Anchor Support Services Limited

Anchor Domiciliary 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

Summary of findings

Overall summary

Anchor Domiciliary Care provides a care and support service primarily to people with learning disabilities and autism. At the time of the inspection it was providing support 41 people. The service is a domiciliary care agency and also provides care and support to people living in several 'supported living' settings. A domiciliary care agency provides personal care to people living in their own houses and flats in the community. Supported living settings enable people to live as independently as possible. In supported living, people's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living or domiciliary care ; this inspection looked at people's personal care and support. Anchor Domiciliary Care also supported people who did not receive a regulated activity; CQC only inspects the service being received by people provided with 'personal care'' help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The service was run by a registered manager and they were present at our visit. 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.

At our last inspection on 14 March 2016 we rated the service good. At this inspection on 22 and 24 October 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. At this inspection we found the service remained Good.

People and their relatives told us they felt safe and comfortable. Staff continued to receive training in how to safeguard people.

Everyone was extremely positive about the range of activities and events on offer. The provider ran clubs for people and offered regular opportunities for people to meet and make friends. People were active, went out in the local area and took part in college courses and work experience.

Staff continued to be available in sufficient numbers and had received the training they required for their role. New staff were checked to make sure they were suitable to work with people.

People were supported to be as independent as possible which included being involved in household activities such as keeping their home clean, meal planning and preparation and doing their laundry.

The provider had acted on professional advice with regards to the management of medicines to make sure people received their medicines as prescribed.

Staff understood the principles of the Mental Capacity Act 2005 and how to put them into practice.

People were supported to maintain their health, access health services and were given advice about how to eat healthily.

People benefitted by being support by staff who were kind, compassionate and valued people's contributions. Staff knew people well including their preferences and supported people's individuality and diversity.

Changes had been made to care plans so that they were more user friendly. Assessments of risk continued to detail how people wished to be supported and staff understood how to follow this guidance to meet people's individual needs and keep them safe.

People had been supported at the end of their lives to have a comfortable death, with people who mattered to them.

The provider had a complaints procedure in place which was written in a format that people could understand. People who used the service and their relative were aware of how to make a complaint.

Staff felt well supported by the management team. People and their relatives said the service was well run. The service worked in partnership with other organisations and sought and acted on their advice to improve outcomes for people. The provider continued to have a quality assurance process in place which included gaining people's views about the service and how it could be improved.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains good.	**Good**
Is the service effective? The service remains good.	**Good**
Is the service caring? The service remains good.	**Good**
Is the service responsive? The service remains good.	**Good**
Is the service well-led? The service remains good.	**Good**

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We gave the service 48 hours' notice of the inspection visit because we wanted to be sure that the registered manager and staff were available. Prior to the inspection, we looked at previous inspection reports and notifications about important events that had taken place at the service. We also asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider returned a PIR within the set time scale and the information it contained gave detailed information about the running of the service.

The inspection site visit activity started on 22 October and ended on 24 October. We visited the office location on 22 October. We gained the views of seven people and three relatives. We visited five people in their own homes. On 24 October an expert by experience telephoned two people and three relatives. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. We also received feedback from a care manager and quality lead from the local authority. All feedback was positive about the quality of care and support that people received.

We spoke to the registered manager, service manager, training manager and four care staff. We viewed care records and policies and procedures including seven care plans; the recruitment files of five staff recently employed at the service, staff training records; health and safety records; and quality and monitoring audits.

Good

Is the service safe?

Our findings

People told us that staff were there to help them and that this helped them to feel safe. One person told us, "Yes, I feel safe. I can't get out on my own as I use a wheelchair for distances. The staff take me". Two people gave thumbs up sign when we asked them about the support they received from staff. This indicated that the quality of support they received from staff was good. People said that they were telephoned if staff were going to be late so they did not worry. A relative said, ""I feel so relaxed. I know that she's looked after well".

Staff and the management team continued to understand how to identify and report different types of abuse. The provider had a whistleblowing policy and staff felt confident that if they raised a concern the provider would act on it. Staff also understood their responsibility to contact the local authority who are the lead agency for safeguarding or the Care Quality Commission, if the provider did not act on any concerns they raised.

Positive risk taking continued to be promoted so that people could lead as full and as active a life as possible. Each person's care plan contained individual risk assessments in which risks to their safety in their daily lives were identified. This included the risks in relation to their mobility, travelling, staying in their home alone and people's finances. There was a plan of action to guide staff how to make the person safe and reduce the potential impact of harm. Some people presented behaviours that could harm them or other people. Guidance was in place which detailed the most effective ways to support the person to minimise any occurrence and if the behaviour occurred, how staff should respond.

Staff were aware of the reporting process for any accidents or incidents that occurred. When accidents occurred, staff had taken appropriate such as giving first aid and recording on a body map any injury that had occurred. The provider reviewed all accidents and incidents to identify if there were any patterns or trends which required further investigation and action so lessons could be learned. People in supported living had a personal emergency evacuation plan which set out the specific requirements to ensure that they were safely evacuated from the service in the event of a fire.

People and their relatives said that staff supported people appropriately to take their medicines. One person told us, "I'm self-medicating but staff make sure that I take my tablets". The community pharmacist had reviewed the systems in place for the management of medicines and the provider was acting on their recommendations. This included updating the medicines policy and adjustments to medicines administration records. The provider had invited the community pharmacist to review the new systems in place to check they were effective, once they had been established. Staff who administered medicines received training and medicines checks were carried out in line with the provider's policy.

The provider assessed each person's needs in consultation with the local authority with respect to how many hours they required each week. Staffing levels were dictated by the needs of the people who used the service. People shared staff support and at other times they received one to one support to manage their personal care, undertake activities and to go out. There was an ongoing programme of staff recruitment and any shortfalls were usually covered by existing staff. There was an on-call system if staff required assistance

outside of office hours.

Staff recruitment practices and checks continued to help protect people from the risk of receiving care from unsuitable staff.

Personal protective equipment was available to staff including gloves and aprons. People were responsible for keeping their home clean and laundering their clothes, with the support and guidance of staff. These actions helped to protect people from cross infection.

Good

Is the service effective?

Our findings

People told us that staff knew what support they needed and helped them to maintain their health. One person who had limited vision told us, "Staff help me with my eyes". Another person said, ""If I fall staff call the ambulance. Last night I pulled my chair and fell. When I was on holiday I broke my arm but the staff looked after me". On person mimed a needle going in to their arm and told us that they had had a flu jab. A social care professional told us, "They will always keep me well informed about any significant events for the individuals".

People's social, physical and mental health needs were assessed and developed into a care plan. Care plans contained information and guidance about people's medical history and any conditions. For example, for people who had epilepsy, there were clear instructions about what to do and when to call for medical assistance if a person had a seizure. Staff were effective in making referrals to health professionals and working in partnership with them so that people had access to the right treatment. One relative told us, "My daughter has a phobia about needles. The staff are very good at managing to do her blood checks, and keeping her calm". Another relative told us how the staff team and other professionals had worked together when their son was unwell, "The staff were amazing from the hospital to the carers; working together they got him back to health, and he's got his appetite back".

Staff received training on nutrition, food and diets so they had the knowledge to support people to eat healthily. A relative told us, "Staff have now taken on board a dietician and healthy eating, and my son is quite enjoying it, and he's losing weight". People were involved in meal planning, food shopping and preparing meals. Recommendations for specialist diets made by the speech and language therapist were clearly recorded in people's care plans so staff could follow them. This helped to ensure that people received foods that were safe and suitable for their needs and that they were supported to eat and drink sufficient amounts. Fluid charts and food diaries were in place to monitor people's intake when they had been assessed as needed.

A comprehensive induction and training programme continued to be available for staff. Training was provider in-house by the training manager, e-learning and external professionals. A clinical psychologist had been booked to deliver training on autism. Staff confirmed they had the mandatory and specialist training they needed to meet people's individual and health needs. The provider had won business of the year award for the training that they provided. Staff were positively encouraged to complete a Diploma in health and social care level two or above. 65% of staff had completed a Diploma with a further 25% of staff enrolled.

Support for staff was achieved through individual supervision sessions and an annual appraisal. Supervision and appraisals are processes which offer support, assurances and learning, to help staff development. Staff said they felt well supported by the management team. They said they could contact them at any time if they needed support in addition to the formal supervision sessions available. One staff member told us, "The management team are brilliant. If you are having problems you can come to them and they are understanding and helpful. They have always been there when I need an extra helping hand".

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 and found that the service continued to work within the principles of the MCA.

Good

Is the service caring?

Our findings

People said that staff were kind, friendly and knew all about them such as what they liked to do. One person told us, "Some staff are really kind to me. They like me, and I like them". Another person said, "The carer is lovely. I call her `Pussy cat'. They don't seem to mind". Relatives all told us about the caring nature of staff and how they treated people with dignity and respect. One relative said, "The staff are definitely skilled. The main ones I get the impression that it's more than just a job: They genuinely care".

People were encouraged to make and maintain relationships that were important to them. One person told us that they and their housemate were planning a birthday party and inviting everyone. This had been made easier for them to organise as it was taking place at the club house which the provider owned. Staff supported people with their emotional needs. One person showed us a social story which helped them with a difficult emotional situation. A social story contains pictures and short descriptions of a particular situation, event or activity, which include specific information about what to expect in that situation and why. This person told us "I did my story. Staff have been reading it with me and it works. It makes me feel better". A relative told us, "Anchor have done marvels with my family member. They support me as well".

People said that they were involved in making choices and decisions about the day to day running of their home including meal planning, cooking and cleaning. People said that this helped to make them more independent. One person told us that they travelled to work in a taxi by themselves. Staff explained how one person who could go out by themselves on known routes, had been supported to travel a slightly longer distance so they could attend a local market which they enjoyed. Training in daily living skills was offered at the providers club, to encourage people that would not normally go to a class room setting to learn some new skills. People had access to lay advocates. A lay advocate helps people to express their needs and wishes, and to weighs up and take decisions about the options available.

People were supported by caring, respectful staff who appreciated and welcomed diversity. People were proactively supported to express their views including those in relation to gender and sexual orientation. Staff could provide the necessary information and support required in a sensitive manner which respected people's privacy and dignity.

Care plans included detailed information about people's personal history, likes and dislikes and people who were important to them. Staff demonstrated they knew people well, were at ease with people and animated conversations took place, often punctuated with laughter. Staff encouraged people to talk about their strengths and achievements so that people felt truly valued.

Staff listened to people and talked to them in an appropriate way so they could understand. One person was required to use a piece of equipment for a specific amount of time each day. The person asked a staff member if they could stop using the equipment. The staff member clearly explained to the person what time their session would end, how much time left they had and praised them for doing so well.

Good

Is the service responsive?

Our findings

People said they were always busy doing things. Comments from people included, "Staff take me to the shops and places that I want to go"; "I go to college and money club"; I went to Margate at the weekend and had an ice cream and went in the arcades"; "I am going as a Zombie to the Halloween party"; and "I've been on holidays". A relative told us, "He has a very active social life. He goes to clubs and disco's. He visits family and friends and we also visit him whenever we like".

People were encouraged to try out new things. One person told us, "I'd like to go to art and staff are trying to find me somewhere to go". A relative said, "My son has just started going to the gym as part of getting fit and losing weight. We have all been surprised at how much he enjoys it". A social care professional told us, "I have always been very happy with Anchor. They always have the services users at the heart of the service and always do the extra's. At Christmas they will ensure everyone has somewhere to go for Christmas dinner".

People told us that staff supported them according to their needs. One person told us "Staff help me wash my hair, dry my hair and help me get out of the bath". Care plans contained detailed guidance for staff about the support people required in relation to their daily living, social and health needs. Care plans were personalised with each person's individual needs identified, together with the level of staff support that was required to assist them. Staff were knowledgeable about people's preferences and routines and demonstrated they were considered in all aspects of each person's care and support. Care plans had recently been reviewed to make sure staff had the most up to date guidance to follow. A relative told us, "They have a review every year where I bring up things, and of course my relative is part of that".

The provider understood the importance of making sure people had access to the information they needed in a way they could understand it. Care plans and risk assessments had been developed using a pictorial format to help people understand their content. The complaints and human rights policies were available in an easy to read format using straight forward words and pictures. Some people had picture timetables using easy read letters. One person who was non-verbal person had been prepared for a blood test, using visual aids. Another person had a hand-held computer with communication tool applications.

People said that they felt confident to talk to speak out if they had any worries or concerns. One person told us, "If I had a problem I would call the office or on-call". A relative said, "I've never had to make a formal complaint. They tend to sort things out very quickly". People were given a copy of the complaints policy which set out how to make a complaint and how it would be investigated. This included the contact details of relevant external organisations.

People were supported by staff and in partnership with health care professionals, to have a pain free and comfortable death. This included negotiations with landlords to ensure people could stay at home, in familiar surroundings, according to their wishes. Family members were supported at this difficult time and able to visit and stay as long as they wanted. Staff had received training in supporting people receiving palliative care. Some people had plans in place about their choices and preferences at the end of their lives.

The provider had identified as an area for improvement, to review support plans so that reference could be made to people's choices and support during serious illness and end of life care.

Good

Is the service well-led?

Our findings

People knew the service manager whom the registered manager had delegated responsibility to oversee people's day to day support needs. People were at ease in the service manager's company and eager to talk to them about their plans for the day. The service manager demonstrated they were genuinely interested in people's well-being. Relatives said they would recommend the service to others. One relative said, It's very, very well managed. We are really pleased that they are looking after our relative". Another relative told us, "I'm really happy with the way that the company works. The Director knows all her clients well. She keeps up to date with everything. She keeps her eye on things. I have first-hand knowledge of the amazing support that Anchor give to the families as well as their clients, and it is appreciated". A social care professional told us, "The provider has been very engaging with us in trying to resolve identified issues".

The registered manager understood their roles and responsibilities and when to notify the Care Quality Commission of important events that took place in the service. Staff and the management team were clear about the aims and vision of the service and how to put them into practice. The ethos of the service was that developing relationships built on mutual trust and respect were vital in order to meet people's needs. The registered manager led by example and at times took on the role of support worker. The service manager had daily contact with people and had built trusting relationships with them.

The provider worked in partnership with other organisations and sought and acted on their advice for the benefit of people. A range of meetings took place with staff to aid communication, discuss best practice recommendations and consistency in how to support people with their care and treatment. At appraisals staff were asked what the service could do better and this had resulted in additional training courses for staff in specialist areas.

The provider undertook regular quality monitoring and audits of the service. This included audits of care plans, people's choices, fire safety, infection control, staff files and medicine administration records. Where shortfalls had been identified, the provider had acted to rectify them. For example, the audit in September 2018 had identified that some people did not have an individual fire plan and risk assessment. It had been recorded that these had been put in place by the end of September. Spot checks on staff were carried out to make sure they were performing to a satisfactory standard. When concerns had been raised by a people, relatives or staff, the provider had investigated and lessons learned so improvements could be made.

Records continued to be kept securely and were accessible to staff when they needed them. The provider regularly reviewed policies and procedures to make sure they were up to date. The staff handbook contained a summary of essential policies and useful information about what to do in an emergency such as a medical emergency, fire or power cut.

Quality assurance surveys had been sent to people and stakeholders in 2017. People had been asked what was good about the service, what was bad and how it could be made better. The provider had analysed the results, together with the actions they had taken to make improvements. One such improvement was to employ more team leaders. Individual comments about what was good about the service included, "Giving

good training" and "Giving people a full and variable life experience". People could comment on the quality of the service at any time. This could be via 'Have your say' forms which were available in paper format and on line or via e-mails or texting on their mobile phone.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. We found the provider had displayed their rating in the office.