

Anchusa Care Limited

# Anchusa Care

## Inspection report

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### Ratings

Overall rating for this service

Outstanding 

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?

Outstanding 

# Summary of findings

## Overall summary

This first comprehensive inspection took place on 09 October 2017 and was announced.

Anchusa Care is registered to provide personal care for adults with learning and physical disabilities and older people, including people living with dementia who live in their own homes. At the time of our inspection there were 30 people using the service.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

People felt safe and were protected from the risk of avoidable harm. Staff were knowledgeable about the risks of abuse and there were suitable systems in place for recording, reporting and investigating incidents. Risks to people's safety had been assessed and staff used these to assist people to remain as independent as possible. There were sufficient safely recruited staff employed to meet the range of care and support needs of people who used the service. Medicines were administered, handled and recorded safely.

Staff had considerable knowledge about the needs of the people they cared for. They attended a variety of training to help keep their knowledge and skills up to date and were further supported with supervision by senior staff. People who used the service were actively encouraged to make their own decisions and staff followed the principles of the Mental Capacity Act 2005. People could make choices about their food and drink and were provided with support when required to prepare meals if this was an assessed part of their package of care. Prompt action was taken in response to illness or changes in people's physical and mental health and people were supported to access health care professionals when required.

People's experiences of care were overwhelmingly positive. They told us they were supported by kind and caring staff. People were at the centre of their care and we found clear evidence that their care and support was planned with them and not for them. There was a strong culture within the service of treating people with warmth, dignity and respect. The staff and the registered manager were always available and carefully listened to people and their representatives, offered them choices and always made them feel that they mattered.

People's needs were assessed prior to them being provided with care and support. People received a personalised service which met their individual needs. Care plans were detailed, person centred and updated on a regular basis, or as and when people's care needs changed. Changes in people's needs were quickly identified and their care packages amended accordingly. The service was flexible and any additional support was provided where necessary. People knew how to make a complaint and there was a complaints procedure in place which was accessible to all. Complaints had been responded to swiftly and robustly investigated in line with the provider's complaints procedure.

People who used the service, their relatives, the staff team and an external social care professional gave us positive feedback about the way the service performed and all said this was due to the registered manager and their tireless passion for the service.

The registered manager demonstrated a clear understanding of the importance of effective governance processes. There were robust quality monitoring systems and processes in place to make positive changes, drive future improvement and identify where any action needed to be taken.

There was an open culture and the registered manager's clear vision and values were clearly understood and embraced by the whole staff team. All staff members we spoke with told us they were very proud to work for the service and people who used the service and their relatives said they would recommend the service to others.

## 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 had received safeguarding training and had a clear understanding of the different types of abuse and how they would report concerns.

People had risk assessments in place to help keep them safe.

There were sufficient numbers of staff deployed to meet people's needs consistently.

Thorough recruitment procedures helped to reduce the risk of unsuitable people working at the service. The registered manager was committed to a values based recruitment procedure that helped to ensure they recruited the right people.

Systems were in place for the safe management of medicines.

### Is the service effective?

Good ●

The service was effective.

Staff had the knowledge and skills necessary to meet people's individual needs and promote their health and wellbeing.

The service worked in line with the principles of the Mental Capacity Act 2005.

People were supported to prepare meals where required.

People were supported to access healthcare professionals promptly when needed.

### Is the service caring?

Outstanding ☆

The service was very caring.

All the people, relatives and professionals we spoke with consistently told us the staff were kind and caring.

People's relatives praised the staff and management highly for the care they provided for people.

The management ethos for the service clearly demonstrated caring and kindness.

People were encouraged to make choices about how they lived their lives and staff focussed on promoting people's independence and wellbeing.

Care was provided in a way which respected people's privacy and upheld their dignity. Staff members often took the time to do things above and beyond their remit to improve people's experiences.

The service had a very strong, visible and person centred culture that was reflected in discussions with the management, staff, people who used the service and their family members.

Staff told us that working with the same people consistently helped them to build up relationships and get to know people as individuals and not someone who was just part of the service.

### Is the service responsive?

Good ●

The service was responsive.

Staff provided individualised care to people.

People's individual care needs and preferences had been assessed and were being met whilst encouraging and promoting independence.

People could be confident complaints and concerns were taken seriously and dealt with appropriately to promote improvement.

### Is the service well-led?

Outstanding ☆

The service was very well-led.

There was a positive, open and inclusive culture at the service and the provider and registered manager's vision and values for the service were understood and consistently demonstrated by staff.

Good leadership was demonstrated at all levels, the registered manager and team leaders were supportive and approachable.

People told us they would recommend the service to their friends and staff members told us that they were proud to work for Anchusa Care.

The registered manager demonstrated an in-depth knowledge of the staff they employed and people who used the service.

The registered manager demonstrated a proactive approach to supporting the people who used the service and the staff team in a personalised and caring manner.

The registered manager actively kept themselves up to date with changes in the care sector and changes in legislation to ensure their continued good practice.

There were a range of checks undertaken routinely to help ensure that the service provided was safe and appropriate to meet people's needs. Actions were taken to address any shortfalls identified through routine these audits or from people's/relatives dissatisfaction.

# Anchusa Care

## **Detailed findings**

### Background to this inspection

This inspection took place on 09 October 2017 and was announced. We provided 48 hours' notice of the inspection because the location provides a domiciliary care service and we needed to be sure staff would be available for us to talk to, and that records would be accessible. The inspection was undertaken by one inspector.

Before the inspection, the provider completed 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. We also checked the information we held about the service and the provider and saw that no recent concerns had been raised.

We spoke with five people who used the service and five relatives to obtain their views on the service provided. We received feedback from a social care professional and also spoke with three care staff and the registered manager.

We looked at the care records for two people who used the service to see if they were reflective of their current needs. We reviewed two staff recruitment files and training records. We also looked at further records relating to the management of the service, including quality audits and service user feedback, in order to ensure that robust quality monitoring systems were in place.

# Is the service safe?

## Our findings

People felt safe and told us that the support they received from staff helped to keep them free from harm. One person told us, "I do feel safe with the care staff. This is because I have got to know them over time, they are all good fun to be with. There is a friendliness there which is such a comfort to me." A relative told us, "[Person] is safe, that is because the young ladies that come are really very careful and understanding with them."

Staff told us they had attended training on protecting people from abuse, and the staff training records we reviewed confirmed this. Staff demonstrated a good understanding of the different types of abuse that could occur. We noted that there was information available about reporting safeguarding concerns at the agency office. One staff member told us they were aware of the reporting processes that should be used and were confident that any concerns would be fully investigated by the registered manager. They said, "If I had any concerns about people's safety I would record them and report them to the [registered] manager. I am very confident that any concerns would be taken seriously and looked into." This showed that there were effective systems in place to support staff to help keep people safe.

Risks to people's safety had been assessed and detailed guidance was available within people's care plans for staff to follow. Risk assessments guided staff about the support people needed if there was an increased risk for example in areas such as eating and drinking, mobility and keeping safe. Risk assessments were kept up to date and were regularly reviewed by the registered manager and senior care staff. Staff felt that there was sufficient information within the risk assessments for them to be able to understand what people's needs were and how they wanted their support to be provided.

Staff were aware of the reporting process for any accidents or incidents that occurred in people's own homes. One staff member told us, "If any accidents or incidents happened I would record them, use a body map to mark any injuries and report to the office straight away."

Recruitment procedures were thorough to help ensure that staff employed were of good character and were physically and mentally fit to undertake their roles. For example, new staff did not commence employment until satisfactory criminal record checks and references had been obtained and all staff were subject to a probationary period before they became permanent members of staff. One staff member told us, "I started to work for Anchusa Care in August 2017. I had to wait for them to receive my references and criminal records check before I could start work. I had refresher training before I started and worked for the first week shadowing an experienced staff member before I started to work with people alone." Another staff member said, "The registered manager is very selective about the staff that are recruited. They always make clear that they will look for people who share our care values." This showed that the registered manager was committed to a values based recruitment procedure that helped to ensure they recruited the right people.

People who used the service told us that there were enough staff to meet their needs safely. They told us that staff were seldom late and always stayed their allotted time to make sure that all aspects of care were covered. One person said, "They are generally punctual traffic permitting and always stay for the agreed



amount of time."

People told us that they received their care and support from consistent staff members which enabled them to build up positive relationships. A person who used the service told us, "I have consistent care from a small team of three or four care staff. I don't mind having the team of staff, they do need to have time off and it is nice to chat to different people every now and then." A relative told us, "There is a small group of staff that look after [relative] so they do receive consistent care."

Staff also told us there were enough staff to meet people's needs. One staff member told us, "I would say that we do have enough staff. It is so relaxed, you don't feel you are rushed, you get the time to really care for people." We found that there were sufficient numbers of staff available to keep people who used the service safe and to provide the staff team with a rota of four days on and four days off. This helped to ensure that staff were enabled to have a good work life balance and to have sufficient rest to support their health and wellbeing.

People who required support with medicines told us they received their medicines on time. The registered manager told us that routine audits of medicines were undertaken to help ensure that people received their medicines safely. They reported that the most common theme identified during these audits was where staff had documented in the daily records that medicines had been administered but had not always documented this on the medicine administration record. They had worked with the staff team and reported that this issue had now been successfully addressed. Records showed, and staff members confirmed that medicine training had been provided for the whole team.

# Is the service effective?

## Our findings

People and their relatives told us that the care and support provided by Anchusa Care was appropriate to meet people's needs. One person's relative said, "They are very good, excellent, I can't fault them with anything." Another relative told us, "They are absolutely brilliant. The care we have got now is second to none."

Staff received training to support them to be able to care for people safely. The registered manager told us of various training elements that had been undertaken by members of the staff team and those that were planned for the immediate future. This included basic core training such as moving and handling and safeguarding as well as specific training modules such as end of life care. Staff and management told us that all the training provided was face to face and delivered by a dedicated training and development lead. The training room was well equipped for this purpose with a bed and a hoist. The registered manager said that staff were given the opportunity to use the hoist and learn what it would feel like for a person who used the service.

The management team and staff confirmed that there was a programme of staff supervision in place, all staff we spoke with said they received support as and when needed and were fully confident to approach the management team for additional support at any time. A staff member said, "I really feel that I am looked after by the management, there is always someone to turn to for advice if you are not sure about anything."

Staff told us that when they first started working at the service they completed an induction. They also told us that they were able to shadow more experienced staff until they felt confident in their role. One member of staff told us, "When I first started for the company I was given refresher training and then worked with an experienced staff member."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA. All staff had completed relevant training and understood their role in protecting people's rights in accordance with this legislation.

People's consent to care was sought by staff. People told us that staff always asked permission from them before they carried out any task or personal care. A relative told us, "They [staff] always respect [relative's] decisions and always ask them if they want anything to eat or drink." Staff spoken with demonstrated an understanding of the Mental Capacity Act. One member of staff told us, "I will always assume that people have capacity to consent to care. I will offer to assist people, if they decline my help I will work with them to gain their trust so that they will be confident to have me help them." Another staff member said, "Care is person led, if anyone declined care we would always respect that."

People explained that staff supported them with food shopping or meal preparation as needed. Staff said that they ensured people had enough fluids and food. For example, before leaving they would ensure that people had a drink of their choice. One staff member told us that people who used the service at this time did not require physical support to eat but that the staff did prepare meals according to people's choices.

We were told of a staff member who arrived at a person's house and asked what they could prepare for lunch, they went through everything available but they couldn't find anything that the person fancied. The staff member was worried about the person's nutritional intake as it had recently declined and they asked the person, "If you could have anything, what would it be?" The person said fish and chips so the staff member went to the local fish and chip shop to buy some fish and chips. The person couldn't believe that someone had done that for them, they talked about it for days and it became a regular occurrence. This really helped to promote the person's nutritional intake and wellbeing.

People told us that most of their health care appointments and health care needs were managed by themselves or their relatives. Staff were available to support people to access healthcare appointments if needed and they liaised with health and social care professionals involved in people's care if their health or support needs changed. The registered manager confirmed that if staff were concerned about a person, they would support them to contact a GP or district nurse as appropriate. People's care records included the contact details of their GP so staff could contact them if they had a concern about a person's health. Where people had seen health professionals and the advice had an impact upon the care package, care had been reviewed to ensure that it continued to meet people's assessed needs.

We saw feedback from a health professional to the registered manager that stated, "We found the carers to be very willing to learn and open to ideas. It was a pleasure working with your carers."

## Is the service caring?

### Our findings

People, and their relatives, consistently told us how happy they were with the staff that provided their care. A person told us, "The staff are lovely, I could give them all a big hug and sometimes I do." A person who used the service responded to CQC in a survey stated, "They are a nice lot. Girls always with a smile, clean and tidy. I look forward to seeing them."

A relative told us, "The attitude of the care staff is very good, they are kind, caring and compassionate. [Relative's] main carer is firm but very nice. I am just glad that I found them to be honest. I was not keen on the care company we had previously but it was definitely a good choice to go with Anchusa Care. They are very, very nice, caring and understanding." Another relative told us, "I cannot fault any of them, they are very nice, there is nothing I could find to complain about." A further relative commented, "They [staff] are so, so caring, I could not wish for anything better."

The management ethos for the service clearly demonstrated caring and kindness. The caring culture of the service was promoted by the registered manager and staff. We were given an example where a person who used the service was at end of life and their relatives were away. The registered manager took the decision to stay by the person's side during their final hours, they told us, "I just couldn't bear the thought of [person] being alone." The registered manager and staff told us that the recruitment process was selective to make sure people with the right values and attitude were employed to provide people with care and support in their homes. A staff member told us, "They [Anchusa Care] don't just employ anyone, they only employ people that they feel are caring. The registered manager employs people that they would like to care for their own mum."

During our conversations with staff, their in depth knowledge of people's needs and attention to detail demonstrated their caring approach for the people they supported. One staff member told us, "I have honestly found this the best place that I have worked in so far. The organisation cares a lot about the staff and the clients." Another staff member said, "I am so proud to work for this company. It sounds corny but they really care. It is not all about money or time, we are able to make time for our clients." We observed that staff clearly all shared the management ethos and conversations with people using the service demonstrated that they agreed.

Staff members often took the time to do things outside of their remit to improve people's experiences and to recognise and act on details that were important to people. For example, a person who was receiving end of life care told staff they really fancied a doughnut. The staff member went in their own time to buy a doughnut and took it back for the person which provided them with a real moment of pleasure. Another example of such a caring approach was where a staff member went into town and picked up a new watch battery for a person's watch. The person, who lived with dementia didn't want to ask their family and couldn't get out themselves. It meant so much to the person to have a wristwatch back on and helped maintain their orientation to time.

Another example was a member of care staff supporting a person in a wheelchair over to their local

common for fresh air when the staff member was on their lunch break. Without the staff member doing this the person was only able to leave their home once a week when their relative visited. This had a positive impact on the person and feedback from the relative was that the person was the best they had been in years. The number of incidents and anxiety had reduced and the relative was able to enjoy their time with the person.

A care staff member supporting a person in receipt of end of life care recognised that the person had started to struggle to use a glass so they went out and bought 'sippy' cups which allowed the person to drink more easily. They [staff] really encouraged the person's fluid intake and did everything they could to make them comfortable. Their commitment to the person's hydration meant that the person was able to stay at home and helped to avoid a hospital admission. This person had expressed a strong wish to pass away at home. Care staff supported them to do this and ensured attention to detail in relation to the specific way the person wished for their end of life. For example, they wished to wear lipstick, their spouse's aftershave and have his picture in their arms. All of this happened because the staff knew the person so well and knew exactly what they wanted at the end of their life.

The service had received a number of written compliments that praised the staff and management team for the quality of the care provided for people. For example one compliment read, "Just wanted to say a huge thank you to you and your colleagues in making [Person's] last months as comfortable as possible. I know that [person] didn't have a bad word to say about any of you and, in fact, constantly praised you all." Another compliment stated, "Thank you so much for all the love and care you gave [person] over the months you came to the house. [Person] really liked all of you and did look forward to your coming when I reminded them of it. You also supported me which was not on your list of things to do and for which I thank you."

The service had a very strong, visible and person centred culture. This was reflected in discussions with the management, staff, people who used the service and their family members. Care plans contained a detailed account of people's life experiences, preferences and hopes, to help ensure they received person centred care. Care plans also described how people communicated their needs and daily communication records demonstrated a very kind and sensitive approach from the staff in the care delivery and support.

People were fully involved in making decisions about their own care. Regular formal reviews encouraged people to express views about their care and be fully involved in how their support was delivered. However, people told us they did not need to wait for a formal review, if they wanted to amend anything about their care package they spoke with staff or the management team. People told us that they felt their views were always listened to and respected.

The registered manager reported that, although Anchusa Care was registered to provide personal care for people, they also employed a person to provide social engagement for people. The person helped people to make cakes, engaged them with making jewellery items and do such past times as painting. Relatives who used the service praised the management for this approach saying that Anchusa Care cared for people's spirits and souls as well as their physical care needs.

Staff told us that working with the same people helped them to build up relationships and get to know people as individuals and not someone who was just part of the service. One staff member told us, "I look upon people I care for as family and treat them with the respect and dignity they deserve."

People were treated with dignity and respect. Without exception people told us that staff respected their privacy. One staff member told us, "It is best to try and make sure people are as comfortable as possible.

One person recently told me that they like that I talk with them whilst I am supporting them to have a shower because it makes them feel less vulnerable."

## Is the service responsive?

### Our findings

People and their relatives told us they had been involved in developing people's care plans. Everyone we spoke with said that when their care was being planned at the start of the service, the registered manager spent a lot of time with them. They said this was so they could find out about their preferences, what care they wanted or needed and how they wanted their care to be delivered. People's care plans were sufficiently detailed to be able to guide staff to provide their individual care needs. One staff member told us, "The care plans are detailed and gives information about the person. This gives us [staff] something to talk about with people. There is good detail about what we need to do at each call. This is important especially for new staff to that they can be confident they have met people's needs."

People's care plans detailed how people wanted their care delivered and clearly demonstrated that people were placed at the centre of their care package. For example, one care plan stated, "When communicating I would like you to ask me a direct question which requires a yes or no answer. I can guide you easily when communicating this way." This showed us that people were supported to communicate their care needs.

People's care plans included detailed information to support care staff to provide personalised and consistent care. For example one care plan stated, "When I am ready to get up I would like you to bring my legs round so that I am sat on the edge of the bed. At this stage I would like you to put my bed socks on so I am ready to stand up using the rota stand." The person's care plan continued to detail the support they required with washing and dressing and stated, "I would then like you to put some face cream on, for you to comb my hair with no parting and to put my jewellery on." This showed that staff had access to the information they needed to support someone to look and feel as they wanted.

People told us how staff included them in all decisions about their care and were always asking if they wanted anything done differently or if their care could be improved in any way. Relatives praised how well staff cared for their family member. A relative responded to us in a survey, "As a relative of the client receiving the care services I cannot praise the care [person] receives enough. They always call me if [person] is close to running out of their medication and also call me if they feel [person] is not quite themselves. I find this very reassuring. There are just a few carers involved with [person]. This is excellent because [person] gets to know them. This would not happen if [person] had lots of different carers all the time. All very small things but very important I feel."

People received care that met their needs and improved the quality of their lives. We were given an example of a person who had been discharged home from hospital with extremely high support needs and had been very anxious and traumatised. Initially the care package had been set at four calls per day with two staff members to support the person with activities of daily living. The staff had worked closely with the occupational therapist and district nursing team to provide the person with a great deal of support. As a consequence of this support the person regained elements of independence and the care calls reduced. This demonstrated that the service provided improved outcomes for people.

People told us they felt the registered manager took them seriously and if they needed to change or adapt

their care they felt they only had to make a phone call. A relative told us, "They are responsive to [relative's] needs. Recently [relative] had a course of antibiotics and had to take the tablets four times a day. [Relative] has three care visits a day and staff either popped in for an extra visit to make sure [relative] had taken the antibiotics or they phoned to check they had taken the fourth dose."

Concerns and complaints raised by people who used the service or their relatives were appropriately investigated and resolved. The registered manager had fully investigated any concern raised, taken action and informed the complainant of the outcome. People who used the service and their relatives told us that they would be confident to raise any concerns with the registered manager. One person told us, "I have never had to make a complaint but if I have a concern I would ring the manager and tell her about it." One relative said, "The manager is very good and understanding. I would be comfortable to raise any concerns and would be confident that they would be acted upon."



## Is the service well-led?

### Our findings

There was a positive, open and inclusive culture at the service. People who used the service knew the registered manager by name and felt that they were always approachable with any problems. A person told us, "I do feel the service is well managed, I am pleased with the service I am getting." A person's relative told us, "I do feel the service is very well managed." Another relative said, "The manager spends time with me helping me to cope when I get a bit down and has helped me to get day care services for [relative]. I can talk to them, they are so understanding."

Everyone we spoke with told us they would recommend the service to their friends. One person told us, "I would unreservedly recommend Anchusa Care to people who were looking for care in their own home."

All staff members told us that they were proud to work for Anchusa Care. One staff member said, "I have worked in the sector for many years. Anchusa Care really cares for their clients and their staff too. It's really amazing and I love working for this company. I would recommend Anchusa Care to anyone, without a doubt." Another staff member said, "It is so good being able to work somewhere that you are proud to work. When people ask me where I work I will happily tell them all about it. Absolutely I would recommend Anchusa Care."

The registered manager demonstrated an in-depth knowledge of the staff they employed and people who used the service. They were familiar with people's needs, personal circumstances, goals and family relationships. Staff told us that they felt valued and respected by the management team. Staff told us that the management team was approachable and that they could talk to them at any time. They said that the management was always open to suggestions from the staff team and that they listened to everybody and always provided them with opportunities for improvement. A member of the staff team had such confidence and respect for the registered manager that they had nominated them for a care provider's association leadership award. At the time of this inspection the registered manager's nomination had reached the final three.

A social care professional we spoke with gave us positive feedback about the way the service performed. They told us, "I have had a very good experience dealing with Anchusa Care. There has been good communication with the manager and they seem to be really on the ball with [Person's] specific needs."

The registered manager led by example with a personalised approach toward people who used the service and their relatives. For example we saw feedback from a relative which read, "[Registered manager] and her team are first class and I am so lucky I was put in touch with them. During the very tough first few weeks with [relative] [registered manager] name] was so professional, she really does know her job well, she was so understanding. She rang me regularly with updates and thoughts on what she felt would help [relative] and after eight weeks the team's hard work paid off and [relative] was re-enabled. I can't thank [registered manager] and her team enough, a few words to sum [registered manager] up are professional, understanding, caring, kind, approachable, contactable, just the best."

The registered manager had a proactive approach to supporting the people who used the service and the staff team and regularly gave people support which was up and above the care that people were commissioned for. For example, Baldock and Letchworth recently had no water for 24 hours. The registered manager went out and picked up water from collection points in Baldock and distributed bottled water to all the people who used the service that lived in the areas affected to ensure that people were not left without water.

Another example we were given was when care staff reported to the office that a person had run out of continence pads but was not getting any more on prescription until the end of the month as they had reached their weekly limit available on the NHS. The registered manager arranged for continence pads for the person from the local chemist as they could not leave the person without adequate continence care and they had no active family member. These examples illustrate how the management of the service considered people's holistic needs and wellbeing.

We were told that two people who used the service at times called the office because they needed additional personal care but they didn't have a care call due for a couple of hours. In this event the office staff always sent someone as quickly as possible or if no staff were available they went to assist themselves. The registered manager told us, "We can't bear the thought of someone being uncomfortable and will always help if we can. This had helped to preserve the people's skin integrity and dignity."

The registered manager was proactive in developing ways to meet people's needs and take pressure off the staff team. For example, some people who used the service had experienced late evening discharge from hospital settings where they had been sent home without continence care products. The registered manager said that people had found this distressing and staff members had spent valuable time locating products to borrow from other sources so that they could settle people comfortably for the night. The registered manager had introduced Anchusa Boxes for staff to carry in their cars which contained a range of continence products and other items in order to help alleviate distress for people and the staff team. The boxes also contained a bottle of water and a cereal bar for staff because they often had to wait with people for a considerable amount of time if an ambulance had been requested for example.

The registered manager was passionate about providing good and affordable care for people. They told us that Anchusa Care would not provide 15 minute care calls because they did not believe it was possible to provide personalised care in that time frame. The registered manager told us that they endeavoured to keep the cost to people as low as possible whilst also paying staff a good rate to reward them for a job well done. The registered manager told us they believed that, "Good care should not come at an elitist price."

Staff responded to us in a survey, "Absolutely fantastic management as well as care team staff. A company I cannot fault, superbly ran support for staff as well as service users. Nothing is a problem a solution is always found to suit everyone's needs if needed. Very high standards set in place to ensure best care possible. Always made to feel appreciated. Fantastic time frames for service users to have the best care possible in a good amount of time. In eight years of care I could not fault this company."

The registered manager kept up to date with changes in the care sector and changes in legislation by a membership of and attending workshops arranged by care provider associations. The registered manager also had access to an external mentor for advice and guidance relating to business decisions.

The registered manager told us that they worked alongside the staff team on regular occasions which gave them a good insight to any issues the staff encountered and enabled them to quality assess the service they provided for people.

Actions were taken to address shortfalls identified through routine audits or from people's/relatives dissatisfaction. For example, there had been a one off situation where care calls had been missed because the computer rota had been amended to accurately reflect the calls required but the care staff member had not been informed. The registered manager immediately investigated the cause of the incident and a system of treble checking had been immediately put in place to prevent a recurrence. The registered manager reported that a computerised call tracking system was also in the process of being introduced at this time and would be fully operational by 01 November 2017. This showed that learning from incidents was taken seriously for the benefit of people who used the service.

There were a range of checks undertaken routinely to help ensure that the service provided was safe and appropriate to meet people's needs. These included spot checks whilst staff were in care calls, checks on care records to confirm they were accurately completed and reflected the care that people needed and had been provided with and routine checks with people who used the service to confirm their continued satisfaction.

The registered manager was aware of the need to report certain incidents, such as alleged abuse or serious injuries, to the Care Quality Commission (CQC), and had systems in place to do so should they arise. This showed us that the registered manager and provider were committed to providing a safe service.

Satisfaction surveys were distributed annually to people who used the service, their friends and relatives. Once the completed surveys were received the registered manager collated the information and produced a report of the findings along with suggested actions which was then shared with the people who used the service. For example, the report of the findings from the survey undertaken in September 2017 noted that 92% of respondents agreed or strongly agreed that the service provided was safe (8% didn't know) and 99% of respondents agreed or strongly agreed that the service was caring. This showed us that people and their relatives were able to positively influence the service provided and were wholly involved in the quality assurance process.