

Anglian Care Limited

# Anglian Care Limited - Rankin House

## Inspection report

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Date of inspection visit:

28 March 2018

11 April 2018

13 April 2018

25 April 2018

08 June 2018

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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?

Outstanding ☆

# Summary of findings

## Overall summary

Anglian Care Limited provides personal care to people living in their own houses and flats and specialist housing. This service is a domiciliary care agency. It provides a service to older people.

The inspection was carried out between the 28 March 2018 and 8 June 2018. At the time of the inspection there were 45 people who used the service.

At our last inspection to the service in November and December 2015 we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Our key findings across all the areas we inspected were as follows:

- Excellent arrangements were in place to assess and monitor the quality of the service provided. There was a positive culture within the service that was person-centred, open and inclusive. People received an outstanding quality service that was flexible and responsive to their needs. People's and others views about the quality of the service provided was sought and acted upon.
- Suitable arrangements were in place to keep people safe. Policies and procedures were followed by staff to safeguard people and staff understood these measures. Risks to people were identified and managed to prevent people from receiving unsafe care and support. The service was appropriately staffed to meet the needs of the people using the service. People received their medication as prescribed and in a safe way. Recruitment procedures were followed to ensure the right staff were employed. People were protected by the provider's arrangements for the prevention and control of infection. Arrangements were in place for learning and making improvements when things go wrong.
- Staff had a thorough induction to carry out their role and responsibilities effectively. Staff had the right competencies and skills to meet people's needs and received regular training opportunities. Suitable arrangements were in place for staff to receive regular formal supervision. People's nutritional and hydration needs were met and they were provided with drinks and snacks throughout the day. People received appropriate healthcare support as and when needed from a variety of professional services. The service worked together with other organisations to ensure people received coordinated care and support. 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 support this practice.
- People were treated with care, kindness, dignity and respect. People received a good level of care and support that met their needs and preferences. Staff had a good knowledge and understanding of people's specific care and support needs and how they wished to be cared for and supported.
- Support plans were in place to reflect how people would like to receive their care and support, and covered all aspects of a person's individual circumstances. Information about how to make a complaint was

available and people's representatives told us they were confident to raise issues or concerns. No-one was currently receiving end of life care.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remains Good	<b>Good</b> ●
<b>Is the service effective?</b> The service remains Good	<b>Good</b> ●
<b>Is the service caring?</b> The service remains Good	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains Good	<b>Good</b> ●
<b>Is the service well-led?</b> The service remains Outstanding	<b>Outstanding</b> ☆

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## **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.

This was a comprehensive inspection. This inspection took place on 28 March 2018, 11 April 2018, 13 April 2018, 25 April 2018 and 8 June 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because the location provides a domiciliary care service. We needed to be sure that the registered provider would be in. The inspection team consisted of one inspector.

We used information the provider sent us in the 'Provider Information Return'. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information that we hold about the service such as safeguarding information and notifications. Notifications are the events happening in the service that the provider is required to tell us about. We used this information to plan what areas we were going to focus on during our inspection.

We spoke with 12 people who used the service, three relatives and friends, four members of staff, the registered manager and the service's Business Operations and General Manager. We reviewed six people's care files and four staff recruitment and support records. We also looked at a sample of the service's quality assurance systems, the registered provider's arrangements for managing medication, staff training records, staff duty rotas and complaint and compliment records.

## Is the service safe?

### Our findings

People told us they had no concerns and they felt safe when staff visited them in their own home. One person told us, "The staff let themselves in and always call out to let me know they are here. They make sure I have everything I need before they leave and close the door behind them."

Staff demonstrated a good understanding and awareness of the different types of abuse, how to respond appropriately where abuse was suspected and how to escalate any concerns about a person's safety to the management team and external agencies. Staff told us they would not hesitate to raise a safeguarding alert if they suspected abuse and were aware of the registered provider's whistle blowing procedures. Two safeguarding concerns had been raised by the service since our last inspection in November and December 2015. A consistent and robust approach to managing safeguarding concerns was in place and demonstrated the above had been addressed in an open and impartial manner. Discussions held with the registered provider and manager demonstrated they fully understood their roles and responsibility to safeguard people and to keep them safe.

Risks to people were assessed and managed to enable people to live in their own homes safely. Risk assessments were comprehensive and clearly identified the risks posed to people's healthcare needs. The assessments also contained guidance for staff detailing how to reduce and mitigate any risk of harm. These primarily related to people's manual handling needs, environmental risks to ensure people's and staff's safety and medication. The service had a positive attitude to 'risk-taking' and this enabled people where appropriate to maintain their independence. This referred specifically for people who wished to continue to administer their own medication even though they received support from the domiciliary care service.

Suitable arrangements were in place to ensure that the right staff were employed at the service. Staff recruitment records for four members of staff showed the registered provider had operated a thorough recruitment procedure in line with their policy and procedure. Relevant checks were carried out before a new member of staff commenced working at the service. These included the attainment of references, ensuring the applicant provided proof of their identity and undertaking a criminal record check with the Disclosure and Barring Service [DBS], processing applications and conducting employment interviews. This showed that staff employed had had the appropriate checks to ensure they were suitable to work with people using the service. Additionally, prospective employees' equality and human rights characteristics, for example those relating to age, disability, ethnicity, religion or sexual orientation, were considered when recruiting staff. The PIR provided examples whereby staff with one or more of the above 'protected characteristics' had been employed at the domiciliary care service.

People and relatives confirmed they were provided with a copy of the roster a week in advance so that they knew which staff would be visiting. People told us they found this to be very useful. People told us there were always sufficient numbers of staff available to provide the care and support as detailed within their support plan. People told us staff stayed for the full amount of time allocated so as to ensure care tasks had been completed and to meet the person's comfort needs. People and their relatives confirmed there had not been any missed calls and if staff were running late, there was usually a good reason and they were

contacted to let them know what was happening. People told us this did not impact on the quality of the care and support provided.

People told us they received their medication as prescribed. Information within people's individual support plans was apparent and specified which people required their medication to be administered, who required their medication to be prompted, who had their medication administered by family members and where people could take this independently. We looked at four people's records as part of the inspection process. These demonstrated people received their medication as they should and records were maintained in good order. Staff training records confirmed staff who administered medication received appropriate training.

We looked at the registered provider's arrangements with regards to safe infection control practices. People told us staff wore aprons and gloves when providing care and staff confirmed they had sufficient supplies of Personal Protective Equipment [PPE] which they were able to access from the domiciliary care service office. Staff told us and records confirmed they received infection control training and spot checks were completed by the management team to ensure effective infection control measures were in place and being followed by staff.

The registered provider operated an open and transparent culture whereby staff were encouraged to report concerns and safety incidents. Appropriate arrangements were in place to review and investigate events and incidents and to learn from these. For example, there was an incident whereby one person was found to not be at home when staff arrived to commence their visit. This was of concern as the person had a significant hearing loss and was partially sighted. Although the person was later found to be safe and well, immediate steps were taken by the registered manager to implement several protocols, including liaising with the police and the person's family to safeguard the person's safety for the future.

## Is the service effective?

### Our findings

People using the service and those acting on their behalf told us staff had the skills and knowledge to meet their care and support needs.

Staff told us the registered provider had a positive attitude towards training. One member of staff told us, "The organisation is very hot in making sure our training is up-to-date and refresher training is provided each year." Staff training records viewed showed staff had received mandatory training in line with the provider's expectations in key areas. However, although the registered manager had many years' experience, the registered manager had not trained as an accredited trainer to enable them to provide staff training, for example, relating to safe moving and handling techniques. Therefore, we could not be assured staff employed at the service had been trained by a skilled and competent person. Although the above was highlighted we found no evidence to suggest staffs' training was not effectively applied and people received inappropriate care. Prior to us completing the inspection to the domiciliary care service office, action had been taken to source appropriate training for the registered manager.

Staff received an induction comprising of training in key areas appropriate to the needs of the people they supported and an introduction to the organisation. In addition to this staff were given the opportunity to shadow a more experienced member of staff depending on their level of experience, competence and professional qualifications already attained. Newly appointed staff were assigned a named mentor and evidence of observations completed were recorded. Furthermore, staff were required to undertake and complete the Skills for Care 'Care Certificate' induction programme. The Care Certificate is a set of standards that social care and health workers should adhere to in their daily working life.

Supervisions were completed on a regular basis allowing staff the time to express their views and reflect on their practice. These comprised of face-to-face meetings and 'spot check visits.' The latter is where the provider's representative calls at a person's home just before, during or after, a visit by a member of care staff. This is so they can observe the member of staff as they go about their duties and check they are meeting the organisation's standards and expectations. Staff confirmed this and told us they received feedback of their practice both positive and where there were areas which required improvement. Staff told us they felt valued and supported by the organisation and the registered manager.

Where staff were involved in people's nutritional support they did so as required to meet people's needs. People told us staff supported them as needed with the provision of meals, snacks and drinks throughout the day to ensure their nutritional and hydration needs were met. One person told us, "I have a lot of ready meals. If I don't want the meal when staff are here, they do all of the preparation and leave it in the microwave for me to have later. I am quite capable of turning the microwave on and putting the meal on a plate." The registered manager confirmed one person using the service was supported to have meals in line with their cultural needs and preferences. Staff spoken with were aware of this and confirmed the person's cultural and ethnicity preferences were followed.

Where appropriate people had access to health professionals as required. People told us if there were

concerns about their healthcare needs they would primarily discuss these with their family member or alternatively with a member of staff. The management team told us if staff were concerned about a person's health and wellbeing they would relay these concerns to the care co-ordinator or the registered manager for escalation and action.

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. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff had received Mental Capacity Act 2005 (MCA) training and were able to demonstrate an understanding of the requirements of the Mental Capacity Act 2005 and what this meant for people using the service. People told us staff always sought their consent prior to providing support.

## Is the service caring?

### Our findings

People using the service and those acting on their behalf were complimentary about the care and support provided. People told us they were treated with the utmost care and kindness; and received the care and support they should and agreed as part of their care package. One person told us, "The staff are very friendly and provide all of the support I need." A second person told us, "The staff are very good and do what they have too. I am happy with the support I get and have no concerns about the service provided. You can have a laugh and a joke with them [staff]."

Relatives were also complimentary about the care and support their member of family received. One relative stated, "We are really happy with the service. Staff are so caring and when [name of person using the service] had a fall, the carer stayed with us until the ambulance came and later they returned to check that they [name of person using the service] was alright. Where people had utilised other domiciliary care services in the past, they told us Anglian Care Limited was much better. Everyone we spoke to told us they would recommend the service to others."

People told us they received a good level of care and support that met their needs. People advised they had a good rapport and relationship with the staff who supported them. People confirmed they were treated with respect and dignity at all times, for example, care was taken by staff to preserve a person's dignity when providing personal care and people were spoken to, using their preferred name. One person told us, "I never feel vulnerable or intimidated when staff provide me with care that is intimate."

People confirmed they were supported by staff to be as independent as possible and were actively encouraged to do as much as they could for themselves according to their individual abilities and strengths. For example, one person told us that although they had a stoma fitted to help aid their continence needs, they were able to attend to this on most occasions without staff assistance. Additionally, several people were able to administer their own medication or required minimal staff support.

People were supported to express their views and to be involved, as far as possible, in making decisions about the care and support to be provided. People and their relatives confirmed they had been involved in decisions about their care and support and this had been used to develop their support plan. People and their relatives had been given the opportunity to provide feedback about the service through the undertaking of reviews and satisfaction surveys.

## Is the service responsive?

### Our findings

People told us they received good personalised care that was responsive to their needs. Information showed where there had been requests to change visit times, efforts were made by the service to be as flexible as possible to meet people's revised needs and preferences. Additionally, where people's care and support needs changed, adjustments were made to people's care package to ensure their care and support needs continued to be met. This did not solely relate to the provision of personal care tasks but also to meet people's holistic care needs. For example, one person who had no family support expressed a love of cats. In collaboration with the person using the service, the Local Authority representative and a local cat rescue centre, the service was able to support the person to own a cat.

The registered manager told us the impact this had on the person's life was dramatic. The person's mobility needs and sense of wellbeing significantly improved and as a result the care package hours were increased to enable them to access the local community more frequently. Staff were able to support the person to go shopping, to enjoy meals out and to visit the local barbers for a haircut and wet shave. We were unable to discuss this with the person as they had since passed away, however pictorial evidence to support the above had been maintained. The above demonstrated the service was responsive to people's needs and had listened to and valued the person's wishes and choices.

Support plans covered all aspects of a person's individual circumstances and needs. This included the level of support required, the number of staff required to provide support each visit, the length of time for each visit, call time preferences and additional duties and tasks to be undertaken. Support plans also contained graphic information, for example, a 'Google Map' detailing a pictorial view of the location of the person's home and the front elevation of their property. Staff told us this was very useful when visiting a person for the first time, particularly if the location was not well-known and the first visit was to be undertaken at night. Pictorial information had also been obtained in order for staff to be able to care for people safely and to include people's personal preferences and routines. Support plans included photographs of the moving and handling equipment in use, including hoists and slings. One person's support plan provided a pictorial image of the items to be placed on the person's bedside table at night prior to staff leaving their home, such as a glass of water, the person's mobile phone, their reading glasses and their bedside lamp.

There was evidence to show that the content of the support plans had been agreed with the person who used the service or those acting on their behalf. We found that staff employed at the service were knowledgeable and had a good understanding about the care needs of the people they supported.

Although primarily the domiciliary care service was there to support people with their care and support needs, information available showed the service was also keen to enable people using the service to maintain a presence within their local community and to have their social care needs met. For example, the service liaised with one person's family to provide appropriate wheelchair access at their home location. Once completed, staff supported the person in line with their wishes to attend a proper 'pie and mash' shop for a meal, which they had not been able to do for many years. Afterwards the person was able to go shopping and to purchase a gift for their loved one. The registered manager told us this had given the

person a real sense of self-respect and confidence. We spoke with this person and they confirmed their happiness at being able to have a meal out and the joy it brought to be able to buy a gift for their loved one. This demonstrated the service responded and went the extra mile to address people's needs.

We found that suitable arrangements were in place for people if they had a concern or were not happy with the service provided to them. Guidance on how to make a complaint was given to people when they first started using the service and included the stages and timescales for the process. People spoken with confirmed they knew who to approach if they had any concerns or complaints and were confident these would be taken seriously and used as an opportunity to improve the quality of the service provided.

We looked at the service's record of complaints and found issues raised had been managed consistently, investigated thoroughly and responded to in a timely manner. Where appropriate the registered provider had held meetings with the complainant and provided comprehensive reports to evidence a genuine wish to be open and transparent. They also received many compliments.  
and,

The registered manager told us they were not currently providing care for people who were at the end of their life. However, they said if staff required training to deliver specific care this would be provided in order to meet people's needs.

## Is the service well-led?

### Our findings

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like Registered Persons, 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 using the service and those acting on their behalf were consistently positive about the quality of the service they received. People told us they received excellent care from the domiciliary care service, that the organisation respected and valued them as individuals, ensuring they received person-centred care. One person wrote to the service, 'Thank you for all the help and support you have given to my relative over the years. We worked together and gave them their wish, which was to stay at home' People told us they would not hesitate to recommend the service to others. A second relative also wrote to us and they confirmed that their member of family used the domiciliary care service for two years and throughout this period they found the service to be exemplary. They wrote, 'The girls at the sharp end were excellent, good humoured, well trained and professional. They showed my relative respect, empathy and consideration throughout their illness as their condition deteriorated. My relative developed a strong bond with many of the girls [staff] and always looked forward to their visits.'

Our findings at this inspection showed there were many occasions whereby the service went 'above and beyond' in a way that exceeded expectations required of a domiciliary care service. A relative wrote to the service, 'I would like to thank you all for the attention and kindness you showed our relative, often in challenging circumstances as their dementia progressed. You are all very special people, doing an important and essential job, for which you rarely get the recognition you deserve. Special thanks to [name of member of staff] who was with them from the beginning and who always went over and above their duties to keep our family member comfortable.'

People's care plans contained pictorial information to enable staff to provide a very individualised service that ensured people are at the heart of the service provided. One relative wrote to us stating, that their relatives care plan was personalised and in-depth and 'captured the essence of my relative'.

The care and support people received was not solely centred around people's care and support needs but also in relation to their holistic support needs and enabling people to maintain local community links. One person who used the service at set times throughout the day, received additional 'ad-hoc' visits to reposition them to prevent them from slipping down in their chair and injuring themselves. Another person told us because of their sensory impairment, staff often when they visited assisted them to open and read their mail. Additionally, the service had liaised with the person's Local Authority representative, securing additional funding so they could access the local community for shopping each week. The person experienced a real sense of freedom and independence as they could enjoy meals out and purchase personal shopping. They were also keen to tell us they had recently received a birthday card and bunch of flowers on their birthday. They told us, "The flowers were beautiful." The registered manager confirmed all people using the service received a card and small gift on their birthday and a Christmas card.

Staff told us they were valued and supported by the registered manager and the organisation's Business Operations and General Manager. They told us the registered provider and manager were approachable and there was an 'open and inclusive culture' at the service. Staff confirmed they felt honoured and proud to work for the organisation. They were always willing to listen to ideas or suggestions. One member of staff told us, "If I did not feel supported I would not be here." Another member of staff stated, "The manager is excellent and you can always go to them for advice and support." Staff confirmed they would not hesitate to recommend the service to others.

There was a strong organisational commitment to ensure staff were valued and supported. The registered provider had initiatives in place to help retain and reward staff for their hard work and loyalty. The organisation had teamed up with a recognised car dealership to offer staff the opportunity to lease a brand-new company car. The Business Operations and General Manager told us this meant staff had access to a reliable car at a reasonable cost and this helped to reduce staff's stress levels. Staff's pay included travel time, a petrol allowance, enhanced evening and weekend pay rates and an annual bonus. Additionally, staff were paid for being 'on-call' irrespective of them being called out or not. Furthermore, there was a 'care staff member of the year award'. The member of staff who won received a £100.00 cheque and an engraved glass shield. One member of staff wrote to the Care Quality Commission praising the organisation. They wrote, 'In all my experience of care companies, I can honestly say I have never met carers, managers and directors so dedicated to what they do. Anglian Care is not just a business, they are people who genuinely care and go above and beyond to make sure staff and clients are happy. It is an absolute pleasure to work for Anglian Care and I aim to continue to work here for many years to come. I am proud to be part of such a caring company.'

Governance arrangements were very well embedded to enable the organisation to assess and monitor the quality of the service provided and to monitor the organisation's performance. These arrangements were extremely effective as they ensured the service could identify and manage risk and guarantee the service was operated to a very high standard.

Records showed that people's support plans were reviewed at regular intervals to ensure the information contained within these remained appropriate, up-to-date and reflective of people's current care and support needs. People's Medication Administration Records [MAR], daily record sheets, information relating to people's nutritional and hydration needs, accidents and incidents were audited and analysed at frequent intervals. This was to ensure information recorded was appropriate and any gaps in documentation or concerns could be dealt with and addressed at the earliest opportunity.

The above arrangements also included the monitoring of staff and this was completed through the registered provider's formal supervision and 'spot visit' arrangements. Records were maintained in relation to the topics discussed and the outcomes of the 'spot visits' undertaken. The registered manager confirmed that people using the service and those acting on their behalf were given the opportunity to provide feedback to the registered provider about the quality of the service delivered. People, relatives and staff were asked to complete a six-monthly satisfaction survey. The results of these were used to promote continual service improvement and comments received were exceptionally positive.

The service used an electronic rostering programme to allocate staff for each visit at a person's home. This system enabled the organisation to monitor staff's 'start' and 'finish' times at each visit, to analyse the data and to monitor trends and variances in staff visiting times. The registered manager told us and records confirmed this data was reviewed each week and where there were variances, this was discussed with individual staff members and appropriate follow-up action taken.

There was a suggestion box within the office to allow staff and visitors to make suggestions for improving the quality of the service. Staff confirmed the management team were 'open' and willing shared feedback with them. Complaints and concerns had been dealt with swiftly to people's satisfaction, with a strong emphasis placed on continuous improvement. The registered provider completed an annual quality assurance report. The report for the period 1 January to 31 December 2017 was open and transparent, reflecting upon the service's achievements and where lessons could be learned. This helped the organisation to drive improvement and to ensure the organisation continued to deliver a high-quality service.

The registered provider and manager confirmed a 'phone club' was to be introduced in April 2018. The service identified several people who would benefit from this service as they were considered to be at potential risk of isolation and it was recognised some people could find their day to be long and lonely, particularly where they had little or no family involvement. The 'phone club' would enable the service to contact people at regular intervals in addition to their planned visits and for people to be able to talk and to have a chat from a familiar and friendly voice. The registered provider confirmed there would be no cost to the person using the service or their family. One person who was advised of this impending service told staff, "Put me on the list to join." Following the inspection, the registered manager confirmed people had been contacted, with many stating they were interested in the service.

The service worked together with other organisations and agencies to ensure people received coordinated care and support. An 'adult social care' professional who worked closely with the organisation told us they had been impressed with the service as they had gone 'above and beyond' to support a person with complex care needs to remain in their own home. Information available showed the registered manager worked closely with healthcare professionals to ensure people using the service had the correct equipment to meet their needs and to provide advice and training to staff in specific areas. For example, District Nurse services provided training for staff on how to put on compression garments such as stockings or specialist sleeves for one person who was at significant risk of fluid retention. An Occupational Therapist had shown staff how to support one person with their manual handling needs.

The registered provider and manager strived for excellence by continually seeking advice and guidance through research and reflective from a variety of sources, such as the National Health Service [NHS] and the National Institute for Health and Care Excellence [NICE]. The registered provider and manager confirmed knowledge gained was shared with the staff team to ensure they too were kept up to date with national and local initiatives, for example, the Department of Health's Dementia Challenge. The aim of this is to ensure every person living with dementia receives appropriate care from the point of diagnosis to the end of their life.