

Anchorage Care Group

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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

This inspection took place on 31 August and 1 September 2016 and was announced.

Anchorage Care provides personal care for people in their own homes. At this inspection they were providing care and support for 78 people.

A registered manager was in post but owing to pre-arranged annual leave was not present at this inspection. 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. We were supported at this inspection by the care manager.

People were safe as staff had been trained and understood how to support people in a way that protected them from danger, harm and abuse. The provider completed appropriate checks on staff before they started work to ensure they were safe to work with people.

People were supported by enough staff to safely assist them. The provider had systems in place to provide additional support when people's needs changed in order to continue to meet their needs. People received help with their medicines from staff who were trained to safely support them. The provider had systems in place to address any unsafe staff practice.

People received care from staff that had the skills and knowledge to meet their needs. Staff attended training that was relevant to the people they supported. Staff received support and guidance from a management team who they found approachable. People and staff felt able to express their views and felt their opinions mattered.

People had positive relationships with the staff members who supported them. People's likes and dislikes were known by staff who supported them in a way which was personal to them. People were involved in decisions about their care and had information they needed in a way they understood. People had their rights protected by staff members who were aware of current guidance directing their practice.

People had their privacy and dignity respected and information personal to them was treated in confidence. People had access to healthcare when needed and staff responded to any changes in needs promptly and consistently. People were supported to maintain a diet which promoted their well-being.

The provider and registered manager undertook regular quality checks in order to drive improvements. The provider engaged people and their families and encouraged feedback. People felt confident they were listened to and their views were valued.

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.

People were protected from the risks of abuse by a staff team who knew how to recognise signs of abuse and knew what to do if they had concerns. People had individualised assessments of the risks associated with their care and staff knew what to do to minimise the risk of harm. People were supported to take their medicines by staff who were competent to do so.

Is the service effective?

Good ●

The service was effective.

People were supported by staff members who were trained and supported to complete their role. Staff members were supported by the management team and provided regular one on one support. People had their rights protected by staff members who followed current guidance.

Is the service caring?

Good ●

The service was caring.

People had positive and caring relationships with the staff who supported them. People had their privacy and dignity protected by staff. People were provided with information relating to their care in a way they understood. People's personal information was kept confidential by staff members supporting them.

Is the service responsive?

Good ●

The service was responsive.

People, and where needed their families, were involved in their assessments of care. People received care from staff members who knew their individual preferences. People and their relatives were encouraged to raise any issues and the management team had systems in place to address any concerns.

Is the service well-led?

Good ●

The service was well led.

People knew who the management team were and found them approachable. The provider had systems in place to monitor the quality of service provided and made changes when needed. The provider gathered the views of people who used their service and

made changes where needed

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the 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 31 August and 1 September 2016 and was announced.

The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection team consisted of one Inspector.

We reviewed information we held about the service. We looked at our own system to see if we had received any concerns or compliments about the agency. We analysed information on statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law.

We asked the local authority and Healthwatch for any information they had which would aid our inspection. We used this information to help plan our inspection.

We spoke with five people receiving support, five relatives, the care manager and five care workers. We viewed the care and support plans for four people which included assessments of risk. We saw records of quality checks completed by the provider, client surveys and feedback, incident and accident records and details relating to staff recruitment.

Is the service safe?

Our findings

We looked at how people were kept safe from abuse. One person said, "I know (staff members) have my interests at heart and they would never do anything to hurt me." Staff we spoke with had received training and knew how to recognise signs of abuse and ill treatment. One staff member told us, "If I thought there was something wrong I would check the person was OK and report it immediately to the office. I would record everything I saw straight away." Staff members knew what to do and how to report incidents in order to keep people safe. Staff had been provided with a pack of information that contained contact details for where to report their concerns. The care manager had made appropriate referrals to the local authority and worked with them to ensure people were kept safe. Any actions agreed to keep someone safe were passed to the individual staff members so they could assist and monitor any situations in order to maintain people's safety.

People told us they felt safe receiving services from the provider. One person said, "They (staff) always ensure I have my walker nearby and my alarm handy before they leave. They always make sure I have everything in case of an emergency." One relative told us, "Living away I cannot be there for [relative's name]. I feel reassured that they are safe and someone is looking out for them."

People had individual assessments of risk specific to their particular circumstances. We saw individual assessments for mobility, skin integrity and people's living environments. Staff we spoke with knew how to maintain a safe environment for people and acted when they had concerns for people's safety. For example, on arrival at one person's home a staff member found a potential electrical fire hazard. They took immediate action to remove the risk. They then worked with the person to replace the faulty equipment. Staff were vigilant to potential risks from equipment and ensured any equipment was appropriately maintained and safe to use before assisting people. Staff knew how to promote people's safety whilst respecting the person's wishes. For example: One staff member told us about a person who wished to maintain their independence by walking although they were at risk of falling. The staff member would explain the risks and provide assistance to minimise the risk of a fall by ensuring the area was free of any trip hazards.

Staff members knew how to report incidents or accidents and these were monitored by the care manager. The care manager had systems in place to identify any trends or patterns and took action when needed. For example, following reports of one person becoming unsteady on their feet the care manager arranged for a reassessment of the person's mobility. This was to ensure the person received appropriate equipment, advice and guidance to keep them safe.

People told us they received support from a consistent staff team who knew their individual needs and who were on time. If for any reason staff member was not available or was going to be late people were informed. One person told us that Anchorage Care were flexible with their times and if they requested a change of time it was never a problem. People were provided with staffing rotas in advance of the support they received so people knew who would be supporting them. People and staff told us there were enough staff to meet their needs. The care manager had processes in place to respond to people's changing needs and to ensure

enough staff were available to meet their needs. For example, when someone required extra assistance to complete daily living tasks like cooking and cleaning this was immediately provided. Additional funding was then obtained to ensure the person continued to receive the appropriate amount of support.

Staff members told us before they were allowed to start work checks were completed to ensure they were safe to work with people. References and checks with the Disclosure and Barring Service (DBS) were completed and once the provider was satisfied they could start work. The (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with people. The provider had systems in place to address any unsafe behaviour displayed by staff members which included additional training or disciplinary action.

We looked at how people were supported with their medicines. People told us they were happy with the assistance they received regarding their medicines. One staff member told us, "I had to complete my medicines training and pass an exam. After that [care manager's name] came out and watched me help someone with their medicines just to make sure I was competent." Staff members we spoke with knew how to safely support people with their medicines and what to do if there were any concerns. One staff member told us, "If someone kept deciding not to take their medicines I would explain to them the potential consequences and suggest they contact their GP and discuss it with them. I would record the discussion and pass it to colleagues so that we would all be consistent in our advice."

Is the service effective?

Our findings

People told us they thought the staff supporting them were trained and skilled to assist them. One relative said, "Everyone coming out is skilled and knows exactly what they are doing."

Staff told us they felt well trained and supported in order to provide care for people. One staff member said, "When I first started I was provided with all the basic training I needed including moving and handling and infection control and prevention." Staff had the opportunities to expand their existing skills with additional training. One staff member said, "I was unsure about particular types of dementia and how this affected people. I requested more information and received training about this. It has helped me understand and therefor support the person better."

Staff members told us they received a supportive introduction to working in care. One person told us, "All new staff come out and say hello and then another staff member shows them the ropes. We get the chance to tell them how we like things as they get to know us." One staff member said, "I went out with other carers to begin with. I was introduced to people I would be supporting and got to know them. This helped increase my confidence before I started actually working with people." People received care and support from staff who were trained to perform their role. The care manager and provider were receptive to suggestions from staff regarding their professional development.

People received care from a staff team who were well supported. Staff told us they received regular one-on-one support sessions where they could discuss all aspects of their role. Staff members told us they felt able to seek support and guidance at any time outside of these formal sessions in order to help them do their jobs. One staff member said, "Advice is only a phone call away. Although we often work on our own we are still part of a team and the office staff are excellent. We also have an out of hours team who we can phone at any time for guidance and support."

People told us they were supported to make decisions and were given choice about the support they wanted. One person said, "They (staff) always ask me what I would like doing today, They always check if they can do anything else before they leave and make sure I am happy."

The care manager told us people's capacity to make decisions was assessed when needed. However; owing to the nature of their work they tend to support people who are able to make their wants and needs known. Staff members knew how to assist people to make decisions for themselves. One staff member told us how they assisted one person who they believed maintained a routine which did not promote a healthy lifestyle. They understood that this was the person's choice and although it may not have been a wise decision it was still theirs to make.

The care manager and staff knew the actions to take if someone lacked the capacity to make decisions for themselves and how to act in the person's best interests. One staff member told us, "[Person's name] cannot make complex financial decisions for themselves so has an advocate to help them. However, they can tell us what they want on a day to day basis without much help."

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. Any applications must be made to the Court of Protection.

We checked whether the service was working within the principles of the MCA. The provider had trained and prepared staff in understanding the requirements of the MCA. At this inspection it had not been necessary for the provider to make any such applications.

People told us they were assisted to receive enough food and drink to maintain well-being. Staff members were knowledgeable of individual's dietary requirements, food preferences and any allergies. One staff member told us, "I support one person who had diabetes. In the morning they will say to me, I don't want any breakfast but will make do with some biscuits. I make it a bit of a joke and remind them of their diabetes and although it is their decision they may consider having something else to eat." One relative told us they were always left notes by the staff members letting them know what their family member had eaten and if there was any shopping needed in order to promote their appetite. One relative said, "Since Anchorage have been involved [person's name] has put on ½ stone in weight. It may not seem like much but this is a major achievement for them."

People had access to healthcare services, including GP, district nurses and occupational therapists and were supported to maintain good health. One relative told us how staff had noticed a change in one's person's health. Staff assisted their relative to contact their GP and then supported them with small adaptations to their home which promoted their recovery.

Is the service caring?

Our findings

People told us they were supported by staff who were "excellent, friendly, always ready with a smile and up for a laugh." Relatives described staff members as 'Brilliant' and 'very trustworthy'. Staff spoke about people they supported with kindness, compassion and fondness. One relative told us, "[Staff member's name] always has a joke with [relative's name]. It is so nice to see them get on together and I know they bring joy to their day." Staff members could tell us about people's individual life histories, families and things that mattered to them. People felt they mattered to those who provided care and support. One person said, "I feel that they (staff members) are interested in me and are not just here to do what they are paid to do."

Staff took the time and opportunity to reassure people in times of upset and worry. One relative told us, "[Relative's name] had a fall and the staff found them. They stayed with them beyond their time just to make sure they were OK. [Relative's name] wasn't hurt but more upset than anything and just having someone stay with them meant the world to all of us." One staff member said, "We are there to support people and to make sure they are OK. If we need to stay a little longer then that is not a problem."

People felt that staff communicated with them well and adapted how they spoke with them depending on their needs. One person said, "I know it isn't really but when they (staff) come out it is like a social occasion for me. We chat and get along." One staff member told us, "We get the chance to meet and talk to people all the time as part of our jobs which is great. Sometimes we need to speak louder for someone or a little slower but we always find a way to have a chat."

People were involved in making decisions about their own care and support. Staff were aware of people's decisions and these were recorded so continuity was maintained by all staff members. One relative told us, "Sometimes [relative's name] just likes a lie down and to read the paper without too much fuss. Sometimes they want to get up and have a shower. Nothing is a problem and they (staff) adapt to what they want."

People told us their privacy and dignity was respected by staff providing support. One person said, "Nothing is embarrassing for me or for them (staff). I have never been made to feel awkward or my dignity compromised in any way at all. We are all adults at the end of the day and they assist me as I wish."

People were supported to be as independent as they could be whilst living in their own homes. One relative told us, "Without the assistance of Anchorage Care [relative's name] would have left the family home a long time ago. The staff make sure they have everything they need throughout the day and to be as independent as they possibly can be. Something as small as leaving a bowl of fruit that they can pick at without relying on someone is a major thing for them."

Staff members told us they never discussed anyone's private information with anyone who wasn't entitled to it. Even then they first obtained the person's permission before sharing any confidential information or encourage the person themselves to share the information required.

Is the service responsive?

Our findings

People had care plans which were personalised to them. People told us that a member of staff met with them at the start of their involvement and went through everything they needed assistance with. One person said, "I was asked what I can do for myself and what I wanted some help with." The care plans we saw outlined people's individual preferences for support. The plans provided staff with the information they needed in order to provide care. One staff member told us, "When I first started working with people I read the care plans which provided me with all the basic information I needed to help someone." Another staff member told us, "Although we have good care plans in place letting us know what needs doing we always ask the person as they may have changed their mind."

People told us their care plans were regularly reviewed to confirm they were receiving the right amount of support. Relatives we spoke with told us they felt included in the planning of their family member's care and support. If a person's needs changed Anchorage Care had systems in place to review and adapt the package of care provided. One relative told us, "[Person's name] was very resistant to care going into them as they were very independent. We all met together and changed the calls to be more social. As the relationship developed the staff were able to help more and now it works really well." Another relative told us they felt valued and part of the team delivering care. They commented on the excellent communication between the care staff and themselves. For example, staff members identified a change in a person's skin condition. They assisted the person to contact the GP and, with the assistance of the family, a treatment routine was introduced. This was followed consistently by the person, their family members and the care staff. This resulted in the skin condition improving.

Staff we spoke with knew the individual needs and preferences of the people they supported and the things that mattered to them. Personal likes and dislikes were recorded and staff could tell us what people's preferences were. One relative told us, "All staff know just how much our pets matter to us and that they are a part of our lives. They come out and straight away give [dog's name] a biscuit. It is a small thing but it means the world to [relative's name]."

People felt comfortable about raising any concerns or complaints with staff, the registered manager or the care manager. One person said, "All I need to do is pick up the phone and someone will always help me." Another person said, "It wasn't a complaint as such but a couple of staff members couldn't help me as I needed. I spoke to the office and they arranged for different staff to help me and it works much better." People and their relatives had the contact details, including names and numbers, should they need to raise a concern. All those we spoke with were confident they would receive a positive response from Anchorage Care if they did raise a concern. The care manager had systems in place to investigate and feedback any concerns raised with them.

Is the service well-led?

Our findings

People told us they felt involved in the service that was provided. All those we spoke with knew the registered manager and the care manager and told us they had regular contact with them. People and their relatives said they found the office administration staff approachable and responsive to any requests for help or guidance. People we spoke with told us they had an out of hours phone number they could use in times of emergency. One person said, "I had to contact out of hours on one occasion and it was promptly answered. They were very helpful and reassured me."

People and staff told us they thought the management of Anchorage Care was open and transparent. Staff we spoke with were aware of a recent complaint which had been investigated but not upheld. The management team learnt from the complaint and although there was no evidence to substantiate it they took it as an opportunity to refresh staff awareness of the provider values. We asked staff about the values they followed in their work and those of the provider. One staff member told us, "We follow the 12 promises Anchorage make. These include showing respect for people and maintaining their dignity." All those we spoke with told us they felt respected and that their dignity was maintained by staff supporting them.

Staff member's told us they had regular opportunities to discuss all aspects of their work including what is going well and what could be improved. Staff members felt supported and had the opportunity to make suggestions for changes to their practice and that these views were valued. One staff member told us, "I thought the amount of calls we did for someone was having a detrimental effect on them and they felt overwhelmed. We talked as a team and with the person and as a result we arranged to change the call structure which now works much better." Staff members felt they were kept informed about changes to the service and told us they received weekly newsletters from the provider.

Staff members told us there were appropriate policies in place to guide their practice including a whistleblowing policy. Staff understood the whistleblowing process and felt they would be supported by the provider should they ever need to raise a concern.

People and their relatives were encouraged to feedback on the service they received by either completing one of the regular questionnaires sent out or through the review process. We saw the results of the latest questionnaire which included detailed actions and feedback to the person. For example, one person's feedback included details about wanting to change the times of their calls. The person was contacted and changes were made. The care manager told us they encouraged people to feedback anything they needed as soon as possible in order for them to rectify any concerns. All those we spoke with told us they were more than happy to phone the office and raise any issues with them at any time and were confident of a positive response.

At this inspection there was a registered manager in post. The registered manager was not present at this inspection owing to pre-arranged annual leave. We were assisted by the care manager. The provider understood the requirements of their registration with the Care Quality Commission. The provider had appropriately submitted notifications to the Care Quality Commission. The provider is legally obliged to

send us notifications of incidents, events or changes that happen to the service within a required timescale.

The care manager maintained their personal and professional development by attending regular training and support sessions appropriate to their role. Any learning or changes to practice was cascaded to staff members through regular team meetings or one to one sessions. The care manager told us they and the registered manager regularly attended a local providers group where they accessed information regarding the latest developments in care. For example, they attended a presentation on developments with the mental capacity act and then cascaded information to the staff team through their regular team meetings.

The provider had systems in place to monitor the quality of service provision. The care manager told us they assessed information from quality checks, incident and accidents and feedback from people and staff which they used to drive improvements. As an example of this during one of the quality checks it was identified that a staff member was not wearing appropriate footwear. Reasons were explained including health and safety implications and the person made appropriate changes. One staff member told us, "These checks are to ensure we were all doing things well and any improvements no matter how small are made."