

Anglo Support and Housing Ltd

# Anglo Support and Housing Ltd

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Anglo Support and Housing Limited is a domiciliary care service that provides personal care to people in their own homes. At the time of the inspection the service was supporting 28 people. However, only 7 people were receiving the regulated activity of personal care.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

### People's experience of using this service and what we found

People were safe. Policies and procedures were in place to guide care workers on how to keep people safe and what they had to do if they had concerns. Care workers understood the risks to people's safety and wellbeing and what they should do to keep people safe. They understood that any concerns should be shared with the management team.

People's medicines were managed safely where this was part of the care and support needs. Systems were in place to ensure staff were trained and competent to help people with their medicines. Risks to people were assessed and mitigated.

People received care from regular care workers. Each person had a small core team to ensure care was provided consistently by staff that knew them well. New care staff were introduced to people before they provided care and support. No new packages of care would be taken on unless there were sufficient care workers. Systems were in place to ensure the right staff were recruited.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported by care workers that had received relevant training. Care workers were well supported by the registered manager and the management team. Care workers had regular individual supervisions and monthly team meetings. These along with spot checks were used to encourage continual learning and to make improvements to the service.

People's views were sought through spot checks and informal telephone calls. The registered managers were in the process of sending out surveys to people, their relatives, and staff to help them assess the quality of the service.

People were supported to raise concerns and knew how to complain. Feedback from people was mixed however it was evident the registered managers were aware and proactively addressing this with people and

staff to improve the quality of the service being provided.

Staff support, teamwork and staff morale was generally good. Staff were positive about working for Anglo Support and Housing Limited. They felt supported by the management team and were clear about the aims of the service. There were suitable governance systems in place to monitor the quality of the service and drive improvements.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

This service was registered with us on 15 October 2022, and this is the first inspection. The service was not providing regulated activities from November 2022. The service has been rated good.

#### Why we inspected

This was a planned inspection to check whether the provider was meeting legal requirements and regulations, and to provide a rating for the service as directed by the Care Act 2014.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Anglo Support and Housing Ltd

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there were 2 registered managers who jointly managed the service.

#### Notice of inspection

We gave a short period notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 14 June 2023 and ended on 21 June 2023. We visited the location's office/service on 21 June 2023.

What we did before the inspection

We reviewed information we had received about the service since they registered. We used all this information to plan our inspection.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke with the registered managers, and a team leader on the day of the site visit. We reviewed a range of records including 3 people's care plans, medicines administration records and risk assessments. We reviewed recruitment records for 3 care workers, training records and records relating to the management of the service.

We spoke with 3 people using the service, 3 relatives and 3 care workers on the telephone. In addition, we received feedback via email from a further 3 care workers. You can see what they told us in the main body of the report.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People confirmed they were safe. Comments included, "Absolutely safe 100%", "I trust them" and "I know most the staff and they always introduce new staff".
- A person shared some concerns with us where they were not happy with their care worker. This was discussed with the registered managers who demonstrated they had completed an investigation, reported the concerns to the local authority safeguard team and took appropriate action to safeguard people.
- Systems were in place to safeguard people. This included policies and procedures explaining to care workers their role and who they needed to report any concerns to. This was shared with all care workers in the staff handbook, which was given to them when they first started working for Anglo Support and Housing Limited.
- Care workers described their roles in keeping people safe and what they needed to do if any concerns or allegations of abuse were witnessed or raised with them. They confirmed they had received safeguarding training.

Assessing risk, safety monitoring and management

- People were protected from the risk of avoidable harm. Systems were in place to ensure information was gathered before people started with the service. This was an opportunity to discuss any risks and any support needed.
- Risk assessments were in place and kept under review. These included risks such as falls, pressure wounds, moving and handling, skin integrity, eating and drinking. Care workers knew people well and understood their risks and how to manage them safely.
- A person told us, "They know the warning signs", this was in response to 'do staff know how to support you safely in respect of risks'.
- Environmental risk assessments were completed to ensure people's homes were safe. These were kept under review.
- People's risk assessments did not include information about how they could turn off water, gas, or electricity supply in the event of an emergency. The registered manager assured us this information would be gathered and recorded.
- There was a business continuity plan that covered emergencies, such as systems failure, flooding, or staffing. People were prioritised in respect of visits such as time specific medication, no family support and their dependency on the staff support in the event of an emergency. This would enable the provider to plan, ensuring all critical visits were completed.

Staffing and recruitment

- Safe recruitment practices were being followed. The provider ensured safe recruitment decisions were made. This included completing Disclosure and Barring Service (DBS) checks which provide information including details about convictions and cautions held on the Police National Computer.
- The provider told us they were experiencing some workforce pressures in respect of recruitment. In response they were employing overseas care workers. They had been granted a Home Office Sponsorship Licence.
- Recruitment was ongoing as the provider was building up the business. People would only commence a service once suitable staff were appointed.
- People were cared for by suitable numbers of staff. People were supported by a small consistent team of staff. New staff were introduced to people before they started working with them. This ensured people were happy with the staff member.
- The registered manager told us there had been no missed visits as team leaders or they would pick up the visit to ensure it took place and people received the care they needed.
- People were overall satisfied with the care workers that were supporting them. Comments included, "My carers always stay the right amount of time, often more", and "If they finish the main jobs, they sit and chat."
- Two people told us on occasions staff could be late due to public transport. They told us the staff will let them know if they were going to be late. The registered manager was aware and had taken action to minimise this by making two vehicles available to care workers along with a driver. It was evident this was being monitored.

#### Using medicines safely

- People received their medicines safely and as prescribed. A relative told us, "His meds come in dosette boxes so it's easy to keep track". A person told us, "They check my inhalers, so I don't run out". It was evident people were happy with the support that was in place in respect of the safe handling of their medicines.
- People's care plans included information on the support they needed in respect of their medicines.
- Care workers received annual medicines training and had their competency assessed. A member of staff told us, "I have completed training, we were told about the 5 R rule which is, right patient, right drug, right time, right dose and right route".
- The registered manager carried out monthly audits of people's medicines and the medicines administration record (MAR) charts. There was a policy and procedure for the safe administration of medicines.

#### Preventing and controlling infection

- People were protected from the risk of infection and cross contamination. There was an infection control policy and staff received training in this area to keep people safe.
- Staff were provided with suitable personal protective equipment (PPE) such as aprons, masks, and gloves, and were able to obtain these when they required. A member of staff confirmed they could collect this from the office when needed. A person told us, "We have mutually reduced PPE. No masks unless one of us thinks they are getting a bug".

#### Learning lessons when things go wrong

- The registered manager told us there had been no accidents or incidents but showed us they had systems in place to ensure any were captured and reviewed. This would enable them to learn from any themes and any further risks reduced.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before receiving a service. This included seeking the views of the person on how they wanted to be supported, their family and other health and social care professionals.
- The registered manager told us they would only accept new care packages when they had the resources available to ensure they could meet the person's needs. This included providing staff with relevant training.

Staff support: induction, training, skills and experience

- Care workers received training, which included a comprehensive induction based on the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Care workers told us they shadowed more experienced staff when they first started working until they had been assessed as being confident. Records confirmed staff had completed their shadow shifts and had been signed off as competent.
- There was a programme of training, supervision, and annual appraisals. The agency was still in their infancy and the registered manager said not all care workers had worked for the agency for 12 months. There was a schedule in place and a tracker to ensure care workers received regular training and support.

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support.

- People's care plans included information about the support they needed to ensure they had enough to eat and drink if this was part of their commissioned service. A relative told us on occasions they had found food that had been heated up but untouched. This was fed back to the registered manager to follow up.
- Care plans included information about people's health conditions and the support they needed including oral health. However, we saw one person had a diagnosis of epilepsy within their assessed needs. There was no information within the care plan to guide staff about the condition, how they should support the person when having a seizure or what they needed to record. The registered manager said this would be addressed.
- The registered manager said staff knew people well and would contact the person's GP or the emergency services if they were unwell with their consent. They would also make contact with the office to share what had been done.
- The registered manager gave us some examples where they had worked with people and their social worker to both increase a care package and decrease a visit as it was no longer required. This showed the service worked with other professionals to ensure people received the services they needed.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA 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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The registered manager informed us there was currently no one using the service who lacked the capacity to consent to their care or treatment and therefore applications to deprive a person of their liberty had not been required.
- Care records included assessments in respect of people's mental capacity and whether there was any lasting power of attorneys in place.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- We received mixed feedback about how people were supported. A relative and a person told us they felt the staff did not know them well and did not always engage with them. Other people said staff treated them with dignity and respect and knew them very well. Comments included, "Kind, know what they're doing", "Yes, we chat together and have a laugh", and "I'm respected as a human being. I think that this is influenced as it directly comes from the top."
- The registered manager was aware of the mixed feedback and provided us with assurances. They had completed an investigation and had taken action where required.
- Where staff were not so confident, additional training and support was in place and monitored through spot checks. Where the person was unhappy about the care worker they did not return to support them. It was evident that the management team strived to ensure people were treated with respect, involved in their care, and listened to.
- Care workers had attended training in equality and diversity. Care workers spoke about the people they were supporting in a kind and caring way, recognising their individual characteristics.

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

- People were consulted about how they wanted to be supported. Staff confirmed they always asked people how they wanted to be supported. A person told us, "I decide what and how they support me."
- People's views were sought on their care and support they received when the team leaders completed spot checks of staff performance. Comments included, "(Name of the person) is happy with the care and support" and another person said they were happy with the care and support but would prefer a male care worker. The team leader confirmed this would be reviewed when scheduling visits.

Respecting and promoting people's privacy, dignity and independence

- People's care plans included what they could do and where they needed support.
- A member of staff told us, "We also ensure that arrangements for social activities, where appropriate, and ensure they are innovative to meet people's individual needs, so people can live as full a life as possible". This was echoed by the management team. This showed people were respected and supported to lead the life they wanted.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans were personalised and included information on their support and care needs, including their personal preferences. The registered manager told us people's care plans would be reviewed annually or as needs changed.
- Care plans were held electronically. Staff completed daily records using a handheld device. This enabled the management team to monitor in real time the quality of the care.
- A relative told us they had not seen the care plan and was not always assured what care their loved one was receiving. This was shared with the registered manager who confirmed with consent, relatives could access the care plan and the daily records to provide them with the additional assurance. Another relative said, "It's quite a simple document, it was written in consultation with all of us."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed, and guidance was provided for staff on what people needed to support good communication.
- The registered manager told us information such as care plans, policies and procedures and the service user guide could be made available in easy read, large print or translated into other languages if required.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's care plans included information about important people in their life, their hobbies, and interests.
- One person told us they were regularly supported to go swimming and attend church. Other people were supported to go for walks, spend time in their gardens and shopping.

Improving care quality in response to complaints or concerns

- People received a service user handbook when they started using the service, which clearly explained how they could complain to the provider and other agencies.
- People and their relatives told us they knew how to complain. Comments included, "I've got a direct link to the manager/owner. Very occasionally there's a little problem, but there's never been anything that wasn't fixed", and "The manager is always there, if there are any issues".

- There had been one formal complaint, which the registered manager had investigated and taken appropriate action.

#### End of life care and support

- No one was receiving end of life care at the time of this inspection. The registered manager told us they would work with other health professionals such as palliative care specialists and district nurses to support people in the most appropriate way based on the person's wishes.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered managers were passionate about getting it right for people. It was evident they wanted to listen to people and take action to ensure people received a service that met their needs. A care worker told us, "We are all able to communicate together 3 ways from service user, staff and management without any hesitating".
- Whilst we received mixed views about the service, it was evident the registered managers were working with people to get it right. For example, one person wanted to receive care from a male care worker, and this was being reviewed in respect of the matching process.
- People told us, "The manager is on top of it all", "It's met all my hopes and they have a great relationship with (name of person)", and "She knows what's happening and manages it well."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider was aware of the duty of candour and their legal responsibility to report notifiable incidents to the Care Quality Commission.
- Systems were in place to monitor complaints, accidents, and incidents. Risks were clearly identified, and action taken to keep people safe. These were viewable by the management team enabling them to monitor the service provision.

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

- An electronic care planning system assisted the senior management team to have oversight of the care being provided in real time. Staff logged in and out on a mobile device when visiting people. This meant the duration of the visit could be monitored. Any concerns were alerted to the management team and action could be taken to address them.
- There were regular spot checks undertaken of the care workers to help ensure they were carrying out their roles and supporting people in line with their care plan. This also provided the management team an opportunity to seek the views of the person to ensure they were satisfied with the care being provided.
- Quality monitoring was completed on the management of medicines, care planning, recruitment, staff skills and competence.

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

#### characteristics

- The registered manager was in the process of carrying out an annual survey and seeking the views of people, their relatives, and staff. Some staff had completed these and the registered manager confirmed they would complete an analysis of the results and an action plan to address any shortfalls.
- Monthly meetings were held with staff. This was used to provide updates and additional training for staff. A care worker told us, "We are encouraged to ask questions, which needs clarification". Care workers told us they were supported and listened to. A care worker told us, "The management are very approachable and supportive".
- There was evidence that staff were well supported with any personal issues for example, when first moving to the UK navigating the health system and finding accommodation.

#### Continuous learning and improving care

- The registered manager was committed to continuous learning. All staff had completed the Care Certificate/mandatory training and were supported to complete further vocational courses. A member of staff told us they were planning to complete their NVQ 2 in care.
- The management team continued with their own professional development. One of the registered managers told us they were in the process of completing an NVQ 5 in management. They also attended CQC webinars to keep themselves informed about developments and best practice.

#### Working in partnership with others

- This was a new agency, and they were developing links with the local authority and working with health and social care professionals to ensure people's needs were being met.