

Anchor Support Services Limited

Anchor Domiciliary Care

Inspection report

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Date of inspection visit:
14 March 2016

Date of publication:
27 April 2016

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

We inspected the service on the 14 March 2016. This inspection was unannounced.

Anchor domiciliary care provides services for younger adults and older people, including people with learning, autism and physical disabilities. They provide personal care to people in their own home and also support people in the community. The service provides care for people in and around the Medway area. There were 20 people receiving support to meet their personal care and community support needs. They also provide support to 50 people who received support to access the community, who do not require personal care.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission 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.

People were protected against the risk of abuse. All staff were trained and recognised the signs of abuse or neglect and what to look out for. Both the registered manager and staff understood their role and responsibilities to report any concerns and were confident in doing so.

Risk assessments were detailed and gave staff guidance about any action staff needed to take to make sure people were protected from harm.

Effective recruitment processes were in place and followed by the registered manager. Staff had received training relevant to their roles. Staff had the opportunity to discuss their performance during one to one supervision meetings and had an annual appraisal that discussed their future development and possible further vocational training.

There were suitable numbers of staff available to meet people's needs. People's planned care was allocated to members of staff at appropriate times.

People were supported to access the community regularly. People were also supported and helped to maintain their health and to access health services if they needed them.

People told us staff were kind, caring and communicated well with them. People's information was treated confidentially. Paper records were stored securely in locked filing cabinets.

Procedures, training and guidance in relation to the Mental Capacity Act 2005 (MCA) was in place which included steps that staff should take to comply with legal requirements.

People's view and experiences were sought through review meetings and through surveys. People's views

about the service they received were positive.

People were supported to be as independent as possible. People told us that the service was well run. Staff were positive about the support they received from the registered manager. They felt they could raise concerns and they would be listened to.

Audit systems were in place to ensure that care and support met people's needs.

Communication between staff within the service was good. They were made aware of significant events and any changes in people's support needs.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Staff were knowledgeable about protecting people from harm and abuse.

Effective recruitment procedures were in place.

Risks to people's safety and welfare were managed to make sure they were protected from harm.

There were enough staff available to meet people's needs.

Is the service effective?

Good ●

The service was effective.

Staff had received training relevant to their roles. Staff had received supervision and good support from the management team.

People gave us positive feedback about the choices they were supported to make and the support they received at meal times.

Staff had a good understanding and awareness of the Mental Capacity Act.

People received medical assistance from healthcare professionals when they needed it.

Is the service caring?

Good ●

The service was caring.

People were involved with their care. Their care and treatment was person centred.

People were treated with dignity and respect. Staff knew people well.

People's confidential information was respected and locked away to prevent unauthorised access.

Is the service responsive?

Good ●

The service was responsive.

The service was flexible and responded quickly to people's changing needs or wishes.

The service provided additional support to people as soon as that need was identified.

People received care that was based on their needs and preferences. They were involved in all aspects of their care and were supported to lead their lives in the way they wished to.

The service had a complaints policy, people were aware of how to make a complaint.

Is the service well-led?

Good ●

The service was well led.

The service had an open and approachable management team.

Staff were supported to work in a transparent and supportive culture.

There were effective systems in place to monitor and improve the quality of the service provided.

Anchor Domiciliary Care

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 was planned to check 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.

We inspected the service on the 14 March 2016. This inspection was unannounced however we did undertake follow up phone calls to both staff and people's family on the 18 March 2016.

The inspection was carried out by one inspector.

We reviewed notifications we had received and previous inspection reports. A notification is information about important events which the service is required to send us by law. We looked and checked staff time sheets with the daily records seen for six people who received personal care.

We looked at records held by the provider. These included three people's care records, risk assessments, staff rotas, meeting minutes, policies and procedures and five staff recruitment records.

We spoke with two people and seven family members about their experiences of the care and support provided by the Anchor Domiciliary Care. We also spoke with six staff about how they have been supported in their roles as carers.

We last inspected the service on the 3 November 2013 and there were no concerns.

Is the service safe?

Our findings

People we spoke with all told us they felt safe when with their carer. One person said, "I am more than happy with my carers and I know I am safe with them. Families all told us that they were confident that staff kept their relative safe. One family member said, "I have seen such a change for the better, so no I have no concerns about their safety". Another family member said "The staff all know my brother very well and what his needs are. Also all staff have been introduced to my son several times before they take care of him. I know he is definitely safe in their hands".

Staff had a good understanding of the different types of abuse and how they would report it. Staff had access to the providers safeguarding policy and the possible signs of abuse in the staff hand book that all staff had been given. They also had access to the local authority safeguarding policy, protocol and procedure. This policy is in place for all care providers within the Kent and Medway area, it provides guidance to staff and to managers about their responsibilities for reporting abuse. Training files showed safeguarding training had been attended. The provider also had information about whistleblowing and this was in the safe handbook a guide for staff to refer to.

Within people's support plans we found risk assessments to promote and protect people's safety. These included; accessing the environment, moving and handling, daily routines and infection control. These had been developed with input from the individual, family and professionals where required. They explained what the risk was and what staff needed to do to protect the individual from harm. We saw risks had been reviewed regularly and also when circumstances had changed. These made sure people with identified risks could be cared for in a way that maintained the safety of the person and the staff assisting them. For example, we saw risk assessments around people's mobility and the use of the hoist in people's homes. Guidance was provided for staff on how to manage the identified risks, and this ensured staff had all the guidance they needed to help people to remain safe.

We reviewed completed incident and accident reports over the last year. They were detailed and included information about the steps staff had taken to support people following an incident or accident. The registered manager told us that the management team reviewed accidents and incidents and took action which included informing the person's care manager and other agencies if required. Staff meeting records evidenced that discussions had taken place in order to learn lessons from accidents and incidents.

Staff had received infection control training, staff told us they had a good supply of gloves and aprons and showed they knew how important it is to protect people from cross infection. The staff had been sent a text to remind them about hand washing, as at present there were a couple of viruses going around, so the registered manager wanted staff to make sure they were washing their hands before providing care and before they leave the persons home. One person said, "Staff are always encouraging me to keep my home tidy and clean, they do help me when I need it. I know I can get ill if things aren't cleaned properly".

We asked staff to describe how they gave medicine and what documentation they completed. Medicines were appropriately managed to ensure that people received their medicines as prescribed. There were clear

medicines policies and procedures in place which had been updated in 2015. The procedures set clear directions for staff about administration of medicines, this included information about over the counter medicines, medicines refusals and self-administration. The procedures covered key areas such as consent and areas that staff are not authorised to support people with. For example, Staff were clear they could only give medicines from a pharmacy filled dosage box or the original packaging. They also said that they did not give homely remedies. This showed staff were clear about their responsibilities regarding medicines.

Staff who administered medicines were given training. Staff had a good understanding of the medicines systems in place. We checked one person's medicines administration record (MAR). The MAR is an individual record of which medicines are prescribed for the person, when they must be given, what the dose is, and any special information. The records showed that the person had received their medicines as prescribed.

There were suitable numbers of staff available to meet people's needs. We heard staff talking about the staff roster being covered by staff whilst in the office. The office staff covered when staff were off sick, annual leave or on training. People still received their care and support and the registered manager said "We do our best to make sure the staff covering are known by service users". During our inspection, people and staff rang in to the office to ask questions staff were friendly and polite at all times. One person we spoke with said "I can ring the office, but normally I just talk to the staff if I want to know anything, when I have rung, they have been nice. I always have staff that I know"

There was a clear plan in place outlining steps that should be taken in case of an emergency. Some people had alarm pendants they could press if they needed urgent assistance. People were also provided with an out of hours contact number which could be used to gain access to an on call person particularly at weekends. The service had an emergency plan which detailed how the service would operate in bad weather. This meant that there were suitable arrangements in place to ensure that staff were safe and that people would receive the care and support they needed.

Is the service effective?

Our findings

People and their family members told us that staff knew what they were doing and that they believed they had the necessary skills. They told us that staff arrived on time and that staff continuity was good. One person told us "I have got to know them well and I am happy with what we do". One relative told us "Continuity is so important, as my daughter is autistic and finds it hard to cope with change. She knows the rota and if it is going to change staff make sure she is aware in advance so she can accept the change before it happens". Another family said, "Any new staff member shadows one of the permanent carers so people get to know them. Families we spoke with told us that they would gladly recommend the service to other people.

Staff had received training and guidance relevant to their roles. Staff demonstrated that they had a good understanding and awareness of their job roles. Training records evidenced that staff training attendance was good. We saw staff had attended training relating to health and safety, infection control, and moving and handling, Food hygiene and First Aid training. We saw that they also undertook awareness training in subjects such as autism, challenging behaviour and diabetes. Therefore people received care and support from staff who had been trained to meet their needs.

The registered manager told us that staff had an induction when they started work. The registered manager and staff explained that this included shadowing experienced staff for as long as they needed to be confident with the people they cared for. The registered manager explained that the new staff work alongside care certificate as part of induction. However the staff member most recently recruited had already achieved a diploma in social care and therefore did not need to undertake this training. Records evidenced that staff received regular supervision. This was done by one to one meetings, and spot checks included observations of the care staff provided.

There were procedures in place and guidance was clear in relation to Mental Capacity Act 2005 (MCA) that included steps that staff should take to comply with legal requirements. Guidance was included in the policy about how, when and by whom people's mental capacity should be assessed. All staff had attended Mental Capacity Act 2005 (MCA) training. Staff evidenced that they had a good understanding of the MCA. The registered manager explained how they supported people to understand information to enable them to make decisions. Staff explained they gave people time to make decisions, there were clear methods of communication for each person so staff were able to encourage choices. The care files all followed the principles of the MCA, they followed the assumption that people had capacity. The registered manager said that the capacity assessments are undertaken by the social services care manager before the placement is made and some people were a subject of a court decision. Any limitation of people's liberty were included in the care plan supplied by the care manager. This information is then used in the care plan written with the person and their family if appropriate. If a person's capacity changes and it is felt that a DoLS application is required they then complete the required application. People's care plans had been signed by the person or a relative when the person found writing difficult. The local authorities care managers undertake a formal review of the people they have placed with the agency annually although the agency undertakes an in depth review six monthly, or before if there are significant changes.

The staff explained how they supported people to maintain independence. For example, one staff member said "I always give the person time to do things they can do themselves. Some people can do things for themselves but they may be lazy preferring staff to do things for them. I always encourage the person to do what they can, if they are not well or can't do something then obviously I would assist them". One person said "The staff encourage me to have a bath, I'm not keen on that but staff remind me anyway, they never force me. I usually have one in the end, I can do it myself I just can't be bothered".

Care records evidenced the care and support needs that people had in relation to maintaining their health through eating and drinking. The daily records recorded the amount a person had eaten and drunk. The registered manager and staff explained that people would be referred to their GP if there were concerns about their food and fluid intake or if they had lost or gained a significant amount of weight.

People's care records evidence that people received medical assistance from healthcare professionals when they needed it. Staff contacted the office to inform the management team when any changes in people's health had been noted. The registered manager and staff told us that relatives and local authority care managers were kept up to date with any changes needed in the way a person was supported. The registered manager said for example that some people's parents were very involved with their relatives care. People who receive assistance from the staff, had a care and support plan that details the all the support to be provided. This plan was discussed with the person and their family when applicable. Staff also assist people to have trips out into the community, again the assistance required from staff is recorded within the plan. Risk assessments were included in the plan and this identified risks and gave the management required to reduce or prevent each individual risks. The plans are both risk assessed and reviewed regularly by staff and the person monthly and by the person, family and health professionals six monthly as appropriate.

Is the service caring?

Our findings

People and families told us that staff were caring and treated them with dignity and respect. We were told people were happy with their care and support. Staff treated people with dignity and respect and were caring and kind. All of the relatives we spoke to said they were happy with their care and support their family member received and staff treated their family member with dignity and respect and were caring and kind. One family member said, "All the girls are really kind, they care for them extremely well, brilliantly in fact". Another said, "We have been very pleased with the staff support, we have seen such a change in our daughter, they are becoming more independent doing far more than they did when living here at home. We are so pleased, the staff have improved her quality of life, the staff are so patient, understanding and caring".

People's personal histories were detailed in their care files which enabled staff to know and understand people and their past. Staff spoken with knew the people they were supporting very well. They had good insight into people's interests and preferences and supported them to pursue these. The staff told us about a person's preferences, about privacy and how they respected the people they cared for at the same time promoted their independence. This showed that staff supported people based on their involvement, choice and preference.

People were involved in their care planning and their care was flexible. People's care plans detailed what type of care and support they needed in order to maintain their independence and reach goals to improve their lives. For example, one person's care plan detailed they needed support to apply cream daily. Daily records evidenced that people had received their care and support as detailed on the care plan. The daily records showed staff had delivered the care in their care plan but had been flexible and staff had actively encouraged independence and choices. One staff told us, "I involve the person by asking them what needs to be done next and then asking if that's something they can do". Staff were aware of the need to respect choices and involve people in making decisions where possible. The registered manager told us staff gave people time to make choices to ensure people remained in control of their day to day lives.

Staff had a good understanding of the need to maintain confidentiality. People's information was treated confidentially. Personal records other than the ones available in people's homes were stored securely. People's individual care records were stored in lockable cupboards. Staff files and other records were securely locked in cabinets within the offices to ensure that they were only accessible to those authorised to view them.

Is the service responsive?

Our findings

People and their family's told us that they were involved in decision making about the care and support needs. They said that they were also involved in any changes in the care and support needs. Families' agreed that they found the service and staff to be flexible and it responded well when changes were needed. One family said, "Staff have responded well to our sons changing needs, the staff have been working with other health professional to provide his end of life care. We have been very impressed with the way staff have learned what they need to do. They have had to increase the care they now provide. We have been kept informed of changes as they occur". This person's care plan had been updated as necessary and recorded the detailed care that now needs to be provided.

People and the families knew how and who to complain to if they needed to. One relative told us, "I received lots of information at the start of the service and this contained a complaint procedure. I found the information in the pack to be very comprehensive". Another said, "I know how to make a complaint but I have not had to, least little concerns are dealt with straight away, so I have no concerns about that". The complaints policy showed expected timescales for complaints to be acknowledged and gave information about who to contact if a person was unhappy with the provider response. This included, the Local Government Ombudsman (LGO). Staff said that if they do receive compliments about the service, then the manager lets them know about them. The families we spoke to were very complimentary, one said "I cannot thank the staff enough for all they do with my daughter; it is so good to be able to trust that she is looked after well". From the last people's survey in November 2015 we saw as part of the action it said to continue to monitor and learn from the complaints/concerns raised. This showed that complaints are seen as a way of improving the service provided.

The registered manager told us that when they started to provide support for someone they always ensured that a care plan and risk assessments were in place and they had all the information needed to provide care and support. They explained that they conducted an assessment visit prior to the care package starting. During assessments people were asked if they would prefer a male or female staff member and their preference was noted and respected. People's care records contained care plans, risk assessments, and care reviews. The care plans included information on; personal care needs, medicines, leisure activities, nutritional needs, as well as people's preferences in regards to their care. Six monthly reviews were carried out with people to determine whether they were happy with the care package that they received or if they had any comments to make.

People were encouraged to provide feedback about the service. People had been sent surveys. The results showed that people happy to voice their concerns and say when things were going well. Staff and families were also included in the survey and a feedback sheet had been sent to everyone following the last survey undertaken in November 2015. We saw what people had raised as concerns about, even if the rest of the people happy. These were highlighted and the action plan showed what action the service was taking to improve the service. For example the action plan said it needed to; 'Have your Say policy/ procedure sent out to all with this report and will repeat process every time a questionnaire report completed and continue to look at ways of further improving communication'. A copy of the 'Have your say' leaflet had been sent out

to the people cared for by the service, their families and staff. They had used a picture format so that people with a learning difficulty may understand them and they were also available in the office.

The provider contacted other services that might be able to support them with meeting people's health needs. These included calls to the person's GP, care manager and dentist. This demonstrated the provider promoted people's health and well-being. Information from health and social care professionals about each person was also included in their care plans when appropriate. There were records of contacts such as phone calls, reviews and planning meetings. This showed that each person had a professional's input into their care and support on a regular basis.

Is the service well-led?

Our findings

People told us the service was well managed. People told us that they knew who to contact in the service if they needed to and they confirmed they were asked for their views about the service. One person said that the communication was good and they found the manager and staff easy to talk with. Relatives said that information from the service was clear and easy to understand, they knew who to contact in the service if they needed to, and that the communication was good, that they were kept informed or consulted about any necessary changes to the relatives care.

All of the staff we spoke with told us they find the registered manager and senior staff easy to talk to. They felt listened to and valued. One staff member said, "I know if I have an issue in or outside of my work my manager will make time to see me. I can speak to her in confidence about my private matters and she will not pass that information on to others. Another person said "If I am not sure about anything I know there is someone to ask, they never make me feel uncomfortable, everyone is so supportive.

The service had a clear management structure in place; the registered manager understood the aims of the service and promoted them to the staff team. . The aims and objectives of the service were clearly set out; they were a service who respected and cared for people in a way that promoted individual independence and choice whilst keeping them safe and promoting wellbeing. Staff were complimentary about the support and understanding they got from the registered manager. The management team encouraged a culture of openness and transparency. Their values included an open door policy, to anyone who wanted to bring something up with them. One staff member said "The management are supportive of staff and people alike, respecting each other and encouraging open communication".

Audit systems were in place to monitor the quality of care and support. Spot checks were undertaken to check that staff were providing care and support to an appropriate standard. Review meetings took place six monthly and people were asked their views. The management team had checks in place to ensure that people received the care they were supposed to. We looked at records of spot checks that had taken place and the other records written in people's homes about the care provided. These had been checked and signed by the reviewer each time they were returned to the office each month. We spoke with the registered manager about these checks and they said that if they found any issues then they would talk with staff and offer extra training or guidance where necessary.

There were a range of policies and procedures governing how the service needed to be run. The registered manager followed these in reporting incidents and events internally and to outside agencies. The registered manager kept staff up to date with new developments in social care. All staff had been given an up to date handbook which gave staff instant access to information they may need including policies and procedures.

Staff were clear about their roles and responsibilities. The staffing and management structure ensured that staff knew who they were accountable to. The registered manager supported all the frontline staff.

The registered manager had a good understanding of their role and responsibilities in relation to notifying

CQC about important events such as serious injuries, safeguarding concerns, deaths and if they were going to be absent from their role for longer than 28 days.