

Anglian Care and Domestic Support Services Limited

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Inspection report

The Paddocks, Hospital Drove
Little Sutton, Long Sutton
Spalding
Lincolnshire
PE12 9EL

Tel: 01354705012

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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?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Anglian Care and Domestic Support Services provides care for people in their own homes. The service can provide care for adults of all ages and this includes people with a physical disability, special sensory needs and those who live with dementia. At the time of our inspection the service was providing care for 60 people most of whom were older people. The service has its office in Little Sutton, Long Sutton and covers March, Chatteriss and surrounding villages.

The service is run by a private limited company. The sole director of the company is also registered manager. In our report we refer to this person as being, 'the registered manager'.

Staff knew how to recognise and report any concerns so that people were kept safe from abuse. People were helped to avoid having accidents and they were assisted to safely use medicines. There were enough staff to enable all of the planned visits to be completed on time and background checks had been completed before new staff had been appointed.

Staff knew how to care for people in the right way and they had received all of the training and support they needed. People had been supported to eat and drink enough and to access any healthcare services they needed.

The registered manager and staff were following the Mental Capacity Act 2005 (MCA). This law is intended to ensure that people are supported to make decisions for themselves. When this is not possible the Act requires that decisions are taken in people's best interests.

Staff had been imaginative and had gone beyond their role to ensure that people received kind and compassionate care that met their needs and wishes. Staff recognised people's right to privacy, promoted people's dignity and respected confidential information.

People had received all of the care they needed including people who had special communication needs and were at risk of becoming distressed. People had been consulted about the care they wanted to receive and had been supported to pursue their interests and hobbies. There were arrangements in place to quickly and fairly resolve complaints.

Regular quality checks had been completed and people had been consulted about the development of the service. The service was run in an open and relaxed way, there was good team work and staff were supported to speak out if they had any concerns about poor practice. People had benefited from staff acting upon good practice guidance.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Staff knew how to recognise and report any concerns in order to keep people safe from abuse and people had been helped to stay safe by avoiding accidents.

Staffing arrangements enabled people to be reliably provided with the care they needed including people who needed to be assisted to use medicines safely.

Background checks had been completed before new staff had been employed.

Is the service effective?

Good ●

The service was effective.

Staff had received all of the training and support they needed.

People had been supported to eat and drink enough and staff had helped to ensure that they had access to any healthcare services they needed.

The registered manager and staff were following the MCA.

Is the service caring?

Outstanding ☆

The service was outstandingly caring.

Staff were kind and went beyond their role to provide innovative and compassionate care.

Staff recognised people's right to privacy and promoted their dignity.

Confidential information was kept private.

Is the service responsive?

Good ●

The service was responsive.

People had been consulted about the care they wanted to receive.

Staff had provided people with all the care they needed including people who had special communication needs or who could become distressed.

People had been supported to make choices about their lives including pursuing their interests and hobbies.

There were arrangements in place to quickly and fairly resolve complaints.

Is the service well-led?

The service was well-led.

Quality checks had ensured that people received all of the care they needed.

People had been invited to contribute to the development of the service.

Steps had been taken to promote good team work and staff had been encouraged to speak out if they had any concerns.

People had benefited from staff acting upon good practice guidance.

Good ●

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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 registered person was 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.

Before our inspection visit to the service we reviewed notifications of incidents that the registered manager had sent us since the last inspection. We also spoke by telephone with five people who used the service and with 11 of their relatives. We did this to obtain their views about how well the service was meeting people's needs. In addition, we spoke by telephone with five members of staff who provided care for people.

We visited the administrative office of the service on 11 March 2016 and the inspection team consisted of a single inspector. The inspection was announced. The registered manager was given a short period of notice because they are sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be available to contribute to the inspection. During the inspection visit we spoke with the registered manager and office manager. We also spoke with a senior care worker who was responsible for organising staff and supervising their work. In addition, we examined records relating to how the service was run including visit times, staffing, training and health and safety.

Is the service safe?

Our findings

People said that they felt safe when in the company of staff. A person said, "I am always relieved when the care ladies arrive because it's comforting to know that they're here and I know I can rely on them." Relatives were reassured that their family members were safe. One of them said, "I don't live that near to my family member and so I am very reassured to know that a care worker is going in every day and that there's someone I can check with to see how things are going."

Records showed that staff had completed training and had received guidance in how to keep people safe from situations in which they might experience abuse. We found that staff knew how to recognise and report abuse so that they could take action if they were concerned that a person was at risk. Staff were confident that people were treated with kindness and they had not seen anyone being placed at risk of harm. They knew how to contact external agencies such as the Care Quality Commission and said they would do so if they had any concerns that remained unresolved.

We saw that the registered manager had taken appropriate action when there had been concerns that someone might be at risk of harm. An example of this was an occasion on which the registered manager had alerted the local authority because staff had raised concerns about how well a person was being supported by a friend to manage a particular medical condition. This action had enabled the local authority to establish if any further steps needed to be taken to protect the person from the risk of experiencing care that was not safe.

We examined a selection of records that showed how two people had been invoiced for the care they had received. We found that the systems used by the office manager reliably ensured that invoices were accurate so that people were suitably protected from the risk of being overcharged. This helped to safeguard people from the risk of financial abuse.

Records showed that staff had identified possible risks to each person's safety and had taken action in consultation with health and social care professionals to promote their wellbeing. An example of this involved staff liaising with health and social care professionals so that people were provided with equipment to help prevent them having falls. This included people benefiting from having special hoists, walking frames and raised toilet seats. We noted that the registered manager had systems in place so that if an accident and near miss occurred steps could quickly be taken to help prevent the same thing from happening again. Examples of this included a person being assisted to purchase a new room heater. This had been done because the person's original heater was old and had an exposed element that could have resulted in injury. A relative said, "The staff are not just going through the motions, they take a personal interest in the welfare of my family member which I think is excellent."

Records showed that staff had received training and support to enable them to assist people to use medicines as intended by their doctors. People said and records confirmed that staff had provided the assistance people needed to take their medicines at the right time and in the right way. A person said, "The carers help me take my medicines and I know that they contact my daughter if there's a problem such as I'm

running low on supplies."

We found that there were enough staff to reliably complete all of the visits that had been planned. We noted that staff usually worked in the area where they lived with each care worker being allocated a number of visits to complete at particular times each day. Records showed that on nearly all occasions these visits had been undertaken at the right times so that people were reassured that their care was going to be provided in line with their expectations. A person said, "The time keeping is very good indeed. To be honest I'm not sure how the service manages it given the way the traffic is around here. If they're a bit late on the odd day the office staff will telephone to say what's happened and when the care worker will arrive." Another person said, "I know when to expect the care worker to arrive and knock on the window as agreed. I hear the tap-tap as regular as clockwork." A relative said, "I don't have any problems with the way the visits are completed to my family member. To be frank I know that the staff often stay for longer than they're paid for, which says everything doesn't it."

We examined the background checks that the registered manager had completed before two members of staff had been appointed. Records showed that a number of checks had been undertaken. These included checks with the Disclosure and Barring Service to show that the staff in question did not have relevant criminal convictions and had not been guilty of professional misconduct. Other checks included obtaining references from relevant previous employers. These measures helped to ensure that staff could demonstrate their previous good conduct and were suitable people to be employed in the service.

Is the service effective?

Our findings

The registered manager said that it was important for staff to receive comprehensive training and support in order to ensure that their knowledge and skills remained up to date. Staff told us and records confirmed that new staff had received introductory training before they worked without direct supervision. We also noted that established staff had been provided with the refresher training in key subjects such as how to safely assist people who had limited mobility and first aid. Records showed that staff had regularly met with a senior colleague to review their work and to plan for their professional development.

We found that staff had the knowledge and skills they needed to consistently provide people with the care they needed. An example of this involved staff telling us how they assisted people who needed to be helped using a hoist. We noted that they suitably described how to safely use the equipment including occasions when two staff needed to work together in order to correctly deliver the assistance in question. Other examples involved staff having the knowledge and skills they needed to help people keep their skin healthy, promote their continence and to achieve good standards of hygiene so as to reduce the risk of them acquiring infections. A person said, "I have a main care worker and a small group of other staff who call to see me. They all know me really well and how I like to be helped. They give me all the assistance I need and I don't have any problems at all with them."

The 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 found that the registered manager and staff were following the MCA in that they had supported people to make important decisions for themselves. This had involved consulting with people who used the service, explaining information to them and seeking their informed consent. Some people who used the service gave examples of this when they described how staff had explained to them why they needed to carefully use medicines in the manner prescribed by their doctor. Another example, involved the way that staff had gently encouraged people to make the right decisions to enable them to stay safe by checking the identity of people ringing their doorbell before opening the door to them.

Records showed that on a number of occasions when people lacked mental capacity the registered manager had contacted health and social care professionals and relatives to help ensure that decisions were taken in people's best interests. An example of this referred to staff liaising with a relative after they had become concerned that a person could no longer safely use their electric cooker. We noted that as a result of this the relative had acted in their family member's best interests and arranged for them to use a microwave oven that was safer for them to operate. A relative said, "I've been contacted on quite a few occasions by the staff when something's cropped up and they've needed me to do something. They've contacted me about things such as a loose bit of carpet that could cause an accident but which my family member doesn't care about."

We noted that when necessary people had been provided with extra help to ensure that they had enough to

eat and drink. Records showed that some people were being given gentle encouragement to eat and drink regularly. This included staff preparing and serving food for people who might otherwise have not been provided with a hot meal. We also noted that staff kept a record of what some people had eaten and drunk during each visit so that they could respond quickly if any significant changes were noted. A relative said, "I definitely think it's important that the staff continue to keep a careful eye on how well my family member is eating and drinking. Otherwise, there would be a real risk that they wouldn't have all of the meals and drinks they need."

People said and records confirmed that they had been supported to receive all of the healthcare services they needed. This included staff consulting with relatives so that doctors and other healthcare professionals could be contacted if a person's health was causing concern. A relative said, "The staff have always told me if they're concerned about my family member's health and I really appreciate it because it's not their job to do that. They do it because they care."

Is the service caring?

Our findings

All of the people who used the service with whom we spoke were very positive about the quality of care they received. One of them said, "I just can't speak too highly of the care workers who come to see me. They're like friends and they genuinely care over and above what they have to do. Nothing is ever too much trouble for them." Another person said, "I would say that that the care workers are exceptionally caring. One of them calls in for a chat even when they're not on duty because they know I like company and I really want to praise their kindness towards me." Relatives were similarly complimentary with one of them saying, "I'm pleased we found the service because it gives me peace of mind. I know that my family member is safe and that the staff will take a personal interest in them."

People said they were treated with respect and with kindness. A person said, "They've got the right people working in the service because I've never come across an unkind one. I think if someone wasn't right the other care workers wouldn't stand for it and they wouldn't last." Another person said, "My care worker thinks nothing of staying a bit longer if I need something extra done for me and I really appreciate how caring they are."

We noted that staff knew about things that were important to people. This included staff knowing which relatives were involved in a person's care so that they could coordinate and complement each other's contribution. We saw records that showed how the registered manager had consulted with some relatives by email because they did not live locally and were difficult to reach by telephone. In one instance we saw numerous emails being exchanged between the registered manager and a relative of a person who lacked mental capacity. All of the emails related to how best to deliver and develop the care provided for a person who was finding it difficult to manage the maintenance of their home. We noted that at the request of the relative the service had made a number of arrangements for a tradesman to call to the person's property to complete essential repairs. Much of the assistance provided by the service in relation to this matter fell outside of its normal role and was not covered by the charges it levied.

We noted a lot of other examples of staff going beyond their role to provide people with compassionate care that imaginatively responded to their needs and wishes. One of these examples involved an occasion on which staff had helped a person to make their first floor bedroom into a temporary lounge. This was necessary so that the person could be comfortable while they waited for an engineer to repair their stair-lift. We found another example in that care workers had noticed that a person's much-loved dog was unwell and needed to be taken to the vet for treatment. Records showed that the registered manager had gone out of their way to secure the funds that were necessary for the animal to have an operation after which the person was reunited with their pet. Another example involved staff gently supporting a person after their lifelong partner had died. This included helping the person to grieve and to celebrate their partner's life by visiting the grave where they placed commemorative flowers. We noted a further example in that the registered manager had agreed to provide essential care for a person even though they did not immediately have enough funds to meet the costs. We were told that this situation carried on for several months until the person was able to access the funds to which they were entitled.

In addition, we noted that the registered manager had held a social event to which people who used the service and their relatives had been invited. We were told that this had been done both to offer people to meet staff in an informal setting to raise funds for a charitable community nursing service. All of these examples highlighted the service's commitment to providing people with innovative and outstanding care.

Records showed that most people could express their wishes or had family and friends to support them. However, for other people the service had developed links with local advocacy services that could provide guidance and assistance. Advocates are people who are independent of the service and who support people to make decisions and communicate their wishes.

We found that written records that contained private information were stored securely and computer records were password protected so that they could only be accessed by authorised staff. We noted that special arrangements were made to anonymise particularly sensitive information when it was sent electronically to staff. This meant that the information could not be used by anyone who was not supposed to see it. In addition, we found that staff understood the importance of respecting confidential information. An example of this was the clear understanding staff had that social media should not be used to discuss any aspect of their work in the service.

Is the service responsive?

Our findings

Each person had a written care plan a copy of which was left in their home. People said that they had been invited to meet with a senior member of staff to review the care they received to make sure that it continued to meet their needs and wishes. A person said, "One of the senior staff calls round to see me every now and then and we have a good old chat about how I am and whether I'm still happy with the care I get. The answer is that I'm very satisfied with the service I get and wouldn't change it."

People said that staff provided all of the practical everyday assistance that they needed and had agreed to receive. This included support with a wide range of everyday tasks such as washing and dressing, using the bathroom and getting about safely. A person said, "I like to do things my own way and the care workers know that and let me get on with it. They get on with what they need to do and we get along okay together." We examined records of the tasks four different staff had completed during eight recent visits to three people. We found that the people concerned had been given all the practical assistance they had agreed to receive as was described in their care plans.

Staff were confident that they could support people who lived with dementia and had special communication needs. We noted that staff knew how to relate to people who expressed themselves using short phrases, words and gestures. An example of this involved a member of staff describing how they used indirect observations to establish when someone was not feeling well. They said that they could often tell because the person would be off-colour, quiet and disinterested. In addition, staff knew how to effectively support people who could become distressed. A member of staff illustrated by describing how they reassured a person when they became anxious. This involved sitting quietly with the person, giving them a cup of tea and chatting about everyday subjects such as local events and their respective families.

Staff understood the importance of promoting equality and diversity and we noted that they had been provided with written guidance about how to put this commitment into action. An example involved the way in which people had been consulted about the gender of the staff who they wished to invite into their homes when it was to provide them with close personal care. In addition, we noted that the registered manager knew how to support people who used English as a second language. They knew how to access translators and the importance of identifying community services that would be able to befriend people by using their first language.

Staff had supported people to pursue their interests and hobbies. An example of this involved some people being supported to go shopping. Other examples involved staff re-arranging the times of visits so that people could attend events such as social clubs and family gatherings. A person said, "I like the way that staff are flexible and it's no trouble if I want to change a visit around. They like to know as soon as possible which is fair enough, but even if it's short notice the serviced is always helpful."

People who used the service and their relatives had received a document that explained how they could make a complaint. The document included information about how quickly the registered manager aimed to address any issues brought to their attention. Records showed that in the 12 months preceding our

inspection the registered manager had received two complaints. We noted that in each case the registered manager had promptly investigated the concerns. Records showed that the registered manager had concluded that both of the concerns were largely the result of misunderstandings that had been outside of the control of the service. We also noted that the registered manager had quickly responded to both of the complainants in a polite and helpful way.

Is the service well-led?

Our findings

We saw that senior staff had regularly completed quality checks to make sure that people were reliably receiving all of the care they needed. These checks included reviewing records of the care that had been provided to confirm that that people's medicines were being safely managed and that people were correctly receiving all of the assistance they needed and wanted. Records also showed that senior staff were regularly completing 'spot checks' at people's homes so that staff could be observed when providing care for people. A person speaking about these checks said, "I like to see the senior staff when they come round because they're keeping a check on things. I don't have any problems at all with the service but if there was a problem the checks might nip something in the bud."

People who used the service said that they were asked for their views about the care they received as part of the everyday conversations they had with staff. As an example of this, a person told us that the length of some of their visits had been altered after they had remarked on the matter to their care worker. They said that the member of staff had then spoken with the registered manager who had then made the necessary change. In addition, people who used the service said that they had been invited to complete an annual quality assurance questionnaire to give their views about how the service could be further improved. Although copies of the most recently completed questionnaires were not available for us to see, people consistently told us that they had expressed a high level of satisfaction with the service in their responses.

People said that they knew who the registered manager was and that they were helpful. We noted that the registered manager knew about important parts of the care people were receiving. In addition, they knew about points of detail such as which members of staff were allocated to complete particular visits. This level of knowledge helped them to effectively manage the service and provide guidance for staff.

We found that staff were provided with the leadership they needed to develop good team working practices. These arrangements helped to ensure that people consistently received the care they needed. One of these measures involved there always being a senior colleague on call if staff needed advice during the evenings, nights and weekends. Staff told us about another measure when they described how they always read the records that were kept in each person's home. These described the care that had been provided and noted any changes which needed to be made. Staff said that this arrangement helped to ensure that they provided flexible support that responded to people's current needs.

In addition, we noted that all staff were invited to attend regular staff meetings. Records showed that these meetings were used as an opportunity for staff to discuss their roles and suggest improvements to further develop effective team working. These measures all helped to ensure that staff were well led and had the knowledge and systems they needed to care for people in a responsive and effective way.

We found that there was an open and relaxed approach to running the service. Staff said that they were well supported by the registered manager and senior staff. They also said that they were confident they could speak to a senior colleague if they had any concerns about the conduct of another staff member. Staff told us that this reassured them that robust action would be taken if they raised any concerns about poor

practice.

The registered manager recognised the importance of ensuring that people who used the service benefited from staff acting upon good practice guidance. We noted that the registered manager had joined a local meeting that was intended to share best practice ideas between services. They described to us how the meetings had enabled them to learn more about various health and social care resources that were available locally to which they could refer people. In addition, we noted that the registered manager intended to encourage staff to participate in a number of national models of good practice. These included a scheme that is designed to develop innovative ways of caring for people who live with dementia both in residential and community settings.