

Anglian Care Limited







Anglian Care Limited - Rankin House

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?	Outstanding	

Overall summary

This inspection took place on 24 November and 17 and 30 December 2015.

Anglian Care Limited is registered to provide personal care and support to people living in their own homes. At the time of our inspection there were 52 people using the service.

The service had a registered manager in post who is also the provider. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Summary of findings

People received excellent person centred flexible care in a way that ensured their safety and welfare and met their diverse needs and preferences. Staff had been safely recruited in sufficient numbers to meet people's needs. They had been well trained and were fully supported to carry out their role safely.

Risks to people's health and safety had been identified and there were plans in place to manage them. Staff knew how to protect people from the risk of harm and abuse, they had been trained and had access to guidance and information to support them with the process.

Medication management, where required was good. People received their medication as prescribed.

People were respected and treated with dignity. They said that they were listened to and that staff gave them the time they needed when providing them with care and support. People had been fully assessed and their care

plans met their needs and preferences and informed the staff how to care for them safely. Where required, staff provided people with appropriate support with eating and drinking and maintaining their health.

The registered manager/provider and staff demonstrated a good understanding of the Mental Capacity Act (MCA) 2005.

People were cared for by staff that knew them well and were kind, caring and compassionate. Staff maintained people's dignity and showed them respect at all times.

People knew how to raise a concern or complaint and were confident that any concerns would be listened to and acted upon.

People received an outstanding quality service that was flexible and responsive to their needs. The registered manager/provider had an excellent and effective quality monitoring system in place to drive improvements and to ensure that people received the best care possible.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People were protected from the risk of harm. Staff had been safely recruited in sufficient numbers to meet people's needs.

People received appropriate support with their medication.

Good



Is the service effective?

The service was effective.

People were cared for by well trained and supported staff.

The registered manager/provider and staff had a good knowledge of the Mental Capacity Act (2005).

Where required staff supported people to have sufficient food and drink.

People were supported to maintain good health and they had access to appropriate services.

Good



Is the service caring?

The service was caring.

People were treated with respect by staff that were polite and were kind and caring in their approach.

Staff listened to people and kept them involved in planning and reviewing their care.

Advocacy services were available if needed.

Good



Is the service responsive?

The service was responsive.

People received exceptional person centred flexible care based on their pre-service assessment and on-going reviews. The care plans were detailed and informative and provided staff with the information they needed to meet people's preferences and their diverse needs.

There was a very clear and robust complaints procedure which was available in a range of other formats to meet people's needs. People were confident that their complaints would be dealt with appropriately.

Good



Is the service well-led?

The service was well-led.

Outstanding



Summary of findings

People were at the heart of how the service was run because it continuously asked for their feedback and used it to improve the service. Staff had confidence in the registered manager/provider and shared their vision to provide people with the very best quality of care.

There was an effective quality assurance system in place to monitor the service and drive improvements to ensure people received the best possible service.

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

This inspection took place on 24 November and 17 and 30 December 2015 and was unannounced. The inspection team consisted of one 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.

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 looked at notifications received by the Care Quality Commission (CQC). A notification is information about important events which the service is required to send us by law.

We spoke with 11 people who used the service, two of their relatives, six care staff, the registered manager, the office manager and a health and social care professional. We looked at records in relation to six people's care, six staff recruitment and support records and a sample of the systems in place for monitoring the quality of the service.

Is the service safe?

Our findings

People told us they felt safe when staff visited them. One person said, "All the staff are so nice and they make you feel safe when they visit." Another said, "I have equipment in my home such as my ceiling hoist and I always feel safe when staff are using it."

The registered manager and staff had a good knowledge of how to recognise abuse and how to report it. There were policies and procedures in place for staff to refer to when needed. Staff had received safeguarding training at their induction and at annual intervals to refresh their knowledge. Safeguarding issues had been dealt with appropriately. One staff member said, "I would ensure that the person was safe and report my concerns immediately. The social services would deal with it." Another explained the process and referred to the service's policies and procedures and how they would use them. This showed that staff knew how to protect people from the risk of harm and abuse and that they had access to information should they need it.

The management of the service had a robust assessment process in place using personalised and modern technology. This allowed staff and people who used the service to be involved in identifying risks to their safety to ensure that they were well managed. People told us that they had been supported to manage risks such as for the use of ceiling hoists, walking aids, shower seats, medication and infection control. There were risk assessments and management plans in place to help keep people safe and they had been regularly reviewed and updated to meet people's changing needs.

Staff had been safely recruited to ensure that they were suitable to work with people. Appropriate checks had been carried out. The registered manager had obtained

satisfactory Disclosure and Barring checks (DBS) and written references before staff started work. Staff told us that they had not been able to start work until all their clearances had been received. The service had a robust recruitment process that protected people from the risk of unsuitable staff.

There was enough skilled staff to meet people's needs. The robust management of staff attending people's homes meant that people received a consistent service which enhanced their quality of life because they formed relationships with staff, knew them well, trusted them and staff understood their needs. People said that the service was reliable and of the 11 people who we spoke with one person said they had a later than usual call. They told us, "My carer was late once because they had to help another older person before they came to me but they phoned to let me know that they were delayed." All the people who we spoke with told us that they had never had a missed call. They all said that they felt there was sufficient staff.

Where staff managed people's medicines they did so safely. People told us and the records confirmed that staff recorded any prescribed medication in their medication administration record (MAR). The MAR sheets were completed to a good standard and there were reminders in bold red ink to remind staff about PRN as and when required prescribed medication protocols. The protocols explained, when, why and how the medication was to be given. There was also a reminder on the MAR sheet about staff prompting medication only and not to refill/dispense dosette boxes or containers. Staff told us that when recording medication the bold red ink made it 'stand out' and they said it served as a good clear reminder. All staff had received medication training and refresher courses where necessary and the care manager/coordinator had carried out regular checks to ensure that people received their medication safely and as prescribed.

Is the service effective?

Our findings

People were supported by staff who felt valued. Staff told us and the records confirmed that the induction process was good. Staff had received supervision and felt well supported by the registered manager/provider. They told us that the registered manager/provider was always in the office or available by telephone if they needed any advice or guidance. One staff member said, "The support I get is good. It is much better than other places where I have worked. I have had a good induction, training and I get ongoing support, not just from the registered manager/provider but also from the office staff." Another said, "There is always someone available to support me if I need it. It is a great job and a great firm to work for."

Staff had the knowledge and skills to care for people effectively. People told us they felt that the staff were well trained. They said they had confidence in all of the staff that visited them. One person said, "All the staff are very careful when using the equipment to move me, they reassure me and explain what they are doing. I feel they are all trained well." Staff told us, and the records confirmed that staff had received recent training which included first aid, food hygiene and infection control, health and safety, safeguarding people, safe handling of medication and moving and handling. One staff member told us, "I get good training and there is lots of information available about a range of subjects in the office if I need it."

Some staff told us they had completed a national qualification in care and the records confirmed that 22 of the service's 26 active staff had either obtained or were working towards a national vocational qualification in care. People were cared for by well trained staff.

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.

The service was working within the principles of the MCA. Staff had been trained in MCA and DoLS and they had a good understanding of how to support people in making decisions. One staff member told us, "We have been trained in MCA and DoLS and I understand that we must assume that people have capacity. If after they have been assessed it is found that they don't have capacity any decisions made on their behalf must be made in their best interests." People told us that staff always asked them for their consent when carrying out tasks in their homes.

Where people were supported with food and drink they were helped to maintain a balanced healthy diet. Staff told us that most of the people they supported with meals usually had microwave dinners heated up and sandwiches and drinks left so they were easily accessible to them throughout the day and in between staff's visits. There were healthy eating tables in place where required to ensure that people's dietary intake was monitored. People told us that they or their families went shopping and that they chose the foods that they preferred.

People told us that they usually arranged their own healthcare appointments but where needed staff supported people and ensured they reached their appointments to maintain their health and independence. One person said, "I have been trying to access a health service but without success and if they were to help [name of person] it would make their life better." The care manager/coordinator immediately contacted the health provider to arrange for a visit and re-assessment to help to improve the person's life. Healthcare issues had been reported clearly in people's daily visit report sheets. People received the healthcare support that they needed. For another person who needed support to attend the dentist but was reluctant to do so, staff spent time with them building up their confidence and trust. They supported the person to go to their appointment and as a result the person's life improved dramatically as they could eat the foods they liked without pain or concern.

Is the service caring?

Our findings

People received a service from kind and caring staff. They told us that staff were always polite and courteous. One person said, “My carers are all very nice, they are respectful and treat me well. They always listen to what I have to say and sometimes they have time for a little chat, which I look forward to.” Another said, “The staff respect my privacy and dignity and they help me to retain my independence. We are almost on friendly terms. They will make a cuppa and chat with me when they have time.” Staff told us that it is important to treat people as you would like to be treated. They explained the importance of treating people and their homes with respect. Staff were knowledgeable about people’s diverse care needs and preferences.

People told us that staff listened to what they had to say and respected their differences. Staff respected people’s home lives and how they chose to live, they also supported people where they wanted to, to attend religious services of their choice. We heard staff talking with people and they did so in a kind and caring manner. They spoke to people respectfully and showed kindness and compassion. People experienced a service that met their individual needs. This gave a real sense that the service understood what compassionate care meant and how that translated to people’s quality of life.

The management of the service actively engaged people in their care delivery and empowered staff to gain people’s views and improve their care delivery by listening to people. People were able to express their views and opinions and be actively involved in their care and support. One person told us, “I am able to speak with the staff or telephone the office if I am in doubt about anything or just want to share my views about my care.” Another person said, “I am fully involved and staff give me the information I

need, when I need it.” The registered manager/provider told us, and a relative confirmed that people’s family, friends and other appropriate people had been kept involved in people’s care. Staff spoke about people respectfully and said that they sought their views at every visit.

People’s preferences and histories had been recorded in a document entitled, “I Plan – the support I need to live my life’. It detailed family and friend’s involvement and outlined people’s wishes and preferences and informed staff of what to do and of what not to do to support the person with their day to day care needs.

People told us that staff encouraged them to remain as independent as possible. They said that staff supported them in a dignified manner. One person said, “The staff are so polite they always treat me with dignity and respect. They are very kind caring people who make sure that I get the right care. I am completely happy with the care I get and cannot fault the service.” People experienced kind, caring and compassionate care from the service and were empowered to maintain their independence for as long as possible.

The service’s management and staff felt passionately that all people using the service were provided with an opportunity to express their views about their care and support and used various ways to engage people including making advocacy services available to people. People told us and the records confirmed that advocacy services had been used when required and meant that all people were supported to make their own choices as independently as possible and live their lives in the way they wanted to. An advocate supports a person to have an independent voice and enables them to express their views when they are unable to do so for themselves.

Is the service responsive?

Our findings

People received personalised care and support that was flexible and responsive to their needs which meant that they could live their lives as independently as possible and their care visits added to the quality of their daily lives. All of the people we spoke with told us that they received an outstanding service that provided the care they needed, when they needed it. One person said, “The care is marvellous, I am completely happy with my care plan and the staff that come to support me.” Another said, “They [staff] do all that is in my care plan and always ask if there is anything else I need before they go. they make sure that my personal bits and pieces are at hand before they leave.”

People told us that they had been pro-actively involved, in partnership with the service, in developing their care plans from their initial assessment. The assessments were detailed and informative and had been carried out prior to the service starting to ensure that people’s diverse needs could be met. They identified people’s individual support needs and included detailed risk assessments and management plans. There was good information about any equipment that was in use such as for mobility aids. People told us that staff had an excellent understanding of their mobility needs and were ‘familiar’ with using their equipment and that they always did so safely. This meant that people were able to tell staff exactly how they wished to be supported and staff could then deliver care to people which made their lives better and provided an enjoyable care experience.

People told us that they were involved in writing their personalised ‘I Plans – the support I need to live my life’ which were innovative and creative and clearly described what was important to each individual, what they needed help with and how they needed staff to support them. They also provided staff with excellent background information for them to care for people safely and in a way the person wanted. For example, in the care plans there were pictures of the moving and handling equipment in use such as hoists and slings with detailed information on how to use them. This mitigated risk and provided staff with clear up to date information about how to support people with their mobility safely and effectively. Staff told us that the pictorial information gave them the confidence and knowledge to meet people’s needs safely.

The service had created a ‘Life’s Communication Folder’ for one person who was deaf and could not communicate verbally. The folder was developed using information obtained from The British Deaf Association and The Royal Association for deaf people (RAD). It contained quick reference sections of information that was important to the individual. For example, it showed pictures of the person’s favourite foods, it had a health section with pictures to identify if the person was in pain, where they were in pain and how severe it was. It also had pictures the person could point at to describe if they were happy or sad. The folder had other sections, all of which were important to help the individual express their diverse needs adequately and receive the support they deserved. This greatly improved the person’s quality of life and care received because they could communicate with staff about their needs and how they wanted to be cared for.

The service used a computerised system for monitoring visits and storing information about people’s needs. Each member of staff had a hand held telephone which recorded the times of their visit and informed them of any immediate changes such as people going into hospital or needing additional care. The telephone system allowed staff to contact people if they were going to be late due to travel delays or issues at a previous call. People told us that staff always responded quickly to their requests and changing needs. Staff said that the computerised system and the hand held telephones were excellent as it ensured that the information they had was ‘up to the minute’.

The service were pro-active in seeking people’s views about their care and was responsive to their changing needs. People said that their views were listened to acted upon and they told us that they had been actively involved in the assessment and care planning process. People said that staff always ensured that they had the things they needed close at hand before they left. For example, one person liked to have their personal belongings on the table beside them and staff always checked to make sure that they were there before leaving. One person told us, “The staff and the office people are all excellent; they cannot do enough for me. They listen to what I say and they make sure that I know and understand what is going on.”

People told us that the service ‘did their best’ to accommodate any changes to their care as soon as it was possible. For example one person whose morning call was due at 8.30am had requested an earlier 8.00am call and

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staff told them that as soon as they were able to they would change their call to 8.00am, and they did so quickly to meet the person's preferences. Other people told us that when their needs changed staff were flexible and quick to change both their visit times and their paperwork to ensure that they got the care they needed from all staff. There were colour coded 'grab sheets' in place containing important information. If the information was in red it highlighted a warning that alerted staff more readily to ensure that they acted swiftly. Staff told us that the system worked well and that information in other colours made it stand out and brought it to their attention quickly when needed. Care plans and risk assessments had been regularly reviewed and updated to reflect people's changing needs and preferences.

People told us that they were actively encouraged to raise any concerns or complaints with the service which gave them a voice and empowered them to engage with the agency about their care. They said they knew how to complain and that they felt comfortable discussing them with any of the staff or the registered manager/provider. One person said, "I would contact the office if I was not happy about anything and I know they would deal with it

for me." Another said, "I have nothing to complain about as the service is so good but I feel that they would sort any issues out quickly if needed." The service had received many compliments and those recorded included, 'made me feel special', 'faultless, professional, caring and respectful', 'full of kindness', and, 'I am more content now'. There was a clear policy and procedure in place which explained when and how complaints would be investigated and the records showed that complaints had been dealt with appropriately. Staff were fully aware of how to handle complaints in line with the service's policy. The complaint procedure was readily available in a variety of formats such as, large print and pictorial to make it suitable for people with visual impairments. People received an outstanding service that was responsive to their needs and preferences.

Staff knew people very well and they had used this knowledge to ensure that people received personalised care that made them feel that they mattered. One person said, "It is the little things that are important to me that they always offer to help me with. They know what is important to me."



Is the service well-led?

Our findings

People and their relatives were consistently positive about the service they received and that the management of the service inspired staff to do their best at all times by leading by example and being passionate themselves. They told us that the service regularly asked them for their views and opinions about how the service was run, examples of this was quick responses to requests for changed visits and times of visits, people told us this was never a problem and the service always responded to their feedback. One person told us, "They [staff] always check if I am happy with the service. They ask if there is anything that needs to change or improve. They check that I am getting the service that I need." One relative said, "The service is excellent, they (staff) are all reliable and make sure they are doing what is expected of them. I would recommend it to anyone in need of an agency service." Another relative telephoned the CQC directly to tell us about their experience and they said, "I visit [name of person] regularly and have seen how good staff are with them. I would highly recommend these services. I am so impressed with their overall performance and the quality of care they give my relative it is outstanding."

One health and social care professional told us, "This is an excellent agency and is one of the best around. They support people well, sometimes in difficult circumstances and they are excellent communicators. They are quick to raise any issues or concerns and they work in partnership with us to ensure that people get the best possible support to enhance their lives and improve their wellbeing. All of the comments that I have received, including from other professionals were positive about this service."

Without exception all of the people we spoke with said that the quality of the service was excellent and how they always received their care promptly and without fail. All said that the service had never missed any calls and that they were notified instantly when staff were delayed. One person said, "This service is 500 times better than the one I used to receive." All said that they would definitely recommend the service to others as it was an outstanding, reliable care service. A relative told us, "The service is brilliant, they have never missed a call and have only been late once in a year and that was because they had to stay to support the person they were visiting before my relative. They made sure they let [person's name] know by phone so

they were not left wondering when their carer would visit. I am more than happy with the quality of the service and would recommend to others." People knew the managers by name and were confident in the way the service was managed.

The service had a registered manager in post who was also the provider. They worked in the office on a daily basis and they had a good knowledge of the people that they cared for. The registered manager/provider was an excellent role model who actively sought people's views and opinions and acted on them. They had developed and sustained a positive culture at Anglian Care; staff told us that they had an open door policy where people who use the service and the staff could speak with them whenever they wanted to. The registered manager/provider told us that staff shared their vision of what good care looked like through training and support. Their passion about delivering the best care possible to people meant that staff and people recognised this in the quality of support they received and staff aspired to provide. This was evident in our discussions with people, the staff and management of the service. The ethos of the service was to provide independent, compassionate and excellent care so that people could continue to live their lives to the best possible quality and according to their wishes.

Staff said that they took pride in their work and that they felt valued by the management. They told us that they shared their vision to make life better for people and to ensure that people received the best quality care that met their individual and diverse needs and preferences. Staff told us that management were very supportive and were always available for guidance and advice. They said that they felt fully supported. Management kept in touch with them on a daily basis through the handheld telephone system and this provided staff with the confidence they needed to care for people safely. All of the staff we spoke with were motivated and eager to learn to ensure that people received the best quality care. Staff meetings had taken place regularly where a range of issues such as the use of equipment and computers, staffing, audits, observations and spot checks, training, the new Care Certificate and care practices had been discussed.

The new Care Certificate replaced the Skills for Care Common Induction Standards and provides staff with the foundation knowledge and skills to care for people safely. Staff told us that there was always plenty of time for them



Is the service well-led?

to discuss other issues at staff meetings. One staff member said, “The registered manager/provider always allows us the opportunity to reflect on our practice and openly discuss any issues that we feel have not been covered in the meeting.”

People received exceptionally consistent care which helped maintain their way of life because there was excellent communication between staff, they received personalised, compassionate care and visits were never missed and very rarely late. Staff told us that they had excellent communication with each other. They said that the daily visit report logs clearly communicated what had happened at each visit. Staff also communicated with each other, and with the office through the computerised system and their hand held telephones. Changes to people’s care were recorded on the system and all staff had access to up to date information at all times. The computerised system provided office staff with clear information of staff’s whereabouts and enabled them to notify people of any unforeseen delays. This clearly worked well as the service had never missed any visits and had rarely made late calls. This showed that there was excellent teamwork and that staff were kept up to date about changes to people’s care needs so were able to give them appropriate support at all times.

The service had clear whistle blowing, safeguarding and complaints procedures in place for staff to use. One staff member said, “I would be confident in reporting any areas of concerns and I know that there are clear policies and procedures in place to help me to do so.” Others told us that they had covered all of the policies and procedures in their induction and were confident in using them. The registered manager/provider told us that staff were encouraged to maintain their integrity and honesty and to report when things went wrong in the knowledge that there was a fair transparent system in place to deal with the situation. All of the staff we spoke with had confidence in the management and how they dealt with issues.

There was a robust quality monitoring system in place. The system included regular unannounced spot checks and observations of care staff, telephone calls to ask people, their families and friends if they were satisfied with the service. There was a suggestion box in the office to allow staff and visitors to make suggestions for improving the quality of the service. The registered manager/provider had acted on feedback and communicated their actions back

to the relevant people. Staff told us that the management shared all feedback with them and that it helped to improve the service. Complaints and concerns had been dealt with swiftly to people’s satisfaction and the service had received many positive compliments.

The registered manager/provider told us that they continuously monitored the quality of the service to ensure that best practice was followed at all times. People told us that they were very happy with the quality of the service. Regular audits had taken place such as for the staff files, training, medication, cash transactions, care plans, nutrition and health and safety.

The service had sustained outstanding practice and continued to improve the service for people by being creative and taking part in initiatives to develop staff and the service. The registered manager/provider and the operations manager strive for excellence through research and reflective practice. They had sought guidance from research such as from the NHS and NICE websites to ensure that they were working to best practice. The service had signed up for the Dementia Challenge. This is an initiative that was set up by the Department of Health to aim for every person with dementia, and their carers and families, to receive high quality, compassionate care from diagnosis through to their end of life care.

Staff were aware of the Dementia Challenge and the operations manager was a dementia champion. They demonstrated an excellent knowledge and had the skills to care for people living with dementia. They shared their knowledge with the staff team to ensure they knew how best to support people living with dementia in the community. One staff member told us, “It helped me to identify the various stages of dementia and to better support the person through the changes. I was able to see the need for more social input for the person and to obtain the necessary funding to help improve their quality of life.”

The service had also signed up for the Social Care Commitment which is the adult social care sector’s promise to provide people who need care and support with high quality services and to raise the workforce quality in adult social care. The service had a quality recruitment process where values and attitudes were part of the assessment for their suitability to work with vulnerable people. This was followed with a thorough induction, excellent training and the support staff needed to carry out



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their role effectively. Staff told us that the training was excellent. One said, “I have worked for other agencies but this is by far the best in terms of training and support. It is an excellent employer.”