

Anchorage Care Group

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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: Anchorage Care Group is a domiciliary care agency. It was providing personal care to 70 people at the time of our inspection.

People's experience of using this service:

People received a safe service from staff who were trained and supported well in their role. Staff arrived on time and provided support that met people's needs and wishes.

Staff knew how to report any potential safeguarding concerns. They assisted people to take their medicines at the right time.

People were supported to have choice and control of their lives. Staff were caring and helped people to keep their independence. Staff respected people's privacy and dignity.

Care plans were in place that gave staff the information they needed to support people in line with their preferences.

People were encouraged to provide feedback on the service they received. The provider conducted regular checks and audits on the quality and safety of the service.

People and staff considered the management team were very supportive and approachable.

Rating at last inspection: Good (report published 4 October 2016).

Why we inspected: This was a scheduled inspection based on the service's previous rating.

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.

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?

Good ●

The service was safe
Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective
Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring
Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive
Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led
Details are in our Well-Led findings below.

Anchorage Care Group

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. 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 conducted by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type: Anchorage Care Group is a domiciliary care agency. It provides personal care to people living in their own homes in the community. 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 consider any wider social care provided.

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 visit because the manager is sometimes out of the office providing care and supporting staff. We needed to be sure that they would be in.

Inspection site visit activity took place on 20 May 2019 and ended on 22 May 2019. It included telephone calls to people who used the service and care staff.

What we did:

Before our inspection, we looked at information we held about the service. The provider sent us a Provider Information Return. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information we held about the service, such as notifications we had received from the provider. A notification is

information about important events which the service is required to send us by law. We sought feedback from the local authority contract monitoring team and safeguarding team prior to our visit. We used this information to plan the inspection.

During the inspection, we spoke with 11 people who used the service and five relatives. We spoke with the registered manager, care manager and care co-ordinator. We spoke with two care staff. We looked at a range of documents and records related to people's care and the management of the service. We viewed three people's care records, three staff recruitment files, induction and training files and a selection of records used to monitor the quality and safety of the service.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- The provider had appropriately referred concerns to the local authority safeguarding team when required.
- Staff received safeguarding training and knew how to report any potential concerns to keep people safe.
- One person replied when asked if they felt safe, "Of course I do. They are all very kind to me. If I had any worries, I would speak to the carers first, then the office if necessary."

Assessing risk, safety monitoring and management

- People told us they felt safe with care staff and were comfortable when being supported by them.
- The registered manager conducted an assessment to evaluate and minimise risks to people's safety and wellbeing. We discussed with the registered manager about including more detail in risk assessments. For example, nutritional risk assessments for people whom staff had concerns about their eating and drinking.
- The provider had a system to record any accidents and incidents. This enabled the provider to review any incidents and assess if further action was required to prevent the risk of recurrence. There had not been any recent incidents.

Staffing and recruitment

- The provider had a system to ensure there was a sufficient number of staff to meet people's needs. They planned care visits in line with people's requirements and the number of staff required.
- All people we spoke with told us staff usually arrived on time and always stayed the full length of the care visit. They said if staff finished early, quite often they would sit and have a chat.
- Appropriate recruitment checks were conducted to ensure applicants were suitable to work with people.

Using medicines safely

- Staff received medication training and their competence in this area was assessed by management.
- People confirmed they were satisfied with the support they received with their medicines.

Preventing and controlling infection

- Staff received guidance about infection prevention and control. They were supplied with and used personal protective equipment (PPE) when required, such as disposable gloves. One person said, "They use their gloves and always wear a uniform."
- The supervisors checked that staff used PPE appropriately as part of their routine staff competency observations.

Learning lessons when things go wrong

- The provider told us there had been no incidents since our last inspection. They discussed how they would learn from any issues if they arose. This included sharing information via team meetings or day to day contact with care workers.

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

Good: 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

- The registered manager assessed people's needs to ensure they could provide an appropriate service for them.
- The provider worked with other health and social care professionals where required, such as district nurses, to ensure people's needs were met.

Staff support: induction, training, skills and experience

- People provided positive feedback about the competence and ability of staff. One person told us, "I'm sure they're trained. They all know what they're meant to be doing. It's very efficient." Another person confirmed, "They're good with people. They take their work seriously, it's not just a job to them. You can't train for that quality. You've either got it or not."
- Staff received an induction and training to prepare them for their role. Staff were satisfied with the training they received. They described the provider's mandatory training and confirmed they received regular refreshers.
- The senior management and supervisors conducted observations of staff delivering care to check on their competence. Any issues about staff competence were addressed by the registered manager to improve practice.

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

- Where it was part of someone's care package, staff provided support with meals and drinks. People confirmed they were offered choice of meals and were satisfied with the support they received in relation to meal preparation.
- Limited information about people's initial nutritional risk was recorded in their support plans. The registered manager stated they would record nutritional risk assessments more thoroughly.

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

- People had access to health care professionals and staff sought medical advice for people where required.
- Information about people's health conditions was included in their care plan.
- We saw the registered manager and care manager sharing appropriate information in order to prompt a multi-disciplinary team review. This included how the person was progressing and any additional assistance needed to meet their needs.
- Staff we spoke with were knowledgeable about people's healthcare needs and knew how to support them in the best way to meet their personal health outcomes.

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 make 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 with appropriate legal authority. We checked whether the service was working within the principles of the MCA. We found that they were.
- Nobody who used the service at the time of our inspection was deprived of their liberty. However, one record we viewed showed that this had been considered for an individual including the need to seek authorisation from the court of protection.
- People confirmed staff always asked their views and sought consent before supporting them.

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

Good: 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 provided positive feedback about staff. Their comments included, "They are lovely. They can't do enough. They always ask me if there is anything else I want them to do before they leave. They pick up things I've dropped like a magazine and they make me cups of tea. They're lovely."
- Staff received equality and diversity training as part of their induction. There was information in people's care files about any needs in relation to protected characteristics of the Equality Act 2010, including those in relation to disability and age.

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

- People confirmed care staff listened to them, involved them in decisions and respected their views. One person told us, "We just talk about what I want. It's like making decisions together."
- People and their families, where appropriate, were involved in the planning and assessment of new care packages.
- The management team were aware of the role of independent advocacy, for anyone who may benefit from support with decision making.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected and promoted. One person told us that when care staff provided them with personal care staff always made them feel comfortable.
- Staff gave us examples to demonstrate how they maintained people's dignity when providing them with personal care. This included ensuring people were appropriately covered when being washed.
- Staff promoted people's independence by adapting their support according to people's needs and wishes. Information about this was available in people's care plans. One person confirmed to us that the support they received from the service enabled them to continue living independently in their own home.

Is the service responsive?

Our findings

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

Good: 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 confirmed staff provided support in line with their needs and preferences.
- The management developed a care plan for each person, which contained information for staff about the care people needed at each visit.
- Care plans contained information about people's communication needs and any sensory impairments.
- Staff recorded details of the care they provided at each care visit. These records were regularly returned to the office so the management team could check that care was provided in line with people's care plan.
- Where it was part of someone's support plan, staff supported people to access facilities, shops or activities in the local community.

Improving care quality in response to complaints or concerns

- Information about how people could raise a complaint or concern was available to them in their care file.
- People we spoke with confirmed they knew how to raise a complaint and would feel comfortable speaking to the provider or office staff about any concerns. A relative told us, "(Person) knows how to make a complaint but hasn't had to. They would without hesitation should they need to."
- The provider had received two formal complaints recently. These had been dealt with and resolved.

End of life care and support

- At the time of our inspection, the service was not providing end of life care to anyone.
- The registered manager confirmed that if staff needed any additional guidance or support in relation to anyone's end of life care needs, this would be provided on an individual basis.

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

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

- The provider was aware of their responsibilities, including what events they needed to notify CQC about. Notifications had been received as required.
- Information related to people who used the service was stored securely.
- Care workers felt the service was managed well and the managers made themselves available to provide support if needed. A staff member said, "We get good support from the office staff, they are always available for guidance."
- The provider had audit and quality monitoring systems in place that identified any concerns relating to the safety and quality of the service.

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

- Staff discussions were held regularly and staff told us that they could approach any member of the management team at any time.
- People's involvement in their local community was actively encouraged, along with their access to preferred leisure activities.

Continuous learning and improving care

- Surveys showed that management sought people's views about the service.
- The registered manager assured us that if incidents happened they would be reviewed and discussed in detail with staff.

Working in partnership with others

- The registered manager worked in partnership with health and social care professionals to ensure people received good care. These included the local authority re-enablement team, GP's and community nurses.
- All professionals contacted said referrals to them were appropriate and that staff were keen to learn and followed their suggestions.