

## Anglia Living Care Services Ltd

# Anglia Care

## 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 

### Overall summary

The inspection took place on the 22 January 2015 and was unannounced.

Anglia Care is a domiciliary care service which provides personal care and support services for a range of people living in their own homes. These included older people, people living with dementia and people with a physical disability.

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.

# Summary of findings

This is the first inspection of this service under the new provider of Anglia Living Care Services Ltd. The experiences of people were positive. People told us they felt safe, that staff were kind and the care they received was good.

There were good systems and processes in place to keep people safe. Assessments of risk had been undertaken and there were clear instructions for staff on what action to take in order to mitigate them. Staff knew how to recognise the potential signs of abuse and what action to take to keep people safe. The registered manager made sure there was enough staff at all times to meet people's needs. When the provider employed new staff at the service they followed safe recruitment practices.

Assessments were undertaken to identify people's support needs and care plans were developed outlining how these needs were to be met. We found that care plans were detailed which enabled staff to provide the individual care people needed. People told us they were involved in the care plans and were consulted about their care to ensure wishes and preferences were met. Staff worked with other healthcare professionals to obtain specialist advice about people's care and treatment.

The provider had arrangements in place for the safe administration of medicines. People were supported to receive their medicine when they needed it. People were supported to maintain good health and had assistance to access to health care services when needed.

The service considered people's capacity using the Mental Capacity Act 2005 (MCA) as guidance. Staff observed the key principles in their day to day work checking with people that they were happy for them to undertake care tasks before they proceeded.

People were supported at mealtimes to access food and drink of their choice where needed. The service had good leadership and direction from the registered manager. Staff felt fully supported by management to undertake their roles. Staff were given training updates, supervision and development opportunities. For example, staff were offered to undertake additional training and development courses to increase their understanding of needs of people using the service.

Feedback was sought by the registered manager via telephones and visits to their homes by the deputy manager to check the quality of service people received. This service was relatively new at the time of our inspection and quality assurance surveys had not been sent out to people, but the service did have plans to put that into place during 2015. People and relatives we spoke with were aware of how to make a complaint and felt they would have no problem raising any issues. The provider responded to complaints in a timely manner with details of any action taken.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

There were processes in place to ensure people were protected from the risk of abuse and staff were aware of safeguarding procedures.

Assessments were undertaken of risks to people who used the service and staff.

We saw that appropriate action was taken in response to incidents to maintain the safety of people who used the service.

People were supported to receive their medicines safely.

There were appropriate staffing levels to meet the needs of people who used the service.

Good



### Is the service effective?

The service was effective.

Staff had the skills and knowledge to meet people's needs. Staff received regular training to ensure they had up to date information to undertake their roles and responsibilities.

Staff had an understanding of and acted in line with the principles of the Mental Capacity Act 2005. This ensured that people's rights were protected in relation to making decisions about their care and treatment.

People were supported at mealtimes to access food and drink of their choice in their homes.

Good



### Is the service caring?

The service was caring.

People who used the service told us the care staff were caring and friendly.

People were involved in making decisions about their care and the support they received.

People's privacy and dignity were respected and their independence was promoted.

Good



### Is the service responsive?

The service was responsive.

Assessments were undertaken and care plans developed to identify people's health and support needs.

There was a system in place to manage complaints and comments. People felt able to make a complaint and were confident that complaints would be listened to and acted on.

Staff were aware of people's preferences and how best to meet those needs.

Good



### Is the service well-led?

The service was well-led

Good



# Summary of findings

Staff were supported by the registered manager. There was open communication within the staff team and staff felt comfortable discussing any concerns with their manager.

People we spoke with felt the registered manager was approachable and helpful.

The registered manager carried out regular audits to monitor the quality of the service and make improvements.

# Anglia 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.

The inspection took place on the 22 January 2015 and was announced. The provider was given 24 hours notice because the location provides a domiciliary care service; we wanted to be sure that someone would be in to speak with us.

The inspection team consisted of one inspector, this was a relatively new service with a small client group.

Before the inspection we checked the information that we held about the service and the service provider. This

included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us by law. We used all this information to decide which areas to focus on during our inspection.

During our inspection we spoke with two people who use the service and one person's relative. We also spoke with two care staff, the registered manager and the operations director. We observed staff working in the office dealing with issues and speaking with people who used the service over the telephone.

We reviewed a range of records about people's care and how the service was managed. These included the care records for three people, medicine administration record (MAR) sheets, four staff training records, support and employment records, quality assurance audits, incident reports and records relating to the management of the service.

# Is the service safe?

## Our findings

People we spoke with told us they felt safe using the service.

People were protected from the risk of abuse because staff understood how to identify and report it. Staff had access to guidance to help them identify abuse and respond in line with the policy and procedures if it occurred. They told us they had received training in keeping people safe from abuse and this was confirmed in the staff training records.

Staff described the sequence of actions they would follow if they suspected abuse was taking place. They said they would have no hesitation in reporting abuse and were confident that management would act on their concerns. Staff were also aware of the whistle blowing policy and when to take concerns to appropriate agencies outside of the service if they felt they were not being dealt with effectively. Staff could therefore protect people by identifying and acting on safeguarding concerns quickly.

We saw the service had skilled and experienced staff to ensure people were safe and cared for on visits. We looked at the rotas and saw there were sufficient numbers of staff employed to ensure visits were covered and to keep people safe. Staffing levels were determined by the number of people using the service and their needs. Staffing levels could be adjusted according to the needs of people using the service and we saw that the number of staff supporting a person could be increased if required. Recruitment procedures were in place to ensure that only suitable staff were employed. Records showed staff had completed an application form and interview and the provider had obtained written references from previous employers. Checks had been made with the Disclosure and Barring Service (DBS) before employing any new member of staff.

Individual risk assessments were reviewed and updated to provide guidance and support for care staff to provide safe care in people's homes. Risk assessments identified the level of risks and the measures taken to minimise risk. These covered a range of possible risks such as nutrition, skin integrity, falls and mobility. For example, where there was a risk to a person regarding falling in their own home, clear measures were in place on how to ensure risks were minimalised. These included for staff to ensure clear pathways around the home and ensure rooms the person used were tidy and cleaned up at the end of each visit. Staff could tell us the measures required to maintain safety for people in their homes. One member of staff told us, "People need to be comfortable and safe, we need to make sure we look out for potential hazards and report them to the office." Staff were aware of the appropriate action to take following accidents and incidents to ensure people's safety and this was recorded in the accident and incident book. We saw specific details and any follow up action to prevent a reoccurrence of the incident. Any subsequent action was updated on the person's care plan.

People were supported to receive their medicines safely. We saw policies and procedures had been drawn up by the provider to ensure medicines was managed and administered safely. Staff were able to describe how they completed the medication administration records (MAR) in people's homes and the process they would undertake. Staff received a detailed medicines competency assessment on a regular basis. We looked at completed assessments which were found to be comprehensive to ensure staff were safely administering or prompting medication.

# Is the service effective?

## Our findings

People felt that staff were sufficiently skilled to meet the needs of people and spoke positively about the care and support they received. Comments we received included “Definitely, they are so good” and “Yes the staff are very good.”

People were supported at mealtimes to access food and drink of their choice. Much of the food preparation at mealtimes was minimal, with family members preparing the food in advance or providing frozen meals, staff were required to reheat and ensure meals were accessible to people. One member of staff told us “We encourage people to eat and drink and leave drinks and snacks out for them if needed. If we have concerns we report back to the office or let their family know.”

People’s nutritional preferences were detailed in their care plans. One person told us “My meals are kept in the freezer, they only have to heat it but they manage that.”

People were supported by staff who had the knowledge and skills required to meet their needs. Staff records showed staff were up to date with their essential training in topics such as moving and handling and medication. The training plan documented when training had been completed and when it would expire. The registered manager and senior staff had undertaken train the trainer training and staff were asked to complete competency checks after they had undertaken any training. On speaking with staff we found them to be knowledgeable and skilled in their role. We were told the service offers qualifications in care to its staff. This meant people were cared for by skilled staff trained to meet their care needs.

Staff had regular supervisions and a planned annual appraisal. These meetings gave them an opportunity to discuss how they felt they were getting on and any development needs required. Staff had contact regularly with their manager in the office or via a phone call to receive support and guidance about their work and to discuss training and development needs. Staff also received spot checks when working in a person’s home. This was to ensure that the quality of care being delivered was in line with best practice and reflected the person’s care plan. This also helped staff if they wanted to discuss any concerns or ideas they had. Staff said they found these to be beneficial.

Care staff had knowledge and basic understanding of the Mental Capacity Act (MCA) because they had received training in this area. People were given choices in the way they wanted to be cared for. If it was apparent that people did not have the capacity to make specific decisions around their care, the staff involved their family or other healthcare professionals as required to make a decision in their ‘best interest’ as required by the Mental Capacity Act 2005. A best interest meeting considers both the current and future interests of the person who lacks capacity, and decides which course of action will best meet their needs and keep them safe. Staff told us how people had choices on how they would like to be cared for and would always ask permission before starting a task.

We were told by people using the service that most of their health care appointments and health care needs were co-ordinated by themselves or their relatives. However, staff were available to support people to access healthcare appointments if needed and liaised with health and social care professionals involved in their care if their health or support needs changed.

# Is the service caring?

## Our findings

People told us the staff were caring and listened to their opinions and choices. One person told us “They are caring and always knock on the door and are cheerful.” And “Sometimes I want something different for breakfast and they will do it.”

One person’s relative told us, “I have confidence in the carers and am happy to leave my [relative] in their care.”

Staff said they felt they had enough time to carry out people’s care needs on each visit. One staff member told us “You can’t rush people so if I am running late I would call the office to let them know. If we feel that there is not enough time to cover everything in a call we would ask for the care to be reviewed as the call might need extending.”

People were involved in decisions about their care and support at care plan reviews and meetings with care staff. People were telephoned regularly by the office staff to check that they were happy with the service they received and their care staff, which gave them an opportunity to express their opinions and ideas regarding the service. The

service was relatively new at the time of our inspection and had not yet sent out an annual survey form, but it was their intention to do so and we were shown the format they were intending to use. The intended questions covered all the aspects of the service people received and would give people the opportunity to voice their view and concerns.

Staff were respectful of people’s privacy and maintained their dignity. Staff told us they gave people privacy whilst they undertook aspects of personal care, but ensured they were nearby to maintain the person’s safety. Staff all spoke on how they promoted peoples independence. In one care plan it stated that the person wanted to maintain their independence as much as possible and prompted staff to respect that request and to support and encourage them to do as much as they could for themselves. Staff told us how they assisted people to remain independent and said if a person wants to do things for themselves for as long as possible then their job was to ensure that happened.

We observed staff in the office speaking to people on the telephone in a warm and caring manner. Staff were patient and took time to let the person speak and discuss any issues they may have.



# Is the service responsive?

## Our findings

Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service.

Comments from people included “I am quite satisfied with everything.” and “I can’t fault them.”

Assessments were undertaken to identify people’s support needs and care plans were developed outlining how these needs were to be met. The care records were easy to access, clear and gave descriptions of people’s needs and the care staff should give to meet these. Staff completed daily records of the care and support that had been given to people. All those we looked at detailed task based activities such as assistance with personal care and moving and handling. In one care plan it detailed the equipment needed to assist a person into the bath and how staff should undertake this activity. It also detailed for care staff to monitor pressure areas on the person’s body and to report any signs of skin damage to the office immediately. In another person’s care plan it detailed their preferences which included what they preferred for breakfast, but prompted staff to check with the person if they wanted anything different that day. People’s activities were detailed in their care plans.

Care plans were detailed enough for a carer to understand fully how to deliver care and for the ease of use for people. The outcomes for people included supporting and encouraging independence for people to enable them to remain in their own homes for as long as possible. Staff we spoke with told us how they promoted independence.

As far as possible people received support from the same regular staff or small group of staff, which would give continuity of care to people and would mean that they would get to know their carers and did not have to keep telling staff what they wanted and how it should be done. People told us that this was important to them.

The registered manager told us that if it was thought that someone was struggling to maintain their health or needed advice and support they would find ways to help them, for example by supporting them to access healthcare or suggest support groups they can contact.

The manager was aware that if people need extra support during a visit, this can cause staff to be late for their next call. They encourage staff to call in if they are going to be late so the office can warn their next person they are going to be late. They were also looking into ensuring staff had sufficient time to travel in between calls and also regularly received feedback from care staff on what travel times they required. They told us “We are working hard to ensure staff have enough travel time and work closely with them to ensure it is correct.”

People and relatives we spoke with were aware of how to make a complaint and all felt they would have no problem raising any issues. The complaints procedure and policy were accessible for people and complaints made were recorded and addressed in line with the policy. Complaints had been recorded with details of action taken and the outcome. Follow ups to the complaint were in place where needed.

# Is the service well-led?

## Our findings

People and relatives all said how happy they were with the management. One person told us “I would strongly recommend them, if everyone is dealt with in the same way as me they will have nothing to complain about.”

One person told us that they found the manager extremely good and professional and asked all the right questions at the start. They said that they had been concerned about the setup of the care but the manager covered everything and they sat down together and discussed the needs and now it was working very well.

The atmosphere was friendly and professional in the office. Staff were able to speak to the manager when needed, who was supportive. The manager had created an open and inclusive culture at the service. Staff we spoke with spoke highly of the manager.

Feedback from people and relatives had been sought by telephone at the beginning of their service and regularly afterwards. The recorded comments showed that people were satisfied with the service they received and if they needed things to change action had been taken to accommodate them.

Staff felt they had regular communication with their manager and office staff through supervisions, phone calls and dropping into the office as well as the group staff meetings.

The registered manager assured themselves they were delivering a quality service by the use of checks and carried out internal quality audits on the service monthly. The audits covered areas such as complaints, medicine records and care records. This highlighted areas needed for improvement. The provider was present during our inspection and told us that they were often in the office to carry out checks on the quality of the service and to observe performance and to find ways to drive improvement. The manager and senior staff also carried out a combination of announced and unannounced spot checks on staff to review the quality of the service provided.

The registered manager told us about the on-call rota that was in place. A senior staff member was on call via a mobile phone during out of office opening hours, to ensure someone was available for people and staff to contact at all times with any concerns or issues. Staff and people we spoke with told us how they could always get hold of someone if they needed to.