People confirmed staff were clean and tidy. One person told us, "[Staff] always wear all their protective clothing, they tidy up and wipe any spills up off the bathroom floor. I wouldn't like to slip." A relative said, "Staff wash their hands before applying creams to my [family member's] skin." Regular checks were undertaken to make sure staff worked in a clean and hygienic way and that any waste was disposed of safely.

One relative of a person whose behaviours could be challenging to others told us that staff were ingenious at coming up with care strategies which worked. A communication book was used to share strategies that worked well with the person. The relative told us "I use this information to care for my [family member in a (safer) way. It's all down to their personality. If they are ever concerned about anything they feedback to the office. [Family member] can cancel their care calls but the staff ring me to make sure this is safe. It works well." The registered manager and staff liaised with external stakeholders and others to achieve safe outcomes for people's care.

Good

Is the service effective?

Our findings

People's needs and choices were assessed prior to receiving their care package to ensure they could be met effectively. One person told us that their needs were assessed by the service before they left hospital. They said, "It was very thorough. I have been quite happy with all aspects of my care." A relative told us how the support received by their family member with a daily wash and regular bath had helped them to regain their independence.

People's assessed needs were met by staff who had the right skills, knowledge and experience. Training was planned and managed well and various teaching methods were used such as e-learning and face to face. Subject areas included moving and handling (theory and practical), dementia care, equality and diversity and human rights, food hygiene and nutrition, the Mental Capacity Act 2005 (MCA) and end of life care. Staff had effective induction and supervision. One staff member told us that their induction was thorough and although they had worked in care before their competency was assessed to ensure they had the right skills and experience to deliver safe and effective care and support.

There were good working relationships with other healthcare professionals that not only ensured joined up care but ensured staff were skilled and competent in supporting specific health care needs.

People's wellbeing and independence was promoted with various types of technology. example, Call bell alarm pendants were provided under separate contract and people wore these for safety reasons. This was as well as staff logging their care calls on a phone as well as making sure people were hoisted by correctly maintained equipment. In addition, staff made sure that people used any automated hoisting equipment they had been provided with.

Health care professionals were involved in people's care when needed. People were given the information they needed about their health and how best to manage any conditions associated with these. One person told us that staff had acted appropriately in ensuring that emergency services were contacted after arriving at the person's home to find them having fallen. Arrangements had subsequently been made for community nurse involvement after the person returned home. People were enabled to access health care services by staff who recognised promptly when such services were needed.

People were supported to eat and drink well by staff who understood each person's nutritional needs. Advice and guidance was sought from various healthcare professionals in how to support people at risk of malnutrition more effectively. A relative, said, "Staff are very good at encouraging my [family member] to eat and drink plenty which they really need to. I ask staff to leave a hot or cold drink out for later if I am out." Another relative told us that staff supported their family member with a soft pureed diet and that the person's diet included fruit and vegetables puree which pureed well.

The 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in services provided in the community are applied for and authorised by the Court of Protection (CoP). We checked whether the service was working within the principles of the MCA and found this to be the case.

Staff demonstrated a good understanding of MCA and the registered manager was aware of their duties and responsibilities in relation to it. Staff promoted and supported people's choices. One person told us, "I choose what I want to wear and [staff] help me dress. I tell them what I would like for breakfast and they get it ready for me to eat." One staff member said, "It's all about respecting people's choices. Sometimes you need to give people a limited selection of clothes, food or by asking them in small sentences if they would like to watch TV, have a snack or just chat. Every person is different. It is their choice after all." Staff understood the decisions people could or couldn't make as well as how to respect people's choices.

Good

Is the service caring?

Our findings

People told us that staff provided their care with compassion, were kind and respectful. One person said, "I am happy with everything about my care. I don't know how [staff] can be so cheerful in the morning but this sets me up for the day." Another person told us their care staff were "Ever so kind" and that they had developed a good rapport with them. They told us that the staff's caring approach and commitment had helped them regain their confidence and strength and become independent once again.

People were complimentary about the service they received. One person told us that their care staff knew them so well they had developed a bond. The person told us, "[Staff] know me well. We can have a laugh about my [care]. It's important to feel relaxed as it can't be easy for them caring for a stranger. We have become good friends."

People benefited from having regular care staff who knew them well. One staff member told us, "I know [the people] I care for ever so well. I have had the same care round for a long time. Some staff like changes but for me I prefer to see the same people. It means you are part of their life. Exchanging stories about their life, catching up on the news and talking about my pet cat." Another staff member said, "I care for people with visual and hearing impairments and it's just as important for them to have regular staff too. Even more so. I make sure I speak very clearly and a little slower using short sentences. Sometimes people like to see pictures of things or written communication notes. No two people are the same so I tailor their care to suit." One person said, "Basically, I have regular care calls and the same staff apart from when they have to have their holidays. It means a lot to me [to have the same staff]. That's because they know me better than I know myself. They remember things I can't. It [the care] just works."

Staff promoted equality and diversity and supported people to be involved in their care as much as they wanted to be, and as much as they were able.
Staff also used e-mail to communicate and involve relatives where their family member was not able to do this themselves. Office based staff also kept in regular contact with people by working some care shifts as well as contacting people by telephone and in person. One person said, "I am very fussy but [staff] always write in my [care plan]. I read this and they say such lovely things. A good day for me is talking about what's going on in the local town [with staff]. I have a visiting mobile library to pick my favourite books and music as I find they relax me and [staff] know this so we often have a sing together. People received a service that was based on their individual needs.

Staff promoted people's independence, privacy and dignity. One person told us, "We understand each other and we have built up a [working] relationship. They know what I can do which is quite a lot. The bit of care they give me has transformed my life. This makes a difference to me." Staff gave people time to undertake their own care or aspects of it. For example, by enabling people to wash or dress themselves as much as practicable. One relative told us, "My [family member] needs some help but they are extremely independent. They just need a little help with things such as preparing meals." People were treated with respect no matter what their care needs were.

Good

Is the service responsive?

Our findings

Improvement was needed to ensure people's care plans were informative and current. We found that people's care plans were not always up to date and informative to guide staff on how to deliver consistent care that was personalised and current. Information in care plans was brief and lacked detail about the persons choice and preferences in how they would like their care and support to be delivered, for example how they would like to be washed and dressed. The registered manager told us and we found that this was an area for improvement that had already been identified and action was being taken to address it.

Staff demonstrated a good understanding of people's needs and how they should be met. However, inaccurate and out of date care documentation meant people could not always be assured the care and support they received was consistent and responsive to their needs, particularly if there was a change in staff who were not familiar with them.

People lived their lives in the way they chose to. One person told us that staff met their needs by going through their care plan every six months and including important information about the person's food and drink preparation. People told us that they were able to input information towards their care and were confident that they were being listened to by the staff. One staff member said that if anyone wishes to make any changes we pass this to the office [staff]. They will then record it and action any change required."

Relatives we spoke with told us how well staff understood and responded to the needs of people living with dementia. One relative told us how adept staff were at engaging well with their family member, talking about the football results made the person smile and enjoy sharing the moment. Another relative told us how their family member lit up when staff shared a joke with them and gave them time to process the information and respond.

Policies and procedures were in place and these gave people information on how to report any concerns. Records showed us that there had not been any complaints since the service was registered under its current registration. One person told us, "I do know how to complain. I speak with [office staff]. They always ask if there is anything else that needs to be investigated. This suits me as I find [the care] to be alright." Another person said, "I have never had to complain. If I ever had any concerns, which I haven't, my [family member] would be on the case for me." One staff member told us, "Just by speaking with someone you can tell if they are not happy. For people living with dementia you have to use their body language and general demeanour to judge if they are upset or worried. I always report this to the office [staff]."

At the time of our inspection no person was being supported with end of life care. However, compliment cards from relatives showed staff had supported people at the end stage of their lives with good care and compassion. One compliment read, "Without your support we would have been truly lost and we can't express how much it was appreciated." Another complimented the staff on the good care and support staff had provided to their loved one during such a difficult time.

The service worked with other healthcare professionals and palliative care nurses to provide co-ordinated

joined up care to ensure a comfortable and dignified death. Staff were provided with the information they needed about people's advanced decisions about their end of life care to ensure their choices and preferences were upheld.

Requires Improvement

Is the service well-led?

Our findings

Improvements were needed to ensure the provider had effective and robust oversight of the safety and quality of the service. Shortfalls found during the inspection around risk management, care planning and audit analysis had not been independently picked up through oversight and governance systems. People's risks to their health and welfare were not re-assessed when their needs had changed, care plans were not reviewed and revised accordingly and incidents, accidents and falls were not analysed to identify any trends and themes that may need addressing.

The registered manager had mostly reported incidents to us that they are required to do so. However, we found that although the local safeguarding had been informed about an allegation of abuse, the registered manager's audits had failed to identify that this should have been reported to the Care Quality Commission. These incidents had occurred in September and October 2017. This meant that the audit and governance systems that were in place were not as effective as they should have been. This lack of effective auditing increased the risk of people receiving care that was not safe or of good quality. This also showed us that the registered manager was not as aware of their responsibilities as they needed to be.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

A registered manager was in post. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.
The registered manager had identified they needed additional staff to support them. This was in the form of additional office based staff who had already commenced improvements to care plans and audit process. The registered manager told us that their input had already begun to make a difference.

The registered manager kept themselves aware of the day to day culture within the service. They did this by meeting with care staff when they went to the provider's office, during observations of the quality of their care and during formal meetings and supervisions. This helped promote an open and honest staff and team culture. The registered manager gave staff instructions and guidance to ensure people's records were held securely and that staff maintained people's confidentiality.

Staff were supported in their role using various systems and processes as well as contributing to the day to day running of the service. These included formal supervision, mentoring, coaching and team meetings. This helped motivate the staff team. Staff told us that team meetings were an opportunity where they were reminded of their responsibilities such as only using the out of hours call system for genuine reasons. One staff member told us, "I absolutely do get to have a say in my work. We have supervisions out in the community. We get feedback on anything we need to improve."

The registered manager told us that staff were also subject to unannounced spot checks and that these

could include unannounced checks on staff's arrival time and that their care calls were achievable. This helped identify any potential issues with the quality of care but also if the duration of care calls needed to be changed in any way.

Systems were in place to identify and respond to any concerns about people's care. One staff member told us, "If I ever saw poor care I would report it. I am certain the right actions would be taken. [Registered manager] is only ever a phone call away. When we had a safeguarding incident, I was totally supported through the investigation. I am sure any staff member would be." Staff were supported if they ever raised concerns about the care people had received.

People had a say in how the service was run and how their care was provided. For example, the provider's quality assurance survey showed that most people were either satisfied or very satisfied with their care. Examples of positive comments about what the service did well included, "Staff are sensitive to my disability/abilities, I am not rushed and I feel involved," "Any issues are discussed with the [registered] manager and resolved immediately" and "All staff care for me admirably and are always tidy, on time and polite."

However, people did not always know in advance who their care staff would be each week. One person said, "[Staff] do tell us which staff are coming tomorrow or next week but I am sure that if I called the office they would send me a [roster] for staff." Another person said, "It would be helpful to have a roster in advance so I would know which [staff] were coming. They tell me the day or night before but I don't know until then who my care [staff] are." Several people we spoke with shared this view. The registered manager told us that this is something they used to do and were going to reintroduce this.

Minor comments which were not related to people's care had nonetheless been implemented, such as how staff made people's beds. One person told us, "I have the number to call the office. Being local is really useful as it means if I need anything it happens quickly, such as an extra care call." A relative said, "They [office staff] always ask how I am as well as my [family member]. They are very organised and definitely seem to know what they are doing as a result." The registered manager listened to what people said and took action if this was required.

The registered manager worked well with various other stakeholders who were involved in people's care such as the local safeguarding team, pharmacies and health professionals. This helped people to have joined up care that they benefitted from. For example, by not having to unduly wait for changes to their care, equipment or medicines. Confidential information was held securely and only shared with external agencies where people had agreed to this.

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 Governance, quality assurance and audits were not as effective as they should have been. People's risks to their health and welfare were not re-assessed when their needs had changed, care plans were not reviewed and revised accordingly and incidents, accidents and falls were not analysed to identify any trends and themes that may need addressing.